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CRISIS IN THE COALFIELDS: STATE/CORPORATE VIOLENCE, HISTORICAL
TRAUMA, AND CONCENTRATED SUBSTANCE MISUSE AND HARM

by

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B.S. May 2018, Marshall University
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A Dissertation Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

CRIMINOLOGY AND CRIMINAL JUSTICE

OLD DOMINION UNIVERSITY
August 2024

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ABSTRACT

CRISIS IN THE COALFIELDS: STATE/CORPORATE VIOLENCE, HISTORICAL TRAUMA, AND CONCENTRATED SUBSTANCE MISUSE AND HARM

Brooke Baker
Old Dominion University, 2024
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What we frame as "the problem" in our society shapes our responses, which also shapes how and where we spend our resources. The prevailing narratives surrounding drug issues in rural coalfields, West Virginia, the Appalachian region, and arguably throughout the U.S. often mischaracterize the problem. This research explored the relationship between state/corporate violence, historical trauma, and concentrated substance misuse and harm in the rural, central Appalachian coalfields. This study employs a trauma-informed, critical ethnographic approach by utilizing participant observation and photo-elicitation interviewing to collect the data, and a critical qualitative framework to analyze it. The main findings of this research are as follows: historical trauma in the coalfields has been created and sustained by unchecked state and corporate violence within the region; (2) this violence and the historical trauma response has created a set and setting that influences individual experiences and is conducive to the level of substance misuse observed within the region; & (3) there are trauma-informed practices being implemented within the region but they are concentrated in metropolitan areas that are far away from the most-affected communities limiting the ability of these practices to account for the effects of historical trauma.

This dissertation is dedicated with love to people in areas of extraction around the world, especially those in the Appalachian coalfields who shared their time and stories with me. May your life, love, healing, and strength be a sign of resilience and resistance. With love, a fellow
human.

ACKNOWLEDGMENTS

I couldn't have finished this dissertation, or Ph.D., without the support of my community, and I would like to acknowledge them here. Jamie, you have been with me through every step of this journey. Your continuous support and love have carried me through some of the hardest moments in my career and in my life. We did it, and I love you!

To my family, whose hard work, sacrifices, and protection helped me reach my dreams, I am so thankful. Mom, you taught me to be kind and strong, to always speak the truth, and to follow my dreams no matter how big. Dad, you taught me to stand up for myself and others when disrespected, to fight for what I want in this life, and to never forget where I come from. These lessons have guided my research, my career, and my life. Kyndall, where do I begin? Although you are years younger than me, you are wise in ways I am not yet. Thank you for being my sounding board and congratulations on your Masters. Hadley, hey little bean! You pushed me to keep going and helped me smile through the stress. Vanessa and Morgan, your love and support through this process have not gone unnoticed. I love and appreciate y'all! To all my uncles, aunts, and cousins who helped shaped me into who I am I cannot thank you enough.

Ida, my sister, we did it! I am so thankful this life brought us together. We are family, and I would not have survived this program without you. I am so appreciative for your advice and friendship through this process; I love you! To my ODU crew, I'm out of here but not gone. I am always a phone call away and thank you! Much love, to Bri, Steph, and Leslie, thank you for always being a phone call away, for your support, and for listening to my rants. I look forward to continuing to blow up your line. Much love to you. To the "Overeducated Stoners,"... you already know.

To my buddy gals, guys, and theys, you have my heart. Doing hard things can be isolating, but never once through this process did I ever feel alone. I thank you for the countless check-ins and phone calls; for the hours of your time, I took crying, ranting, or reading to you; for letting me couch surf and eat your food; for talking me down; for the laughs; and for the moments. Todd, Laura, Sam, Emily, Jimil, Sydney, Hannah, and everyone back home, y'all are my rock. To my festie-besties and show family, you have helped me grow in ways you will never know. As Em put it, "we have a doctor in the group chat," and we wouldn't without your love. Thank you. Lexi girl, you have watched me struggle through this process and have been there to pick me up, provide advice and distractions, and keep me grounded. Thank you. I love you all so much!

This research would not have been possible without the help of several people. Emily Clifford and Alvin Hall, you are both truly inspiring. The dedication and passion you have for the work you do should be admired and rewarded. You both are quite literally helping people save their own lives. Thank you both for being involved in this work, and I hope I made you proud.

Finally, to my committee, there are not words to express my gratitude, but I will try. Mica, we get each other. Thank you for your mentorship and advice over these past several years (even if I didn't always follow it). There are lessons you taught me that I will take with me forever. Dr. Sohoni, Dr. Woodell, and Dr. Triplett, thank you for your flexibility, time, advice, and feedback. I have learned so much from each of you through this process and in class. Finally, Dr. Young, you have been mentoring me since you arrived at Marshall after completing your own Ph.D. at this same university. Taking your rural criminology class inspired me in ways I never thought a college class could. I would not have taken the leap to pursue this degree without

your support and encouragement. I am forever grateful. Thank you all for helping me grow into the scholar I am today and providing me with the tools to progress even further.

I also want to thank my favorite Palestinian, Mohammed, for your support and love. Your strength and life inspire me. I am sorry for the role my elected leaders play in the daily suppression of your human rights. I would like to end this section by stating the following: I acknowledge that while completing my research and writing this dissertation, the U.S. government and international ruling class are complicit in genocide, countless war crimes, and upholding state/corporate violence in Palestine. Our elected officials have failed to uphold their end of the social contract and have blatantly ignored the wants and needs of their constituents both at home and abroad. The willingness to suppress the constitutional rights of American students, professors, and citizens who speak out is unacceptable. As I write this dissertation, every university in Gaza has been destroyed, thousands of students will not get their degrees, many of whom no longer have their lives. I condemn the actions of U.S. officials and the ruling class not only in Palestine but in areas of extraction around the world.

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CHAPTER I

FORWARD

ACKNOWLEDGING OUR ROOTS

The central, Appalachian region of the eastern United States is an area of the world that is known for its rough terrain, beautiful landscapes, and ecologically rich environments. It is also known for its natural resources, which make it one of the world's most biodiverse regions. Before this area gained names like Appalachia, West Virginia, and/or the coalfields, it had a variety of names and was home to numerous Indigenous nations whose homelands often overlap and stretch outside contemporary borders. The European idea of borders and territories were not part of their way of thinking, as their villages would move and be spread out over vast trail systems.

According to Native Land Digital (2022), a large portion of West Virginia was stewarded by the Shawandasse Tula (Shawanwaki/Shawnee) people. The Kanawha/New River Valley Watershed was known as Amai Maniitañ or 'Land of the Big Water (People)' and was stewarded by the Moneton Nation. Other groups whose homelands stretch into the southernmost part of West Virginia are the ᏄᏍᏏᏉᏍᏉ Tsalaguwetiyi (Cherokee, East), the Yesan (Tutelo), and the S'atsoyaha (Yuchi) people. These groups were forced from their ancestral homelands in what was dubbed "The Cherokee Trail of Tears" referring to their forced relocation west following the Indian Removal Act of 1830. I acknowledge the role my ancestors played in the forced displacement from ancestral lands and loss of life and cultural heritage that was endured by these Indigenous nations. I also acknowledge and pay respect to Indigenous elders – past, present, and future – who have stewarded this land throughout the generations.

It is also important to acknowledge the past and current failures of scholars in the field of Appalachian studies, some of whom “have engaged in an extensive project of self-indigenization” (Pearson, 2013 p. 165). This project positions White Appalachians as the region’s “Indigenous population” and maintains that they are victims of a form of colonialism analogous to that which was endured by Indigenous groups in the region. Though certain white Appalachian populations have experienced substantial oppression and exploitation in connection to settler colonialism, they did not confront the identical settler-colonial frameworks and genocidal processes suffered by Indigenous groups. The subjugation and exploitation endured by this group can be contextualized within this broader historical narrative yet should not be conflated with it. The failure to wrestle with this complex history of power, place, and identity has repetitively divided Appalachian issues from Indigenous issues and acted as a barrier that keeps White Appalachians from engaging in decolonization efforts in solidarity with Indigenous peoples (Pearson, 2013). Appalachian issues are Indigenous issues.

People and scholars within the Appalachian region, especially those who are White, have a duty to come to terms with and acknowledge the fact that many of our ancestors, and some of our relatives today, were and are actively involved in the colonialist project that is wreaking havoc on our communities and environments. It is from this recognition that we may move forward in a way that is fair and effective for all people in the region. The exploitation of lands and bodies, coerced displacement of families out of the coalfields, and concentration of substance misuse characterizing these communities today was preceded and made possible by the forced displacement and genocide of Indigenous peoples.

The historical trauma of coal-field communities is connected to, not analogous with, the historical trauma of Indigenous peoples like the Shawandasse Tula and Moneton. The state and

industrial violence currently observed in the region can be understood as manifestations of the settler-colonial project. This project, which historically subjugated communities of color, has also directed its violence inward, resulting in the degradation of predominantly white communities like the ones in central Appalachia. This is what Aimé Césaire referred to as the “boomerang effect” of colonial imperialism (Chrisman, 2003). Keeping this fundamental understanding at the forefront of this research, the coalfields of Appalachia can be understood as one sacrifice zone of many around the world. It can be understood as another land- and mineral-rich place whose landscapes and people have historically been, and are currently viewed, by the ruling class as disposable due to the profit that can be made from their exploitation.

The indigenization of settler societies is not unique to Appalachians or the United States. The year of this dissertation's publication coincides with Israel's expansive project of self-indigenization that has reinforced the genocide of Indigenous Palestinian populations. Benjamin Netanyahu, the current prime minister, alongside members of the Israeli government and Israeli settlers, have leveraged biblical narratives linking the Jewish people to the "holy land" as a justification for the indigeneity of Zionist colonizers (Pearson, 2013).

This stance actively perpetuates the conflation of anti-Semitism with anti-Zionism and has buttressed the occupation of Palestine since Israel's establishment. This narrative of self-indigenization serves to counter the growing discourse that Israel, from its inception to the present, is a settler-colonial project primarily focused on expropriating land from the Palestinian people (Pearson, 2013). The atrocities of this year only reinforce the need to wrestle with the complex history of power, place, and identity in everything we do so that we can utilize how our struggles are connected to move humanity forward, while also holding space for and celebrating our differences.

SITUATING THIS RESEARCH

Appalachia Within the Broader Context of the U.S.

While considering the historical dynamics of power, place, and identity within the region, it is also crucial to emphasize Appalachia's contemporary identity and how it is positioned within the broader context of the United States. The Appalachian region is a geographical and cultural area in the eastern United States that spans from southern New York to northern Mississippi. It includes portions of 13 states: New York, Pennsylvania, Ohio, Maryland, West Virginia, Virginia, Kentucky, North Carolina, Tennessee, South Carolina, Georgia, Alabama, and Mississippi (Appalachian Regional Commission, n.d). West Virginia stands alone as the sole state whose borders are entirely contained within the region. The region is defined primarily by the Appalachian Mountain range, which traverses the area, providing a distinct topography with diverse landscapes including mountain ranges, plateaus, and valleys. It is known for its natural resources that are among the world's most biodiverse making the area susceptible to exploitative industries and incidents of social and environmental injustice. Of the region's 423 counties, 107 of those counties are designated as rural. Rural areas significantly dominate certain states within the region including Mississippi, Kentucky, Virginia, West Virginia, and Pennsylvania (Pollard et al., 2024a). Rural areas in the region face economic, health, infrastructure, and environmental challenges that deeply influence quality of life for residents.

The cultural boundaries of the Appalachian region are often less defined than its geographical ones but generally include shared traditions and customs such as traditional styles of music, folklore, and a strong sense of community and kinship among residents. The Appalachian region has a population of approximately 26.3 million residents, with a median age of 41.3 years. The region has a higher proportion of older adults compared to the national

average, with a notable aging population. Among adults aged 25-64, 89.5% have earned a high school diploma, and 27.4% hold a bachelor's degree (Pollard et al., 2024b). The population is predominantly White, non-Hispanic. Despite having a smaller minority population, rural Appalachia surpasses the rest of rural America in terms of its percentage of Black residents. Approximately 7.8% of rural Appalachia's population is Black, compared to only 6.4% in rural America overall.

The median household income in the region is \$56,780 and unemployment rates in Appalachia are higher than the national average (Pollard et al., 2024b). These demographics can change significantly depending on what subregion of Appalachia you are examining. The unemployment rate in Appalachia ranges from 3.1% to 15.7%, with an average of 4.8%. This is higher than the U.S. average of 4.4% (ARC, 2017). However, some say that the unemployment rate in Appalachia may be higher when accounting for people who are not counted as unemployed, such as those with disabilities or who are not in the formal labor force, like those who are incarcerated.

Appalachia's National Identity

Addressing trauma in the Appalachian coalfields requires examining Appalachia's identity and the stereotypes that have shaped public discourse on the region. Stereotypical portrayals of Appalachia serve various purposes, including creating divisions and diverting attention from exploitative industries and corporations such as coal mining and pharmaceuticals (Buer, 2020). Politicians and media outlets often use arguments citing a "culture of poverty" to explain the concentration of social problems in the coalfields, exacerbating the region's historical trauma by placing the blame on its people rather than on the structural violence and inequality prevalent in the area.

These ideologies suggest that the substance misuse, poverty, and harm observed in the region are primarily due to individual, familial, and cultural flaws, rather than the local, national, and global political and economic forces that are the root causes (Buer, 2020; Maisano, 2017). Such narratives serve to differentiate Appalachian residents from those outside the region, utilizing an "othering" process that underpins exploitative and oppressive practices around the globe. As a result, government subsidies aimed at reducing substance misuse and harm are often perceived as perpetuating a so-called "culture of poverty" (Buer, 2020).

In broader national discourse, Appalachia is depicted as a predominantly white, hypermasculine, hypersexualized, heteronormative, and a uniquely violent space, with residents often characterized as particularly drug-addicted and fatalistic, seemingly passive in the face of their marginalization. Men are frequently portrayed as white, hypermasculine "hillbilly" deviants, while women are cast as either white, hypersexualized deviants or asexual grandmothers (Dekeseredy et al., 2014; Young, 2017). These monolithic portrayals stand in stark contrast to the actual racial, gender, and sexual diversity of the region, as well as the individual navigation of marginalization and collective activism for labor rights, healthcare access, and environmental justice (Taylor, 2020; Amason, 2015; Buer, 2020; Hartigan, 2004; Fletcher, 2014). These reductive narratives not only produce harm but also contribute to the historical and contemporary erasure of Indigenous, Black, Latinx, and LGBTQIA+ communities within the region (Schept, 2022; Terman, 2014).

Rural Appalachia is often stigmatized with a "geography of blame," where it is held responsible for perpetuating a culture of poverty, contributing to rising national rates of substance misuse, environmental degradation, and violence against marginalized groups (Buer, 2020). Consequently, the social inequalities and inadequate healthcare prevalent in the region are

presented as inherent to its geography and the people who inhabit it, rather than as outcomes of specific socio-political processes (Buer, 2020; Farmer, 1992).

Regarding socio-political discourses centered on the concentration of drug misuse, those with a platform to shape ideologies around this issue both within and outside of Appalachia are predominantly white males who hold political power at local, state, or national levels. This representation is crucial because research and media narratives on drug misuse in rural, Central Appalachia often detach the region from its structural and social contexts, portraying it as an exceptional space with exceptionally individualistic drug issues and stereotypically flawed individuals (Buer, 2015). While Appalachians do experience various forms of isolation, the perception of an isolated Appalachia is often overstated (Hutton, 2013; Powell, 2007). In reality, the region is deeply connected to the global economy and recognized for its resource-rich mountains.

A glance at any popular media portrayal of Central Appalachia often reveals a white-trash hillbilly character struggling with drug addiction (Taylor, 2020). The voices of Appalachian scholars, artists, activists, musicians, and journalists with ties to the region are seldom elevated at the national level or in leading research about the region. These are the individuals whose perspectives can combat harmful narratives about the region, in addition to individuals who are leading grassroots initiatives to address social problems in their communities.

This is starting to shift with media coverage of high-profile legal cases against companies like Purdue Pharma and documentaries highlighting their role in creating the opioid crisis. This narrative is inextricable from the story of the rural, Central Appalachian coalfields (Gibney, 2021; Hoffman & Benner, 2020). However, even in these instances, the region is often reduced to a few images of its picturesque mountain landscapes, the idyllic or anti-idyllic views of small

towns, and residents grappling with substance use disorder. Little attention is given to the countless individuals, groups, and grassroots organizations working to mitigate the impact of these corporate actions; their stories do not attract as many viewers as the sensationalized "true crime" narratives that surround this issue.

Counties in the region, irrespective of their rurality, are systematically connected to the global political economy (Buer, 2020; Perdue, 2021). Socio-political rhetoric on drug misuse within the region tends to invoke nostalgic images of idealized families and communities presumed to exist before the rise of drug misuse. These depictions, akin to broader narratives of "the family" in American society, are grounded in white middle-class norms that marginalize and criminalize families that do not conform to these standards (Buer, 2020; Flavin, 2009). These stereotypes and discourses influence how Appalachians and issues within the region are perceived by outsiders, as well as how residents view themselves. Moreover, they shape the treatment of Appalachian inhabitants, particularly underserved populations, people of color, women, and members of the LGBTQIA+ community who misuse substances (Buer, 2015). Framing the concentration of substance misuse and harm in Central Appalachia within the context of the region's historical trauma provides a foundation for reshaping harmful narratives and rhetoric that have long dominated discourse on drug issues in the area.

CHAPTER II

INTRODUCTION

The Appalachian region lingers behind the rest of the nation in economic development, income, educational attainment, and health outcomes (Meit et al., 2019; Woolf et al., 2019). Consequently, this region is surpassing the rest of the U.S. in overall mortality rate. Opioid overdose, suicide, and cirrhosis of the liver are three causes of death within Appalachian communities that are collectively referred to as "deaths of despair" (Case & Deaton, 2015; Meit et al., 2019). Among these causes, opioid-related deaths exhibit the greatest disparity between Appalachia and non-Appalachian U.S. regions, with rates in Appalachia reported to be 65-72% higher (NACo & ARC, 2019; Meit et al., 2019). In 2019, residents of the Appalachian Region were 41% more likely to die from a drug overdose than residents of the rest of the U.S (ARC & NORC, 2022), and reports show that the Covid-19 pandemic led to increases in the number of drug-related deaths and related harms (Friedman & Akre, 2021; Brown, 2023; Clifford, 2023).

Although prescription opioid misuse remains prominent within the region, studies indicate that rural, Central Appalachian communities are facing opioid- and polydrug-misuse issues simultaneously (Schalkoff et al., 2020). The highest rates of drug misuse and overdoses occur within rural, Central Appalachia and specifically within Southern West Virginia and Eastern Kentucky (Centers for Disease Control, 2020). Research shows that drug misuse within coal mining communities of Central Appalachian states, also known as the "coalfields", is more prominent than in non-coal mining Appalachian communities (Moody et al., 2017; Steele 2015; Zhang et al., 2008).

Reaching far beyond the person struggling with addiction, substance abuse and overdose also negatively impacts families and communities. Empirical evidence suggests connections between substance misuse and child abuse/neglect at both the individual- and neighborhood-level, as well as experiences with interpersonal violence (Freisthler et al., 2022; Schalkoff et al., 2021; Williams et al., 2020). Studies also link substance misuse with elder abuse and increased rates of impaired driving within the region (Muacevic et al., 2021; Roberto et al., 2022). Policies and interventions aimed at substance misuse in the area have been largely inadequate as drug-related issues within the region continue to grow, severely affecting its rural, Central Appalachian communities (Moody et al., 2017).

Research on substance misuse in the region has often centered on individual-level explanations that sometimes assign blame to drug users. Cultural narratives have also been prevalent, attributing substance misuse to a culture of poverty and qualities of people in the region (Buer, 2020). While individual research on the connection between trauma and substance misuse has gained considerable support, both individual and cultural explanations fall short in addressing the historical trauma, contemporary structural violence, and systemic injustices that perpetuate this issue. A more comprehensive understanding of the prevalence of substance misuse, overdose, and drug-related harm in the region may be achieved through a theoretical framework that examines collective trauma in relation to health disparities and social inequality.

This qualitative study uses ethnographic techniques to investigate historical trauma within the region, how it shapes individual-level trauma experienced by Appalachian people, and how it is connected to the concentration of substance misuse and social harm within Central Appalachian communities. This research project also examines how recovery programs in the coalfields incorporate trauma-informed approaches to account for the historical trauma

experienced by community members. There are three lines of inquiry guiding this project: (1) What is the context of historical trauma in relation to the concentration of substance misuse and related harms within central Appalachian coalfield communities? (2) How does historical trauma in the coalfields influence individual experiences of trauma and substance misuse within coalfield communities? (3a.) What trauma-informed practices are already being implemented within the region? (3b) How do they account for the impact of historical trauma?

UNDERSTANDING SET AND SETTING

In drug research and in clinical settings there tends to be a hyperfocus on drug type when it comes to drug effects (Goode, 2023; Zinberg, 1986). This is understandable considering its importance in determining how a substance's chemical makeup interacts with the body and mind. This is essential to understanding why people initiate and continue substance use despite some of the negative consequences. However, neuroscientists like Earl Zinberg (1986) and Carl Hart (2021), posit that when it comes to understanding drug effects and reasons why people use drugs the type of substance used is less influential than *set* and *setting*.

Zinberg's (1986) work emphasized the complexity of drug experiences and the need to consider more than just the pharmacological properties of drugs. His research helped shift the focus from a purely drug-centric perspective to a more holistic view of drug use and its effects. He argued that the interaction between set and setting can significantly influence a person's experience with drugs. *Set* encompasses the psychophysiological factors that influence the drug experience. This includes an individual's mindset, including their mental and physical health, expectations, mood, and personal background. *Setting* refers to the physical and social environment where drug use takes place. This can include physical space where the use occurs

(usually immediate), the people an individual is with, and the overall atmosphere of the surroundings.

As previously mentioned, discourse around drug misuse within central Appalachia has framed it as an opioid issue, which has heavily influenced responses to the “drug crisis” within the region. However, a similar logic regarding *set* and *setting* can also be applied to the community experience with substance use. Utilizing this logic at the community-level involves considering the broader context of the community as the unit of analysis. Here's how this can be approached:

1. *Community as the Individual*: In this analysis, the community itself is considered as the individual unit. This includes examining the collective behaviors, attitudes, and experiences of the people within the community.
2. *Set*: At the community level, set refers to the physical and mental state of the people in that community. This includes but is not limited to factors such as the overall health of the population, levels of stress and trauma, prevalence of chronic pain, and other psychological or emotional challenges the community may face.
3. *Setting*: Setting at the community level encompasses the physical and socio-economic environment in which the community exists. This includes but is not limited to the physical environment, quality of housing, access to healthcare, availability of recreational spaces, crime rates, and the economic conditions of the area (such as employment opportunities and income levels).

SUMMARY OF FINDINGS

Based on previous research and the primary data in this study, there is substantial evidence supporting the following argument: coalfield communities’ experiences with substance

misuse, marked by a concentration of overdose and other drug-related harms, have been significantly shaped by the impact of historical trauma on the *set* and *setting* of these communities.

Historical trauma in the coalfields has been constructed by unchecked state and corporate violence in the region. The dominance and monopolization of industries such as coal and oil have resulted in (1) communities drained of natural and social resources; (2) increased physical and mental health disparities, chronic pain, and work-related injuries; and (3) unlivable environmental and socio-economic conditions resulting in a breakdown in collective efficacy/social networks and the separation of families. Additionally, the crimes and violence enacted by pharmaceutical industries resulted in the following: (1) an unprecedented number of people becoming addicted to prescription painkillers; (2) an increased demand for opioids and substances that produce similar effects; (3) increased overdose deaths and rates of crime/incarceration; and (4) breakdown in collective efficacy/social networks and the separation of families.

The role of the state in allowing and participating in the construction of historical trauma cannot be understated. The state played an even bigger role than industry by (1) prioritizing personal and corporate agendas over the needs of their constituents; (2) facilitating personal and corporate agendas through changes in public policy; and (3) strong arming the public and defending business/corporate interests by utilizing the prison industrial complex. Historical trauma theory posits that the cumulative effects of historical trauma on a population across generations result in population-specific disparities. The context of historical trauma in the coalfields, and its cumulative effects, has created a set and setting that is conducive to the level of substance misuse and overdose observed within the region today. Thus, the concentration of

substance misuse in the coalfields can be understood as a population-specific historical trauma response. Just by being from the coalfields, you are predisposed to substance misuse and overdose; regardless of whether you or an immediate family member has ever tried a substance in their life.

Although there are trauma-informed practices, like harm reduction, being implemented within the region, they are concentrated in metropolitan areas that are sometimes hours away from the most-affected communities. Many of these practices are also under attack by state officials, local politicians, law enforcement, and members of the public. For example, the syringe service program (SSP) in Charleston, West Virginia, which serves the entire southern portion of the state was forced to close in 2019, and the 2021 passage of Senate Bill 334 implemented onerous regulations on SSPs in the state (Withrow, 2024). These attacks on trauma-informed harm reduction practices in the state ensure that political and corporate elites can continue to profit from the exploitation of Appalachian bodies, whether through labor or ‘Recovery Capitalism’. Because of stigma, lack of attention to evidence-based research, and legislative attacks, the ability of trauma-informed practices to account for the effects of historical trauma in the region are extremely limited.

A BRIEF OVERVIEW

Historical trauma theory posits that trauma can transcend generations, affecting communities across time. The following chapters will use theoretical frameworks grounded in Indigenous scholarship and critical criminology to explore the construction of historical trauma within the rural Central Appalachian coalfield region, the mass trauma experiences of both past and present generations, and concentrated substance misuse as a historical trauma response. The current study also explores the trauma-informed practices being implemented within the region.

This chapter serves as an introduction to the current study. Chapter two introduces the reader to historical trauma in the rural coalfields of the region and explains how it is connected to unchecked state and corporate violence within the region. It also includes preliminary evidence for the presence of population-specific trauma responses through secondary research on physical, psychological, and social health disparities in the region.

Chapter three provides an overview of the research purpose, questions, design, and implementation. This includes an overview of the research location, data collection methods, and analytical approach. Chapter four is the first results chapter. It focuses on providing results that speak to research questions one and two. The themes and subthemes presented in this chapter speak to the way the historical trauma response manifested in the lived experiences of the participants in this research. It also provided more nuance to the context of historical trauma and state and corporate violence presented in chapter two through the eyes of the research participants.

Chapter five is the second results chapter. It focuses on providing results that speak to both parts of research question three. The themes and subthemes presented in this chapter are focus on trauma-informed practices in the region and whether they can account for the impact of historical trauma. Chapter six bring it all together providing a discussion of study limitations, policy implications, and recommendations. The chapter concludes with some final remarks discussing the issues presented in this dissertation through a global lens.

CHAPTER III

LITERATURE REVIEW

A recent study revealed three widespread forms of trauma related to the prevalence of substance misuse in Appalachian Ohio communities: environmental/community trauma (including economic and historical strain), sexual/physical trauma, and emotional trauma. This study was conducted in three rural Appalachian counties in Ohio and explored the local context of the “drug crisis” and the contributing role of trauma. Interviewers conducted 34 in-depth, semi-structured interviews with stakeholders including healthcare and substance use treatment professionals, law enforcement, and court officials. The interview questions focused on the social, economic, and historical context of opioid misuse, perceived causes and effects of its prevalence, and recommendations for addressing the challenges (Schalkoff et al., 2021).

Researchers report that these three types of trauma interact with one another and substance use to form a self-perpetuating cycle. Although there was consistency among all groups of stakeholders in acknowledging the presence of community trauma and its resultant sense of "brokenness" or fatalism, diverged in their proposed solutions. This has resulted in fragmented responses to drug-related social problems across communities. Historical trauma theory provides a theoretical framework for understanding the relationship between environmental/community trauma and how it is experienced by members of the community.

THEORETICAL ORIENTATION

This research is influenced by theoretical frameworks and research across several disciplines including zemiology, criminology, psychology, Appalachian studies, and public health. Historical trauma theory offers a framework for organizing research and historical

records that document the mass trauma experienced by coalfield communities, it's impact on the lived experience of community members, and their collective responses to form a more nuanced understanding. Through this theoretical lens, the concentration of substance misuse and related harms within coalfield communities can be understood as a trauma response that perpetuates the intergenerational transmission of trauma. Zemiological and critical criminological perspectives provide frameworks for understanding the State and corporate violence that constructs the mass trauma experience across generations, influencing population-specific health and socio-economic disparities.

Historical Trauma Theory

Any examination of social issues within Appalachia lacking acknowledgment of the region-specific state and corporate violence that molds social dynamics is incomplete. Understanding this context-specific history without delving into the social-psychological mechanisms that embed this trauma in the collective consciousness of Appalachian residents is likewise insufficient. Historical trauma theory (Brave Heart's 1995) and Sotero's (2006) conceptual map of the theory offer a framework for investigating and articulating the social repercussions of unbridled state and corporate violence and exploitation. Sotero's conceptual model not only clarifies the intricate connections between the collective trauma experienced by a group and the individual experiences of its members but also sheds light on the correlation between the historical trauma endured by certain groups and the contemporary social challenges that disproportionately distress those communities.

Historical trauma theory offers a macro-level temporal framework for analyzing how the long-term trajectory of a population subjected to trauma at a specific moment in history contrasts

with that of populations not exposed to such trauma. Sotero (2006) states that at least four distinct assumptions underpin this theory:

(1) mass trauma is deliberately and systematically inflicted upon a target population by a subjugating, dominant population; (2) trauma is not limited to a single catastrophic event, but continues over an extended period of time; (3) traumatic events reverberate throughout the population through intergenerational transmission, creating a universal experience of trauma; and (4) the magnitude of the trauma experience derails the population from its natural, projected historical course resulting in a legacy of physical, psychological, social and economic disparities that persists across generations.

Historical trauma is defined as the accumulation of emotional and psychological injuries over generations, spanning lifespans, arising from significant group trauma (Brave Heart et al., 2011, p. 283). More recently, scholars have expanded this concept to include economic crises and other events detrimental to communities, viewing them as instances of mass traumatization (Dasgupta et al., 2018; Schalkoff et al., 2021; Sochos & Afbpss, 2018). Mass traumatization is not isolated and can be influenced by social structures such as race, class, and gender. Thus, it inherently embodies intersectionality, evident both in its conceptualization and the diverse populations it's been applied to.

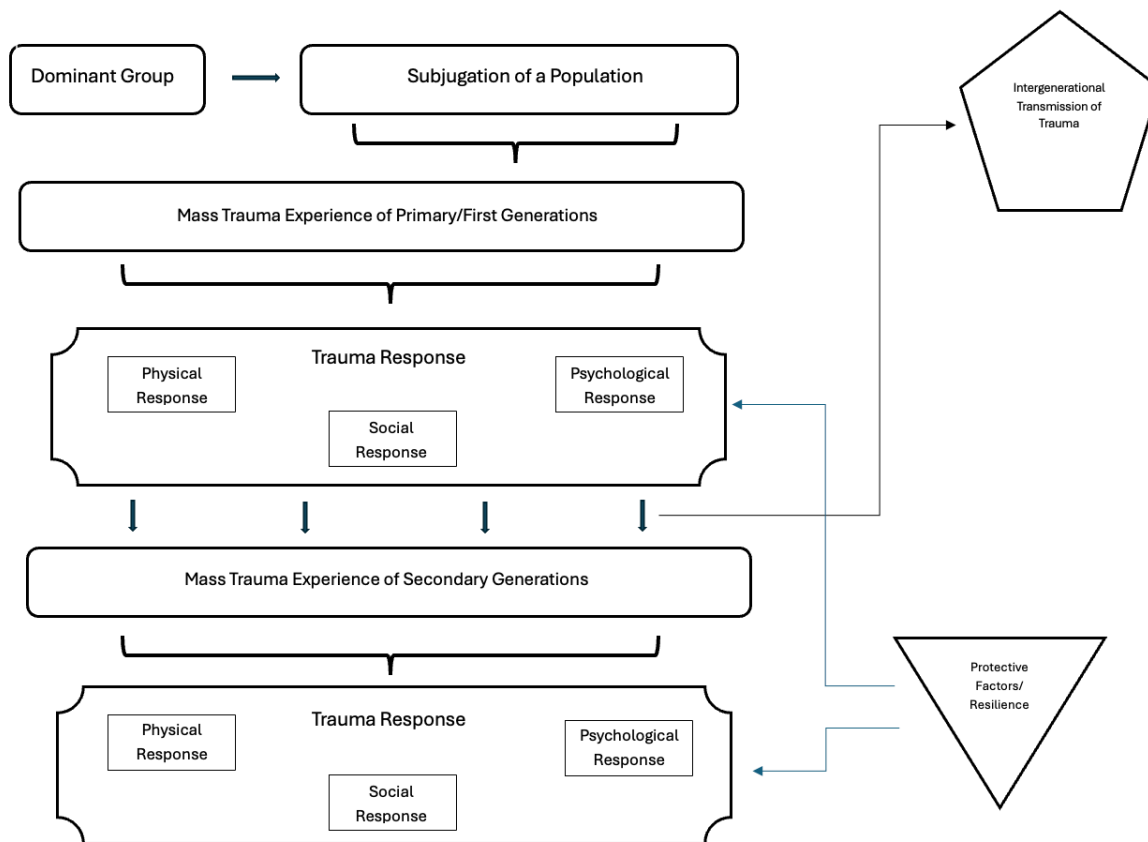
The concept of historical trauma has roots in both Indigenous scholarship and the study of Holocaust survivors. The concept of historical trauma first appeared in clinical psychological scholarship in 1995, specifically in the study of trauma experienced by Indigenous peoples in North America (Brave Heart, 1995). It emerged as a way to understand the intergenerational impacts of historical events and traumas that have profoundly affected these communities, such

as the experiences of colonization, forced assimilation, genocide, land dispossession, and other detrimental events that have long-lasting impacts on the mental, emotional, and physical health of Indigenous peoples (Brave Heart et al., 2011). Maria Yellow Horse Brave Heart, a Hunkpapa Oglala Lakota clinical social worker and researcher, is credited with popularizing the concept and it has since been adopted by various disciplines, including but not limited to criminology, sociology, anthropology, and public health.

On the other hand, the study of Holocaust survivors and their descendants also played a significant role in shaping the understanding of intergenerational trauma (Danieli, 1998). Scholars explore the psychological effects of the Holocaust on survivors and subsequent generations. Their work highlights how trauma can be transmitted across generations through various mechanisms, including familial dynamics, cultural practices, and societal attitudes (Johns et al., 2022; Laub, 1992). Research conducted in different communities — including Asian American and Pacific Islander, Palestinian, Russian, Cambodian, African American, and LGBTQIA+ populations — has revealed that descendants of individuals impacted by group trauma also display a range of symptoms associated with PTSD or a "historical trauma response." These symptoms encompass various psychological challenges like denial, depersonalization, social withdrawal, memory lapses, recurring nightmares, emotional numbing, heightened alertness, substance misuse, fixation on traumatic experiences, association with death, feelings of survivor guilt, and unresolved mourning.

The theory encompasses four fundamental concepts: the historical trauma experience, historical trauma response, historical loss, and the intergenerational transmission of trauma. The concept map presented in Figure 1 is an adapted and simplified version of Sotero's (2006) conceptual model of historical trauma.

Figure 1: Simplified Conceptual Model of Historical Trauma (Sotero, 2006)



The map details how the original trauma experience of one generation is transmitted to the next through the intergenerational transmission of trauma. It also shows that not only are the experiences of current generations shaped by this vicarious trauma experience/response, but they also undergo their own trauma experience and trauma response. In line with the assumptions of this theory, the model suggests that historical trauma is constructed through the subjugation of a population by a dominant group.

The dominant group enforces subjugation onto the first/primary generations through various means including but not limited to “military force, bio-warfare, national policies of genocide, ethnic cleansing, enslavement/indentured servitude, incarceration, and/or laws that

prohibit freedom of movement, economic development, and cultural expression” (Sotero, 2006 p. 99). According to Sotero (2006) four elements make up the mass trauma experience and are required to achieve successful subjugation of a population: (1) crushing physical and psychological violence; (2) segregation and/or displacement; (3) economic deprivation; and (4) cultural dispossession. As the model shows, primary/first generations are the direct victims of subjugation and loss which threatens the natural trajectory of the population. Primary generations experience relentless loss of kin, land, and ways of life; acute and chronic physical and psychological violence; starvation/food insecurity; and disease (Brave Heart & DeBruyn, 1998; Sotero, 2006).

Although the overt oppression and subjugation experienced by primary generations may be withdrawn overtime as society “progresses” it does not discontinue (Duran & Duran, 1995; Sotero, 2006). Instead, the means of achieving subjugation are adapted to be in line to the everchanging norms and values of society. Irrespective of the group or methods employed for subjugation, it results in significant physical and social-psychological trauma for the affected populations, which is evidenced in health disparities, discrimination, and social and economic disadvantage (Sotero, 2006).

Intergenerational Transmission of Trauma

Research indicates that trauma has the capacity to span across generations, transmitted through diverse mechanisms from one generation to the next. This phenomenon is substantiated by findings in biological, psychological, epidemiological, and sociological studies (Danieli, 1998; Sotero, 2006). Secondary and subsequent generations continue to bear the impact of the initial trauma exposure through various modes of transmission, which encompass physiological/genetic, environmental, psychosocial, and systemic/structural pathways of

intergenerational transmission to name a few. Evidence suggests that physical and emotional trauma can harm genetic function which can be passed down to offspring, that PTSD can be genetically transmitted, and that maladaptive behaviors related to various social problems, like interpersonal violence and substance abuse, can be indirectly transmitted through learned behavior (Ehrensaft et al., 2003; Sotero, 2006). Intergenerational trauma affects health disparities by exerting both proximate and distal influences on individuals and the population throughout each life stage and the entire life course. This underscores the extensive and cumulative effects of collective trauma. These generations also experience ‘vicarious trauma’ through collective memory, storytelling, and oral traditions of the population that may result in unresolved feelings of grief and distrust.

Secondary and subsequent generations may also experience original trauma through their own first-hand experiences with discrimination, injustice, and social inequality (Brave Heart, 1999; Sotero, 2006). The cumulative influence of historical trauma and original trauma on these generations, somewhat moderated by the presence of resilience and protective factors, contributes to a plethora of social and physical challenges, ultimately culminating in health disparities specific to the population. Population-specific health and social disparities in coalfield communities are largely characterized by the concentration of drug misuse and drug-related harms. This theory offers a framework for comprehending the connection between historical trauma and this concentration, while zeimiological and critical criminological perspectives offer insights into how the mass trauma experience is constructed within coalfield communities.

The impact of the historical trauma experience is not only evidenced by the trauma response but also by what Whitbeck and colleagues (2004) define as *historical loss*. This is a term introduced and utilized as a quantitative clinical measure of historical trauma. It was

originally operationalized through a scale that measures the frequency with which Indigenous individuals think about the loss of culture, land, and life due to European colonization. The history of coalfield communities is deeply connected to the history of European colonization. This concept can be adapted and applied to Appalachian coalfield communities. If operationalized for this population the scale could measure the frequency with which members of this population think about, the loss of culture, land, and life as a result of state-facilitated corporate violence. For example, the loss of culture, land, and life due to the violence enacted by the coal industry has impacted the lived experience of people in the central Appalachian coalfields for generations. This study is not a quantitative analysis, however, the level of loss experienced by research participants in the region and how much they talk about it in their narrative of substance misuse is a guiding concept in this qualitative analysis.

Zemiological Perspectives

Zemiology, the study of social harms, originated as a critique of traditional criminology and its hyperfocus on “individual-based harms” such as assault or theft. There are longstanding debates regarding the relationship between criminology and social harm and calls to move “beyond criminology” to a zemiological perspective that is less narrow and includes actions/events not legally defined as criminal but that have equally grave social impacts (Hillyard et al., 2004; Lasslett, 2010). Central to this venture is the assertion that the concept of “harm” is fundamentally more useful than the concept of “crime” for understanding various social problems that we experience “from cradle to the grave” (Hillyard & Tombs, 2007 p. 18).

Criminologists that support this shift to an independent field of study make several criticisms of traditional criminology and the concept of “crime” (see Canning & Tombs, 2021; Hillyard et al., 2004). For example, they assert that the crime-centric focus of criminology

overlooks broader structural and systemic issues that contribute to harm in society and that the use of this term gives legitimacy to the expansion of crime control. By doing so criminology often neglects other significant harms perpetuated by governments and powerful institutions, such as state violence, environmental degradation, and corporate exploitation. Zemiologists assert that the definition of harm should not be limited to conventional criminal activities but should be more inclusive and encompass various forms of social, economic, and political injustices (Hillyard et al., 2004). Utilizing a social harm perspective, this project moves beyond traditional conceptualizations of crime to also encompass those actions that are not legally defined as criminal. The concept of “social harm” is essential to the study of social ills within the Appalachian region because much of the violence enacted there was/is “legal” by traditional definitions.

Critical Criminological Perspectives

Critical criminological perspectives traditionally reject dominant theories of orthodox criminology. Instead, these perspectives rely on several theoretical frameworks, which draw attention to hierarchical social stratification and inequality across class, race/ethnic, and gender lines (DeKeseredy and Dragiewicz, 2012). For example, critical criminologists utilize Marxist (Perdue, 2018, 2021; Vegh Weis, 2017), feminist (Chesney-Lind & Morash 2013; Cook, 2016), and green (Lynch and Barrett 2015; South 2014; Perdue, 2018) theories, among many others, to analyze crime, harm, and the criminal legal system. Like zemiologists, critical criminologists advocate for an understanding of socially injurious and harmful behaviors that society does not formally define as crime (Kramer et al., 2002; Pedigo et al., 2021). This framework expands the spectrum of victimization to include those that are indirectly and directly affected by the actions of governments and corporations (Pedigo et al., 2021). This research draws heavily on critical

criminological theories to analyze the root causes of historical trauma with the Appalachian coalfields.

At the heart of this investigation are the concepts of state-facilitated corporate crime and green crime. In 1939, Edwin Sutherland introduced the concept “white collar criminal” with scholars expanding this analysis to corporate crime over time. Definitions of corporate crime vary widely, and studies have applied this concept to the coal industry (Perdue, 2021); the global waste trade (Pellow, 2007); chemical industry (Pearce & Tombs, 2019); and pharmaceuticals (Braithwaite, 1984; Clinard & Yeager, 2006; Gibney, 2021), among many others. The conceptualization offered by Box (1983 p. 20) is especially useful for this study; he asserts that corporate crime varies from white collar crime and includes acts “of omission or commission by an individual or group of individuals in a legitimate formal organization - which have serious physical or economic impacts on employees, consumers, or the general public.” The use of the term omission is what makes this conceptualization relevant, however, Box’s conceptualization does not include the potential role of the state (at multiple levels) in fostering corporate crime (Perdue, 2021). Thus, equally relevant to this research is Michalowski’s concept of state-facilitated corporate crime, which occurs when the state facilitates and encourages crime by neglecting and/or creating laws that allow for corporate violence and exploitation to occur (Kramer et al., 2002; Michalowski, 2010; Rothe & Kauzlarich, 2016). Like Box’s definition, Michalowski stresses that this includes acts of omission.

Scholarship on green crime has devoted much of its attention to the role corporations play in the generation of environmental harm and the human health impacts of such actions (Long et al., 2012; Lynch, 1990; Katz, 2010; Perdue, 2021). Environmental justice scholarship has followed a political-economic track, not only focusing on the environmental impacts of corporate

crime but also the human health impacts brought on by living in contaminated environments (Perdue, 2021). Scholars interested in environmental crime and justice stress that risks associated with living in these harmful environments are not distributed evenly across social groups and that age, ethnicity, gender, social class, and race place some groups at a higher level of risk for consequences associated with environmental harm (Gedicks, 2001; Pellow, 2000, 2007; Lynch & Stretchky, 2012; Perdue, 2021). Recently, activists and scholars have turned their attention to the environmental harm, economic, and human health risks associated with resource extraction, including coal mining (Perdue, 2021). Due to the dominance of the coal industry in central Appalachian communities this region should be of great interest to green criminologists. The deceitful, harmful, and criminal actions of the coal industry have detrimental impacts on communities in and around the coalfields. Research shows that coal companies fail to follow environmental regulations and ignore/hide negative ecological impacts of mining practices (Palmer et al., 2010; Walter, 2010). Researchers also contend that coal companies often bribe their way out of harsh penalties and are largely responsible for increased rates of poverty within coal-mining counties (Long et al., 2012; Perdue & Pavela, 2012).

Given the nature of capitalism, and the systemic racism from which it originates and is sustained, the capitalist state is “committed to prioritizing the practices and values of profit accumulation over social values” (Tombs, 2012 p. 172). The unwavering commitment of the state to prioritizing capitalistic goals over the human condition generates an environment perfect for widespread state-facilitated corporate violence. Capital accumulation and racialized exploitation are inherently connected and mutually reinforcing. Cedric Robinson (1983) introduced the concept of racial capitalism to capture this relationship and argued that race plays a crucial role in the development and expansion of the capitalist society we live in; it also plays a

major role in the organization of people, places, and societies across time (Pedigo et al., 2021). Racialized processes create and sustain spatial differentiation - “the disproportionate concentration of goods, services, production and consumption that ultimately created uneven capitalist development” (Pedigo et al., 2021 p. 325). Racial capitalism created the modern world, has a long-standing legacy of generating difference as it exploits, and is a fundamental cause of inequality. Racial capitalism promotes competition and exploitation of natural resources, which results in the destruction or depletion of all resources, increased health disparities, and the removal of social capital from certain communities (Marya, 2018; Schept, 2022).

The widening inequalities for Black, Indigenous, and other people of color is the result of a persistent cycle of structural violence, which contributes to generational and recurring trauma that negatively impacts health and well-being. The devaluation and exploitation of people of color in the name of capitalist accumulation has created, sustained, and exacerbated inequalities in the U.S. (Dantzler, 2021; Marya, 2018; Robinson, 1983) and in contemporary times also works against communities that are mostly white. In Appalachian coalfields the devaluation and exploitation of coalfield communities and the “pillbillies” that call the area home has created, sustained, and exacerbated the concentration of drug misuse/overdose within the region. This exploitation is buttressed by racialized stereotypes that differentiate “hillbillies” and “rednecks” from other white people. Unchecked State and corporate violence authorized in the name of capitalism is a major catalyst for intense historical trauma in the Appalachian coalfields, which is stored in the collective memory of people and influences collective responses.

Beyond the Zemiology - Criminology Debate

Since its emergence, the field of zemiology (and harm studies generally) has sparked debates regarding its relationship with the more established subfield of critical criminology

(Canning & Tombs, 2021; Copson, 2018; Lasslett, 2010; Pemberton, 2007). Copson (2018) states that attempts to reconcile this relationship are problematic and risk each perspective becoming polarized into mutually antagonistic perspectives or harmonized to the point that zemiology is simply viewed as an extension of critical criminology. Critical criminologists and zemiologists seek to address social inequalities and to recognize and reduce harm caused by governments, corporations, and the criminal legal system. The divergence between the two lies in how they seek to address social problems and their commitment, or lack thereof, to the utilization of the concept of ‘crime’ (Copson, 2018).

Critical criminologists advocate for the study of crimes and harm, where recourse to the use of the language of crime is considered a useful strategy for engaging key stakeholders and bringing about change (Copson, 2018). The use of the concept of “crime” here is strategic due to the weight this term holds in politics and in the public; a weight that the term “harm” does not have in the twenty-first century. Zemiologists view the language of ‘harm’ as a deliberate move to disrupt dominant paradigms of conceptualizing and responding to social problems, which emphasize individual culpability and punishment (Canning & Tombs, 2021; Copson, 2018; Hillyard et al., 2004; Hillyard & Tombs, 2007). Although important to theoretical development this research project is not concerned with this academic quarrel or the philosophical issues that arise when discussing the relationship between these two fields. This is not to diminish the importance of such discussions but to emphasize it is not a focus of this research. Instead, for the purpose of this paper zemiology and criminology are understood as divergent normative perspectives which share many of the same goals but differ primarily in the means through which they seek to achieve those goals (Copson, 2018). The concepts of crime, social harm, and the social determinants they highlight are both crucial in examining historical trauma within the

Appalachian region. When combined with historical trauma theory, these concepts provide a theoretical framework for comprehending the cumulative impacts of unchecked corporate power and state-facilitated violence within coalfield communities.

HISTORICAL TRAUMA IN THE COALFIELDS: CONNECTION TO COLONIALISM

It is easy to view the exploitation of coalfield communities in central Appalachia as not connected to the larger history of settler-colonialism and racial capitalism due to stereotypes and the most recognized parts of the region being majority white. Whiteness in Appalachia is complex, is combined with class and regionally based stereotypes, and is often mobilized to differentiate the region and its white residents as monolithically degenerate and violent; a differentiation that is critical to successful capitalist accumulation of minerals, land, and wealth within the region. Appalachia is a racialized space, a place homogenized toward whiteness, making social problems within the region easily viewed as not related to racial capitalism (Schept, 2022; Taylor, 2020).

However, this perspective mistakes whiteness as nonracial and ignores the contemporary and historical processes that have pushed people of color out of the most central parts of the region. For example, within the coalfields class-based and racialized labor wars were utilized to exploit miners and keep wages low. Coal owners stoked tension between miners capitalizing on ethno-racial division to keep unionization at bay, while assigning Black miners the most dangerous and least desired duties knowing there would be little, if any, opposition. Today, Central Appalachians and those in the coalfields are mostly white while the broader region is demographically diverse with one in five Appalachian residents identifying as a person of color, though this is lower than U.S. demographics overall (Pollard & Jacobsen, 2022).

As Schept (2022) notes there is not a single instance of capitalist accumulation and exploitation that is not already racial. Appalachia offers “edifying examples of racial capitalism’s work” and unfettered legacy of colonialism (Schept, 2022, p. 18). The violence of settler-colonial expansion and slavery; the labor wars within Appalachia’s coalfields; the incarceration of people both within and outside of the region in Appalachian prisons bolstering the prison-industrial complex; and the crimes of Big Pharma are all examples of the exploitation of land, bodies, and minds dating back to the inception of this nation. As mentioned in the forward, the mass trauma experience of coalfield communities in Appalachia can be understood in connection to the history of settler-colonialism in America but should not be conflated with it.

Before discussing the mass trauma experience of secondary generations in the coalfields we must first acknowledge how it is connected to the mass trauma experience of primary generations. Primary generations in the region (Pre-Reconstruction - 17th century to late 19th century) encompassed various groups: the Indigenous peoples of the of Turtle Island, Black individuals who were forcibly brought into the region through the Trans-Atlantic Slave trade (Smallwood, 2007), and early migrants who arrived in the area, some seeking refuge from consistent colonization and oppression elsewhere. For instance, during the 17th century, the Indigenous Irish were forcibly transported as indentured servants to work in the English Colonies (see Neely, 2016), while during the 19th century, many Indigenous Irish and Scotts-Irish fled Ireland during the "great hunger" or "Irish famine," which was engineered by British policies (see Coogan, 2012).

These generations encountered the initial wave of historical trauma through overt oppression – they experienced colonization, loss of autonomy/self-determinism, genocide, forced displacement, engineered starvation, land and resource dispossession, labor exploitation, cultural

dispossession, and slavery. Each subgroup within the region faced its own intersectional forms of oppression shaped by their diverse identities. For example, Irish groups were shielded by their whiteness and did not undergo the level of ethno-racial subjugation experienced by Indigenous and Black populations. Their subjugation was in part related to the extent to which the dominant group saw Irish individuals as “white” (see Ignatiev, 1995). The dominant groups during this time period were European ethnic groups who came to the colonies voluntarily, these included groups like the English, German, Swiss, Dutch, French, and Scotts-Irish (who are noted to have complex relationships with others in the dominant group).

Over time the dominant group within the region was compelled to adapt their strategies and methodologies of subjugation to align with the evolving norms and values of a society that was becoming increasingly modernized and industrialized. This transformation involved shifting from overt, institutionalized practices of oppression to more subtle, systemic methods that perpetuated inequality through economic, legal, and social channels. In addition to maintaining their control over traditionally oppressed ethno-racial groups, the dominant group subjugated other marginalized groups not traditionally targeted by the racial caste system. This allowed them to reinforce and expand their power and privilege by stoking tension between groups while appearing to conform to the growing expectations of fairness and progress throughout industrialization and urbanization. This research delves into the oppression and subjugation experienced by secondary/subsequent generations, who not only grapple with the transmission of trauma from primary generations but also confront their own mass trauma experiences.

“KING COAL”

The biodiversity and geodiversity of the Appalachian coalfields has made the area susceptible to exploitative industries and incidents of social and environmental injustice. The

exploitation of coalfield communities has historically been achieved through state and corporate violence, resulting in community trauma whose legacy remains in the form of racism, discrimination, and social and economic disadvantage. Known as “the coalfields,” this area has a complex and exploitative history with the coal mining industry, which has a major influence on both the physical and social environment of the region (Lewin, 2019a; Lewin, 2019b; Zipper et al., 2021). Many communities within Central Appalachia developed with coal mining as a primary economic driver, which substantially affected social relations as the industry developed and then quickly declined into boom/bust cycles of production. This rapid loss of industry sent the coalfields and surrounding communities into a severe and persistent economic downturn, making the region extremely susceptible to coal production and the social harms occurring there today.

The instability of the coal industry and the effects of neoliberalism and globalization significantly affected Central Appalachia, contributing to a decrease in the availability of jobs and economic opportunities, increases in work-related injuries, generational disadvantage, and an outmigration of working-aged residents (Perdue, 2021; Meit et al., 2017; Schalkoff et al., 2021). Perdue (2021) states that the complex history of the coal industry in central Appalachia should be of interest to criminologists because it underscores how past crimes, and the legal core mechanisms of capitalism and neoliberalism, can contextualize social ills within the region. It should also be of interest to social justice scholars and psychologists, as the trauma and damage created by the socially injurious actions of this industry run deep into the lives of people currently living in the region, and even those who have moved away.

The exploitation and oppression brought on by the corporate violence of this industry and others are stored and represented in the collective memory of people within the region, which

results in the ongoing reproduction and reconstruction of trauma in the lives of Appalachian people from generation to generation. The historical trauma surrounding the coal industry and its legacy of largely unregulated capitalism in Central Appalachia yielded lasting negative social and ecological impacts including but not limited to: (1) the destruction of ecosystems through the removal of mountaintops, clear-cutting vegetation, and dumping into streams; (2) the negative health impacts, risk of work-related injuries, and mining fatalities associated with the coal extraction; and (3) health impacts associated with living in contaminated environments (Perdue, 2021; Schept, 2022). The economic instability of the region, in large part due to its reliance on coal, has left Appalachians with lower annual incomes, higher poverty, higher unemployment, poorer health outcomes, and higher morbidity and mortality rates than any other regions in the United States (Patrick et al., 2021).

Although “King Coal” is responsible for constructing a large portion of the historical trauma in the coalfields it would be an error not to mention other industries prevalent within the area that also contribute to the mass trauma experience including steel production, logging, railroad, and pipelining. Recently, environmental scholars and activists in the region have been pushing back against the construction of a methane-gas pipeline, known as the Mountain Valley Pipeline (MVP) project. Construction on the Pipeline started in 2018 and once complete it will total 303 miles stretching from northern West Virginia to Southwestern Virginia. As of March 2023, nearly 1,500 pollution incidents and violations were reported on the Virginia side alone (Sligh, 2023). The MVP is owned and operated by Equitrans Midstream, which is the largest natural gas corporation in the United States (Mountain Valley Pipeline Project, n.d.). For generations these industries have coercively secured land rights, profited from natural resources, destroyed local economies, and exploited bodies in the region.

Early Land and Resource Expropriation

Perdue (2021) posits that Central Appalachia seamlessly illustrates Marx's concept of "primitive accumulation" which was introduced in his work entitled *Das Kapital* (1867). With this term Marx was referring to the expropriation of lands and resources by early capitalists. Marx compares the original accumulation of lands by early elites (processors) to the original sins of Adam in theology, stating that early expropriation was the foundation of their future wealth in the same way that Adam biting the apple was the foundation of the sins of humankind. In utilizing this concept he refers to those unable to accumulate wealth this way as "non-processors" who were left with "nothing to sell but their skin"; a group of people that would become a "reserve army labour" - a desperate labor pool that could be used to increase the future wealth of early capitalists and their progeny (Marx, 2019 [1867] p.784; Perdue, 2021).

Since before the total appropriation of lands from Indigenous nations, Appalachia has been deeply connected to the global economy (Dunaway, 1996). However, industrialization and the building of railroads in the mid-19th century reinforced this relationship as both regional and global "landsharks" flooded the region to acquire timber, and later mineral rights to mine for natural resources (Perdue, 2021 p. 900). These businessmen had the upper hand in land dealings and used coercive tactics to secure land and mineral rights throughout the region, and elsewhere in the U.S.

Equipped with a better understanding of the workings of local and state governments and the true value of properties, these "landsharks" continued to expropriate land from early families within the region. Given that the genocidal tactics utilized to appropriate land from Indigenous people had become unacceptable, these local and global elites would secure land and mineral rights by utilizing tactics such as broad-form mining deeds, collusion with local officials in

property disputes (bribery), and even the carceral apparatus to acquire land and mineral rights in resource-rich counties (see Corbin, 1981; Gaventa, 1980; Montrie, 2003). In West Virginia, the coal-rich counties of Mingo, Logan, and Wayne were almost completely owned by outside interests by the turn of the 20th century (Perdue, 2021).

Bankers and shareholders from cities like New York and Philadelphia were siphoning most of the profits from the mines in the southern West Virginia coalfields (MacLowery, 2016); today these counties have some of the highest overdose and poverty rates in the state and the highest overdose rates in the nation (ARC & NORC, 2022; U.S. Census Bureau, 2020). This shift in ownership, combined with the shift in labor relations following World War I pushed many Central Appalachians to work in coal mines and related industries like steel and the railroad (Perdue, 2021; Tallichet, 2006). These dramatic shifts created a reserve army of labor (Marx, 2019 [1867]) - a situation where seemingly hopeless workers held little to no leverage compared to the coal and related industries who employed them.

World War I, Labor Relations, and The State

The relationship between war, the world's largest raw material producers, and the State is ever present. Conflict increases demand for raw materials, which increases demand for labor, which increases tensions between workers and producers resulting in the State stepping in to ensure production continues despite worker discontent. Coal was critical to war efforts during both World Wars. As one of the largest raw material industries at the time it was used to power locomotives and to produce iron, steel, and electricity both domestically and abroad. Due to its importance for domestic infrastructure and wartime efforts, labor disputes that occurred during times of conflict were viewed by many, especially the State, as an impediment to victory. The State would often appeal to miners "patriotic responsibility" to keep coal production up during

wartime (Kratz, 2018). Thus, when the State needed coal production to be high it would step into labor-relations between company owners and workers to ensure military needs were met.

However, they took a back seat in labor relations when they no longer needed labor, constantly contributing to tensions between companies and unions.

During the early 1900's working and living conditions were so dangerous that miners had a higher mortality rate than those fighting on the front lines in World War I (Perdue, 2021). Prior to World War I, much of the tension and violence within company towns was between workers, company owners, and their private police forces. Workers struggled to improve their working conditions and unions were relatively weak due to there being a surplus of labor, and frequent union busting (The Great War, 2021). World War I changed labor relations and the lives of workers in the United States significantly starting in 1914 (The Great War, 2021). During the height of the war as demand for labor grew so did worker influence and unionization. The American Federation of Labor gained a lot of new members during this time with a ten-fold increase to 3 million members by the time the U.S. entered the war in 1917 (National Labor Relations Board, n.d.). The AFL's largest and most-affiliated member during this time was the United Mine Workers of America (UMWA).

During the war, the state's involvement in labor relations grew with the demand to meet various wartime efforts. For a moment President Woodrow Wilson was seen as a champion of unions by some union leaders for supporting certain components of the labor movement and creating the War Labor Board in 1918, who recognized the "right to organize in trade unions and to bargain collectively through chosen representatives" (National Labor Relations Board, n.d.). The role of the state in coal production during this time was significant, as coal was crucial for

various wartime demands, including powering factories, transportation systems, and military operations.

The state and federal governments took significant steps to oversee and enhance coal production to support the war effort, including direct intervention, collusion with the coal industry, and state violence against its constituents. For example, State and federal governments worked directly with coal owners to ensure day-to-day production goals were set to meet wartime needs and would directly intervene in labor relations to prevent disruptions in production (The Great War, 2021). Sometimes this would result in requiring company owners to meet certain demands presented by workers and their unions. By the end of 1919, Wilson's wartime policies were ending, the State abandoned workers in their labor relations with companies, and company owners struck back at unions. During war-time booms increased federal oversight influenced workers confidence in requesting better working conditions; a characteristic that did not match well with company owners' profit-driven mindset. When the state would step out of labor relations company towns would see an increase in supervision and violence at the hands of company owners private police forces. One of the most violent flashpoints of this labor history was in a coal-rich area nicknamed the "El Dorado of Appalachia", the State of West Virginia (The Great War, 2021). In these coal towns, beyond the significant loss of life from mining disasters and harsh living conditions, miners and their families often perished while fighting for their rights against company owners and the State.

"King Coal" – Total Control in West Virginia Company Towns

Historical trauma in the coalfields has always been created through the exploitation of land and bodies for profit, which in the early 1900's manifested in the form of 'company towns.' However, this has been a constant struggle for communities in the area over a century. Coal

seams are in some of the most remote and isolated parts of the country, which in the early days required companies to build towns for people to live in if they wanted to have workers. When opening their mines, they stripped down forests to build company towns along the branch lines of the railroads and close to mining sites, which followed rivers and existing Indigenous trading routes (Vong, 2019).

Company owners, with the help of the State, controlled every aspect of civil and commercial life in these towns that were almost always unincorporated. There were usually no elected officials, no independent police forces, and owners hired private detective agencies like the Baldwin-Felts Detective Agency who specifically worked in the nation's coalfields (MacLowery, 2016; The Great Wars, 2021). This agency specialized in union busting and at one time was the nation's leading union-buster: a title they obtained by any means necessary. They hired men from various backgrounds including former police, soldiers, 'criminals', and miners. These men worked as mine guards, informants, and when possible were deputized within local police forces. Company-owners equipped them with the latest weaponry, including machine guns. Historians and journalists at the time note that their purpose was clear: they were there to ensure production, protect company assets, control the company's workforce, and protect profits. Journalist Harold E. West writes:

They are in the mines for a definite purpose. They understand that purpose and they have no hesitancy about 'delivering the goods.' They seem to have no illusions about their work. It pays well and if brutality is required, why, brutality goes. Whenever possible they are clothed with some semblance of the authority of the law, either by being sworn in as railroad detectives, as constables, or deputy sheriffs (Corbin, 2011).

Aside from the ever-present threat of violence, working and living conditions in company towns were extremely difficult as company owners extracted communities dry of not only land and natural resources, but also their dignity and ability to be self-sufficient. Miners were forced to live in isolated company-towns if they wanted work, where the company controlled their job, their housing, and the stores the miners had access to (Corbin, 1981; Perdue, 2021). To increase control miners were paid in company-issued currency, known as “scrip”, ensuring that companies controlled the socio-economic capital of the miner and his family. It is noted that during times of low coal production the stores in mining towns allowed companies to keep their profits margins in the green (Corbin, 1981). They could offset losses in the mines by upping the cost of goods, rent, food, etc. keeping more money within the company.

To double down, these monopolies often increased prices several times higher in ‘company stores’ which also doubled as a post office where a coal company employee served as the postmaster. This allowed companies to turn a profit and provided an opportunity to suppress unionization by identifying union sympathizers through reading and confiscating mail the company regarded as ‘radical’ (Eller, 1983). In 1918 the Supreme Court deemed the use of “scrip” to be unconstitutional if it could not be transferred into U.S. currency, but there is evidence that it continued to be utilized in Kentucky and West Virginia until Congress outlawed it in 1967 (U.S. National Park Service, 2016). The inability to build economic capital due to these practices severely affected coal miners and the generational wealth of Central Appalachian families (Guilford, 2017).

Further disregard for the physical and social health of miners and their families was compounded by immoral housing agreements. Corbin (1981) explains the egregious acts allowed by the coal company in these agreements, such as the eviction of a miner and their family for

nearly any reason. Power was awarded to mine guards to forcefully remove miners and their families from company-owned housing with no warning if they were thought to be union provocateurs. These evictions often turned violent resulting in injuries and death of miners and their family members. The notorious Mary “Mother” Jones is quoted describing the horrendous aftermath of a raid into a miner’s village in West Virginia after the citizens held a union rally. The group of men who raided the village included Baldwin-Felts agents representing the mine operators, a U.S. Marshall, and county sheriff’s deputies. She writes:

On a mattress wet with blood lay a miner. His brains had been blown out while he slept. In five other shacks men lay dead. In one of them, a baby boy and his mother sobbed over the father’s corpse.

These contracts were eventually ruled unconstitutional by the courts of West Virginia who are quoted saying that the relationship between the coal company and the miners was not one of tenant and landlord, but of “master and servant” (Corbin 1981, p. 9).

Despite historical stereotypes and narratives of this state (and region) as a white space, the mining workforce in early West Virginia coal mines was made up of White people whose families settled in the region, Black people (many of whom fled or were recruited from the south), and Lantin(x) and European immigrants (MacLowery, 2016; May, 2017). According to the National Park Service, by 1909 Black miners made up more than a quarter of West Virginia’s mining workforce. West Virginia coal camps, as well as in others across the region were segregated, living quarters were segregated by race/ethnicity for many reasons, the biggest of which was to capitalize on ethno-racial tension and limit unionizing.

Although the coalfields of Appalachia were better in some ways for Black families than other parts of the developing US, the threat of violence and discrimination due to race was still

significant. This meant segregated housing, schools, and churches, being assigned the hardest and more dangerous jobs, and longer hours. By segregating miners and treating them differently, the goal of company-owners was to stoke tension between the miners to keep them from unifying against the company. White miners were usually housed in nicer parts of the coal camps, while the most dilapidated parts were reserved for miners of color. This is but one of many examples of racialized discrimination in the coalfields and supports the need to investigate historical trauma of these communities through an intersectional lens.

During times of mass eviction and displacement, miners and their families would live in makeshift tents provided by the UMWA. In the years leading up to the Coal Wars coal companies began evicting miners who went on strike or unionized. Miners and their families lived in what they called “Tent City” on land that was not owned by coal companies. In tent city, segregation was nearly impossible, and they had no choice but to live together. Third generation coal miner, Michael Ray Johnson, whose family moved to the coalfields looking for work and fleeing discrimination in the south shares what he was told about Tent City:

When the coal companies got the thugs to throw the miners out, they didn't have anywhere to live because of the coal company houses they had to live in these army tents... Families were living in an actual tent and you know, I thought about those children freezing. you had black and white families live together but they also worked together. They made sure the kids were fed, and Tent City just means so much to me (Saunders, 2021).

The egregious conditions in mining towns and in Tent City, constant threat of mistreatment and eviction, and constant loss of loved ones undoubtedly had negative impacts on the mental and physical health of families, as well as their progeny (Purdue, 2021).

The West Virginia Mine Wars

West Virginia in the early 1900's was known to be a difficult place for unions because company towns were isolated, locals were fiercely independent, and the company towns were segregated, stifling union growth. Owners also forced workers to sign 'yellow-dog contracts' banning them from joining unions (The Great War, 2021). The West Virginia coalfields quickly become an industrial police state with private guards hired by the coal companies to forcefully remove anyone seeking to unionize. These guards were sometimes deputized into local police forces. This meant that mining companies had extensive socio-economic and political power. The founder of the American Federation of Labor, Samuel Gompers, compared the situation in the state to Tsarist Russia (see Corbin, 2011; Figs, 1998). He is quoted stating:

Until some limitations are placed upon the absolutism of these absentee coal operators in West Virginia, the government of West Virginia will continue to be Russianized and the people can be naught but serfs. Organized labor has forced these conditions and perversions of justice upon public attention and now demands that the wrongs be righted (Corbin, 2011).

Union suppression and conditions did not stop early organizers from trying to reach miners in West Virginia. One of the most notable organizers is Mother Jones, who made her way to the state in 1901 to convince miners to join her union – the UMWA. Mary Harris Jones, was driven from her native of Ireland during the potato famine, knowing hardship she is quoted saying “I have no home except where there is struggle.” She was a 65-year-old woman who was loud, used profanity, and spoke in social revolutionary terms (MacLowry, 2016). Many of the miners loved Mother Jones and eventually her efforts ignited a movement that over the next 20 years would become the West Virginia Mine Wars. Although it has many claimed origins, the

term “redneck” was solidified in the labor movement of Central Appalachia. The slang term was used to reference the unionized miners who wore red bandanas around their neck as a symbol of solidarity; this included miners from all ethno-racial backgrounds (Todd, 2015).

Labor struggles in the early 1900’s grew quickly with smaller violent clashes between miners, coal operators, and their private police forces being frequent. The first major clash between miners and coal companies in West Virginia was in 1912-1913 at the Paint Creek/Cabin Creek Strike (MacLowry, 2016). Miners went on strike for several months over unsafe working conditions, low pay, and unfair treatment by coal operators and their private police force. Miners demanded their union be recognized. Miners and their families faced eviction from company-owned houses, were subjected to harassment and intimidation tactics by the hired guards, and were killed. Martial law was declared in the area, there were several casualties, and the conflict garnered national attention.

Despite their early efforts in the coal camps, and gaining some power during the war, unions failed to obtain safer working and better living conditions during the first two decades of the twentieth century. Once the war ended, the State no longer needed to be involved in labor relations due to no longer needing workers for wartime efforts. Tensions between unions and company owners increased; a long side tension in the coalfields between miners, their families, and “company men.” For several years as miners fought for their right to unionize and as strikes increased so did evictions. Increased resistance, failed strikes, and increasingly violent efforts by the coal industry's private police squads culminated in one of the most famous episodes of labor violence in the coalfields, the “Matewan Massacre” on May 19th, 1920.

Unlike other company towns, the town of Matewan maintained some independence from mining companies, and the mayor, sheriff, and police chief were all union-friendly. On this day

in the mining town of Matewan, West Virginia, mining guards attempted to evict miners to curb unionizing efforts. Police Chief Sid Hatfield prevented these efforts with documentation from the state and, with the mayor's approval, attempted to arrest Baldwin-Felts agents. Following a disagreement, Baldwin-Felts agents shot and killed ten people, including the mayor, two miners, and seven detectives.

The event sparked long-standing tension between local officials, the coal company, and miners, which continued to escalate until it culminated in The Battle of Blair Mountain on August 25, 1921. On this day, 10,000 miners from coal towns across the region marched together and engaged in open warfare with the coal company's private police (MacLowry, 2016; Perdue, 2021). The battle continued for five days when the Harrison Administration dropped bombs around the miners, which marked the first time the U.S. government had purposely bombed its own citizens (Blizzard, 2004; Perdue, 2021; Savage, 1990). The State was directly involved and complicit in the violence that erupted in coal towns leading up to and after the Mine Wars, and their support then and now has reinforced the continued dominance of this dying industry within West Virginia. The State's direct intervention in support of the coal industry and company owners, in addition to the countless legislative decisions passed at the local, state, and federal levels in support of this exploitative industry, also makes them complicit in creating and sustaining historical trauma within these communities.

The violence and harm enacted against citizens by coal companies and the U.S. government resulted in the cumulative loss of land, loved ones, rights, and culture, a loss that has been stored in the collective memory of coal miners, their families, and the community psyche. Today, the West Virginia Mine Wars Museum sits in Matewan at the site of the battle, where they host Camp Solidarity - an annual union training event that brings in labor unionizers and

activists from around the country who are still advocating for the health and safety of miners (West Virginia Mine Wars Museum, 2023).

World War II, The State, and Criminalizing Resistance

Despite hard-fought battles and continued resistance, the exploitation of coalfield communities continued. Families with few options for work and insufficient resources to relocate were forced to ride out the booms and busts of coal production over the next several decades. The Great Depression forced hundreds of coal mines, especially smaller ones owned by local capitalists, into bankruptcy, and many miners lost their jobs (U.S. Department of Interior, n.d). Companies that did stay afloat during this time were larger companies that had the means to mechanize their mines; one such mine was Consolidation Coal Company (CONSOL Energy today). The Second World War brought another wartime boom almost 20 years after the Coal Wars. The State and coal owners took advantage of the patriotic atmosphere during this time and attempted to appeal to the psyche of miners by linking their work to the work of soldiers on the front lines. Anyone viewed as putting personal needs and desires over the need for production was deemed unpatriotic or a foreign sympathizer.

Rakes (1994) notes that some coal owners even went as far as to place "thank you notes from Hitler" into the pay envelopes of employees who were guilty of absenteeism. Having moved away from the days of private militarized police forces and with company towns ending, these coercive tactics used by coal owners did not compare to the tactics used by the State during this time to ensure production. During World War I, coal was an essential resource for steel and chemicals used in military equipment. Creating a collective identity that made miners akin to combat troops also developed an understanding and acceptance among political and corporate elites that the industry may suffer sacrificial casualties (Rakes, 1994).

During World War II, while most labor unions honored a no-strike commitment, John L. Lewis, United Mine Workers (UMW) president, informed President Franklin D. Roosevelt that his miners faced unfair conditions and wouldn't adhere to the pledge. Despite Roosevelt's urging for patriotic duty to maintain coal production, miners nationwide went on strike in April 1943. In response, on May 1 of the same year, Roosevelt issued Executive Order 9340, placing coal mines under federal control. Despite this, miners persisted in their struggle and eventually secured wage increases and compensation for travel from the shaft head to the coal face. On May 6, 1943, Congress enacted a law criminalizing the provocation of strikes in government-controlled war plants or mines, with offenders subject to full prosecution. As reported in the Wilkes-Barre Record on August 31, 1943, 27 miners received suspended sentences and three years of probation after pleading "no contest" to inciting strikes in government-operated mines. This is one of many examples reflecting the State's willingness to utilize the criminal legal system and the carceral apparatus to exploit workers during this time. The State's desire to merge its political interests further with corporate profit and the carceral apparatus would only grow in the coming years.

Mining-to-Prison Pipeline (MTPP), the State, and the Carceral Apparatus

The destruction and exploitation brought on by hyper-reliance on the coal industry are well documented; however, less evident is the major shift in the idea of "extraction" taking place within this region (Young & Pitman, 2018). As mining operations within the area continued to decline and remain reliant on booms and busts, prisons filled this void, with some literally built on top of old mines and decapitated mountains. Theoretical frameworks housed in environmental justice and corporate crime scholarship link the environmental injustices of the coal industry to those brought on by the criminal legal system. Perdue (2018) argues that prisons and the penal

system fall squarely within the purview of environmental and social injustice scholarship and that the conceptualization of “environment” as where we live, work, and play should also include the environments of the more than two million people who are incarcerated in the United States.

Corporate violence in mass incarceration is evidenced in political collusion between governments, private prison corporations, and Fortune 500 companies, like Walmart, who profit from mass incarceration and the prison-industrial complex (Alexander, 2011; Duverney, 2016). The mining-to-prison pipeline (MTPP) introduced by Perdue (2018) is a framework to understand how racial capitalism, facilitated by legal decisions at multiple levels of government, has culminated in one of the world’s most punitive societies, not only imprisoning and exploiting individuals, and specific groups, but entire regions. When you consider the prison industrial complex that produces cheap labor for some of the world's largest corporations, the profit motive behind the MTPP becomes even more evident. Economic conditions within the region, socio-political and legal underpinnings of mass incarceration, and the rural prison boom solidified the presence of the carceral apparatus and imprisonment as the primary solution to social problems effectively “imprisoning’ Central Appalachia” (Perdue & Sanchagrin, 2016; Perdue, 2018; Schept, 2022).

Rising incarceration rates and “the making of Carceral Appalachia” would not be possible without two elements: prisons and jails (Schept, 2022, p. 9). Since 1980, more than 350 prisons have been built in the U.S., peaking in the 1990s, with 245 prisons built in small rural towns between 1990 and 1999 (Beale, 1996; Perdue, 2018). Certain regions, like Central Appalachia, were targeted for prison building for reasons that had less to do with crime and punishment and more to do with the landscape of total extraction there. Coinciding with the prison boom and peak of the war on drugs/tough-on-crime era was the rapid acceleration of

Mountaintop Removal (MTR) mining. In the coalfields, prisons were often built above old coal mines, including MTR sites, and were viewed by policymakers and politicians in the region as an economic lifeline (Perdue, 2018). Correctional facilities were built into community planning to curb unemployment, population loss, and declining revenues brought on by the coal industry's booms and busts and the region's persistent economic decline (Schept, 2022).

The utilization of prisons as economic reclamation projects atop old mining sites has been largely unsuccessful has significant adverse environmental and human health impacts, and has influenced the increase in incarceration within the region over the past several decades (Perdue, 2018; Perdue & Sanchagrin, 2016; Schept, 2022; Young & Pitman, 2018). For example, recent research shows that prison counties within the region have higher poverty rates and lower per capita income than non-prison counties (Perdue & Sanchagrin, 2016). Prison communities, initially intended to serve as an "economic lifeline" in the coalfields, have instead become more representative of an "economic leash." Correctional officers working in the Central Appalachian region receive salaries that make it impossible to support a family by "traditional" standards. For a long time, salaries fell below the national poverty line for people supporting a family of four (Young & Pitman, 2018). However, this salary and the cost of living have increased. Recent legislation in West Virginia raises the starting salary for correctional officers from \$35,514 to \$40,000. By the end of their second year, their salary will be \$48,000. Beginning in 2024, correctional officers in categories three through seven and non-uniform staff will receive an annual increase of \$250. Current correctional staff will also receive two retention bonuses totaling \$4,600, with the first increase taking effect in October and the second in March 2024 (Office of the Governor, 2023).

Appalachian scholars importantly highlight the opportunity costs of reliance on coal and the prison development strategy. The high economic control maintained by the coal industry dissuaded non-coal-related industries and wealth from entering the area. The carceral state extracts from the region in similar ways, pushing it “toward a higher level of economic precariousness.” (Young & Pitman, 2018, p. 585). Additionally, the pursuit of prison building as a singular approach to severe economic conditions and population loss within the region has only acted to perpetuate the economic dominance of exploitative industries and institutions. It has also perpetuated generational poverty and the use of the carceral apparatus within the region (Perdue, 2018; Perdue & Sanchagrin, 2016; Schept, 2022; Young & Pitman, 2018).

The growth of the carceral apparatus within the region is evidenced in state incarceration rates. While overall US incarceration rates continue to decline, this progress has been uneven (Vera, 2019), and rates in rural states like Kentucky and West Virginia continue on an upward trend. Despite the passage of House Bill 463 in 2011 (the “Public Safety and Offender Accountability Act”), which was introduced to reduce state prison populations and the state budget, Kentucky’s prison population continues to grow (Schept, 2022). Between 2016 and 2017, the state had the third-highest overall growth in incarceration in the nation, continuing a crisis of overcrowding (Young & Pitman, 2018).

Furthering the reach of the carceral apparatus, the state has turned to county jails to house incarcerated individuals who are under the custody of the Department of Corrections (DOC). In struggling rural areas (especially those in the coal fields), county governments welcome this move and the per diem payments from the state’s DOC, as well as federal agencies like the U.S. Marshal’s Service and Immigration and Customs Enforcement (ICE) (Schept, 2022). In West Virginia, between 2000 and 2015, there was a 54% increase in the jail population, and between

2000 and 2018, there was an 82% increase in the prison population (Vera, 2019). Based on correctional data for 2020, this trajectory continues with a 13% increase in the jail population and a 10% increase in the prison population (National Institute of Corrections, 2020).

Prison building in remote locations on old coal mines has negative environmental consequences and detrimental impacts on the social and physical health of individuals experiencing incarceration. The locations of coal deposits are random and made over millions of years. However, the siting of prisons is not, and this process is context-specific, complex, and involves multiple stakeholders at various levels of governance (Perdue, 2018). Thus, drawing generalizations about location decisions for prison construction is challenging. Instead, the recent decision to build a 1200-bed federal prison in Letcher County, Kentucky, provides a case-specific example illustrating the potential human consequences of prison construction on decommissioned mining sites.

Following a similar path as prisons like Red Onion (Western Virginia), Wallens Ridge (Western Virginia), and FCI McDowell (West Virginia), the prison in Letcher will be built on a former MTR mine. This prison was proposed by conservative congressman Hal Rogers, who secured 449 million dollars to fund a maximum-security facility in his district between 2005 and 2016 (Perdue, 2018), and was approved by the Bureau of Prisons on March 27, 2018, for the new site in Letcher county (Young & Pitman, 2018). This site not only sits on top of an old MTR mine but is also next to an active mine and surrounded by sludge ponds left over from years of strip mining – conditions omitted in the Bureau of Prisons Environmental Impact Statements. A report by the Letcher County Water & Sewer District reveals the water surrounding the prison site to be endangered by mining activities, oil and gas wells, and untreated sewage/solid waste.

Due to these environmental conditions, if left untreated, individuals housed in this facility will face severe health hazards (Perdue, 2018).

Considering that there are not enough bodies in the Appalachian region to keep prison beds full, institutional racism keeps the prison industrial complex alive by trucking in people of color from urban areas on the eastern side of the U.S., where correctional facilities face overcrowding (Perdue, 2018). In addition to the health hazards that incarcerated individuals face in this region, those who are moved from urban facilities can be further isolated from families and networks because of the distance and connections that are essential to successful reentry. This process also creates a situation where people of color from outside of the region are guarded by correctional personnel who are almost entirely white (Perdue, 2018).

It is important to note that prisons and jails within the region are actively accused of violating the human rights of individuals experiencing incarceration. For example, in the documentary “Solitary: Inside Red Onion State Prison,” the unnecessary, harsh, and demeaning conduct of facility staff and administrators in the Commonwealth of Virginia is documented through the words of those incarcerated. Additionally, a new lawsuit filed against Southern Regional Jail in Beckley, West Virginia, cites that individuals housed there are “...denied access to drinking water and other necessities and that they are exposed to dangerous overcrowding inside cells, mold, human sewage, toilet water, rats, violence, and sexual attacks inside of the facility. It also alleges jail staff destroyed and photocopied legal mail from inmates’ attorneys” (Farrish, 2022).

In addition to the harm caused to incarcerated individuals, hyper-exploitation by the carceral apparatus is also apparent in the lives of correctional workers. Similar to other extractive industries, the physical and psychological harm of carceral jobs exacerbates low wages. Research

shows that carceral officers always have and likely will always face adverse health consequences (Young & Pitman, 2020; Brower, 2013; Lambert et al., 2006, 2009; Triplett et al., 1996). Young and Pitman (2020) demonstrate that the harmful effects of this labor are strikingly similar to those that accompany other extractive industries of the region: physically, psychologically, and socially drained bodies and increased risks for exposure to environmental hazards due to poor working conditions.

The concentration of the consequences of collective trauma, like increased rates of substance misuse and rising rates of crime and incarceration within Central Appalachian - has resulted in institutions responsible for controlling social problems within the state acting as what Rose and Clear (1998) call “coercive mobility.” This concept highlights how systems designed to prevent crime may intensify factors that increase crime within communities. It posits that social networks that act as informal social controls may be destabilized by concentrated incarceration and reentry, weakening collective efficacy and increasing social disorganization. In Central Appalachia, there are a significant number of adults being removed from communities in mass to be placed in jail, prison, and state-funded recovery facilities. This contributes to a concentration of collateral consequences that accompany contact with the criminal legal system: broken families, weakened social mobility and economic strength, destabilized social control of parents and guardians, increased crime, and increased fatalism and hopelessness.

The marriage between government and industry ensures that the state's enforcement arms are used to defend corporate priorities by utilizing the prison industrial complex. This union also ensures that, through the prison industrial complex, the State and corporations can continue to profit from the social problems they create and sustain in vulnerable and historically exploited communities.

Political-Corporate Collusion - Government & Regulatory Capture

More often than not, the legal behaviors of corporations and the State, acting in the name of capitalism, influence social problems in the region (Perdue, 2021). Despite the physical and environmental consequences of mining in the region, the corporate violence and misplaced ideological support of the coal industry that characterizes this region ensures social and economic dependence on coal (see Lewin, 2019a and Lewin, 2019b for detailed discussion). This is accomplished through targeted campaigns urging Appalachians to be “friends of coal”: an easy sell for a population containing multiple generations of miners and their families who take pride in their work. By creating a desperate workforce, the coal industry in southern West Virginia could exploit workers and harness the workforce of miners to develop some of the most profitable industries in the world and support the U.S. government's military efforts.

The mono-economy created by the coal industry and supported by the state suppressed economic diversification and forced communities to ride the booms and busts of the “resource roller coaster” (Perdue, 2021; Wilson, 2004; Young & Pitman, 2018), a pattern that continues today. For example, the war in Ukraine influenced global energy markets, increasing the demand for coal and U.S. resource exports while simultaneously reinforcing the climate crisis (Rott et al., 2022; Snook & Rubin, 2022). However, this boom will not last, and projections show a decrease in the production and export of coal over the next five years (Snook & Rubin, 2022), which will undoubtedly result in mass layoffs from the bottom up. These calculations were conducted before the mass destruction and genocide in Palestine started, which will certainly have an impact on these numbers.

The crimes, and more often the legal but equally grave behaviors and actions of this industry, foster coal-based harm in three ways: (1) through the appropriation of land and hyper-

dependence on extractive industries, in Marx's terms "primitive accumulation"; (2) through government and regulatory capture; and (3) through "magicianship." Young (2018) contends that the monumental and long-held power of the coal industry in Central Appalachia has resulted in lenient and negligent laws (sometimes absent) that are aimed at protecting corporations and their profits instead of the people in the region, which is most definitely the case in the West Virginia coalfields. Perdue (2021, p. 899) states that regulatory bodies in the area have been "captured" by business corporations and that this creates a situation that effectively separates harm from legality. This terminology originates from the work of Marver Bernstein (1955), who examined the efficacy of independent regulatory bodies following World War II and found that regulatory bodies had been "captured" by corporations.

Bernstein (1955) offers a model for understanding how regulatory bodies become "captive agencies." This model has several stages that mimic the life course - starting from gestation and ending with old age. During the *gestation* and *youth* phases, regulatory agencies are created and usually lead with a crusading spirit for their mission/purpose. As the agency ages, public support subsides, and the agency's purpose is subverted to routineized practices and procedures. During this *youth phase* of routinization, there are simultaneous efforts by regulated bodies to question the powers of regulatory agencies and to lie, conceal, and distort any evidence that would support the need for independent oversight. In the *maturity phase*, the regulatory focus shifts to protecting the agency. During this phase, maintaining amenable relationships with the regulated industries and avoiding conflict are prioritized. During *old age*, *the regulatory body completely surrendered to the industry*.

During the *old age* phase, the working arrangement between regulatory agencies and industries becomes so fixed that they have nothing to mobilize against the regulated, which

results in maintenance of the status quo. Regulatory capture, in combination with political collusion/lobbying, culminates in the prioritization of corporate interests over public interest in both regulations and law (Berstein, 1955; Perdue, 2021; Young, 2018). Corporate industries, especially the coal industry, also use a process that Freudenburg and Alario (2007) call “magicianship.” This concept refers to the hiding of misdeeds in plain sight; in the coal industry, that means cutting corners on safety, obfuscating required mining permit postings, and making up water pollution records instead of conducting tests (Cheves et al., 2013; Leamer, 2013; Lewin, 2019a; Perdue, 2021).

In addition to capturing regulatory bodies, industry also captures government through lobbying, collusion, and securing roles at all levels of government. Coal and energy conglomerates spend a lot of money to capture government officials. According to activity reports submitted to the West Virginia Ethics Commission, in 2023, between January and April (1st quarter report), registered lobbyists in the state spent \$364,586 (Adams, 2023). Two of the largest spenders were West Virginia Coal Association President Chris Hamilton (\$15,880) and Paul Hardesty (\$14,494), a lobbyist for several coal interests and the West Virginia Board of Education president. This quarter coincided with a 60-day legislative session in which several pro-coal bills were passed.

The danger associated with the coal industry’s influence on policy-making and regulatory agencies is evidenced in the numerous preventable tragedies that have occurred since the early days of mining in the region (Fishback, 1986; Perdue, 2021). Using Berstein’s model, Perdue (2021) illustrates how agencies regulating the coal industry have been in the *old age phase* for a very long time. Regulatory oversight of mining has a long history at the state level, with early mine inspection laws passed in the 1860s and 1870s. Federal regulation did not begin seriously

until the Federal Mine Safety Act of 1919, which established the United States Bureau of Mines (USBM). For decades following this enactment, countless mining disasters, fatalities, and conditions within the mines/health risks drove federal policy (Perdue, 2021). The table below provides a chronological summary of mining legislation.

Table 1: Summary of Federal Mine Legislation

Federal Legislation (year)	Brief Summary
Federal Mine Safety Act (1910)	Established the USMB within the Department of the Interior to reduce coal mine fatalities and disasters. The Bureau's role was limited to research and investigation, without inspection authority.
Federal Coal Mine Inspection Act (1941)	This law granted federal mine inspectors of the USMB the right to enter and inspect coal mines. No health and safety regulations were mandated in this legislation.

Table 1: Continued

Federal Legislation (year)	Brief Summary
Federal Coal Mine Safety Act (1952)	This law left much oversight up to the states had several key components: (1) required annual inspections in certain underground mines; (2) limited the enforcement authority of the USMB; (3) introduced mandatory safety standards for underground mines and stringent standards for “gassy” mines; (4) allowed for the assessment of civil penalties against mine operators for noncompliance and withdrawal orders.
Federal Coal Mine Safety Act (1966)	In 1966, the act was amended to extend its coverage to small underground mines, expand education and training, and provided for withdrawal orders for repeated noncompliance.
Federal Coal Mine Health and Safety Act – The “Coal Act” (1969)	At the time of its passing, this act was the most comprehensive and strict federal legislation governing the mining industry. It had ten key components, some of which were: (1) required four annual inspections at all underground mines; (2) criminal penalties for knowingly and willfully violating regulations; & (3) miners were given the right to request federal inspection.
The Black Lung Benefits Act – BLBA (1973)	The BLBA extended the Coal Act: it provided monthly benefits to miners and benefits to orphans of miners dying from the disease. The fund established by this act runs a deficit of several billion dollars, which is problematic considering the spike in the prevalence of the disease.

Table 1: Continued

Federal Legislation (year)	Brief Summary
Creation of the Mining Enforcement and Safety Administration (MESA) (1973)	MESA was created the same year as the BLBA to oversee the health and safety enforcement functions formerly conducted by the Bureau of Mines. This was a move to avoid the appearance of conflict of interest considering the bureau's responsibility for mineral resource development.
Federal Mine Safety and Health Act (1977) – The “Mine Act”	This act transferred enforcement responsibilities from the Department of the Interior to the Department of Labor and created the Mine Safety and Health Administration (MSHA). It is the legislation that currently governs mining activity in the U.S.
Miner Improvement and New Emergency Response Act - MINER Act (2006)	The MINER Act amended the Mine Act of 1977 to require: (1) mine-specific emergency response plans in all underground mines; (2) new regulations regarding the sealing of abandoned areas and mine rescue teams; (3) quick notification of mine accidents; and (4) enhanced civil penalties.

* Information in this table was obtained from Perdue (2021) and the U.S. Department of Labor (n.d).

Despite this legislation, when the Coal Act took effect in 1969, coal mining was still ranked as the most dangerous job in America. The year following its enactment, there was an increase in the number of mine-related deaths (Perdue, 2021). Even with updated legislation, mining is more dangerous in some ways than in the past, and disasters are still more common than they would be if safety standards were correctly followed. Additionally, working conditions

within the mines still pose significant health risks, shedding years off miners' lives. The lack of regulatory oversight and harm generated by coal companies who choose not to act on current regulations is also evidenced in cases of mine explosions and disasters, human fatalities, the persistence of deadly health risks, and ecological degradation. Research and investigative journalism reveal that federal regulations and the coal industry fail to protect miners' health and safety.

Mining disasters, mass fatalities, and environmental disasters have a significant impact on the physical and social environment, as well as the collective psyche of Appalachian communities. Although less common than in the past, mining disasters continue to result in mass fatalities, contamination of lands and waterways, and unknown long-term impacts on ecology and human health within the region. The malicious acts of the Massey Energy Company are a perfect example of this. Known for its cutthroat tactics (Perdue, 2021), this company has been responsible for an incredible amount of regional harm, including a disaster in Marion County, Kentucky. This incident occurred in 2000 and resulted in the pollution of 300 miles of the Big Sandy River tributaries, contamination of residents drinking water, devastation of wildlife, and unknown impacts on human health. At the time of the incident, a company consultant quickly reported that while some toxic coal slurry/sludge contaminated local water supplies, drinking water was still safe, a completely false statement (McSpirit et al., 2012).

On April 5, 2010, a mine explosion at Massey Energy's Upper Big Branch Mine in Raleigh County, West Virginia, resulted in the immediate loss of 29 lives and was determined to be the worst mining disaster in 40 years. The following year, a separate incident took the lives of 2 miners (Perdue, 2021). The cause of the explosion was determined to be a buildup of methane gas and coal dust, a problem for which the company had previous violations. The last year, the

mine had nineteen times the national rate of violations. The company CEO (Don Blankenship) was quoted in a memo informing higher-ups to ignore demands to update safety measures and not to do anything besides “run coal....because we seem not to understand that coal pays bills” (Perdue, 2021, p. 905). This was in direct opposition to the claims that safety was the company’s top priority (Berkes, 2010).

The collusion between government and agency connected to this incident was exposed when a photograph was released of West Virginia Supreme Court Chief Justice Elliot “Spike” Maynard and Don Blankenship (Massey’s CEO) vacationing together in the French Riviera in 2006, four years before the incident. Maynard was a key decision maker in overturning a 76 million dollar lawsuit against Massey Energy in 2007 and also issued several pro-industry decisions on MTR mining in the state (Liptak, 2008). Mountaintop removal is a type of surface mining in which mountains that sit atop coal seams are cleared of vegetation, blown up with explosives, and the resulting rubble is dumped into neighboring valleys - creating a flat landscape of decapitated mountains (Perdue, 2018; Wood, 2009). No other mining techniques compare to MTR in terms of the degree of resulting environmental and ecological destruction, and recent epidemiological studies reveal significant human health impacts (Ahern et al., 2011; Hendryx et al., 2009).

These histories and tragedies, which are too typical of modern industrial disasters, provide evidence of the exploitation and violence resulting from unchecked corporate power and the capture of regulatory bodies within this region (Erickson, 1994). The consequences of this history are undoubtedly stored in the collective memory of families and communities in Central Appalachia and continue to shape the social mobility and trajectories of social problems within the region. Evidence supports that the inherent corporate violence associated with the coal

industry in Central Appalachia laid the groundwork for what would become a pattern of corporate crime/violence and ecological/social harm (Perdue 2021). In this pattern, regulatory bodies meant to protect workers, communities, and the environment are “captured” by industry and/or their political allies. This contemporary manifestation of early capitalistic and colonialist processes reinforces the reproduction and reconstruction of collective trauma within the region. It leaves the door open for similar processes to be enacted by other industries for profit.

“BIG PHARMA”

Exploitative industries like coal and lack of diverse economic opportunities have contributed to rural Appalachian populations that are at high risk for workplace injury and chronic pain (Kobak, 2012; Kobak, 2014; Moody et al., 2017). Industry and the State have also created a set and setting within the coalfields that other sectors can exploit. In the late 1990s and continuing today, this made the area ripe for corporate violence and targeted marketing of semi-synthetic painkillers introduced by pharmaceutical companies. It would be reductionist to view the concentration of substance misuse and harm within Central Appalachia as resulting solely from the actions of drugmakers and distributors.

The collective trauma enacted by this industry was made possible through the physical, psychological, and social consequences of unchecked state-facilitated violence, the total extraction of resources/economic opportunity, the depletion of generational wealth, and the exploitation of bodies. Connecting these histories, even more, are the tactics used by corporate actors in the pharmaceutical industry to create and sustain collective trauma within the region – government capture, political collusion, regulatory capture, and “magicianship” are all evidenced in their actions. This pattern, identified by Perdue (2021) in the exploitative history of the coal

industry, can also be identified in the actions and inactions of pharmaceutical companies and regulatory bodies that oversee them.

Purdue

The corporate crime and violence of Purdue Pharma illustrates the power that the pharmaceutical industry wields over American politicians and regulators, and it is directly linked to Central Appalachia being considered “ground zero” for the nation's opioid crisis (Hall, 2021; Gibney, 2021). Purdue is a privately held pharmaceutical company principally owned by the members of the Sackler family (Gibney, 2021). Companies like Purdue shaped the medical culture that drove the surge in opioid prescribing seen nationally, and specifically within the Appalachian region, by using the same tactics that coal companies used to shape resource extraction.

In addition to corporate crimes they committed, companies like Purdue Pharma and Johnson & Johnson went to great lengths to effectively intertwine the capitalist interests of legal drug markets with the evolution of medical approaches to treating pain (Gibney, 2021; Rodwin, 2013; Vertinsky, 2021). By hiring doctors and lobbying politicians as pitchmen, paying FDA representatives, creating information campaigns based on false and unfounded information, hiding evidence of misdeeds in plain sight (i.e. “magicanship”), and even inventing “expert witnesses” out of thin air, Purdue and the Sacklers become pioneers of bringing the cut-throat practices of Wall Street to the pharmaceutical industry (see Meier, 2018 and Gibney, 2021 for detailed account). In doing so, this company invented a blueprint for profiteering from pain that other companies followed officially igniting the nation's “prescription/opiate drug crisis” (Van Zee, 2009; Gibney, 2021).

The concentrated need for pain relief within Central Appalachia created an opportunity for the company to flood communities with highly addictive narcotics; this provided relief for labored workers, while simultaneously acting as a mechanism through which coal and pharmaceutical companies could continue to reap profits through the exploitation of bodies (Kobak, 2012; Kobak, 2014; Donnermeyer & Dekeseredy, 2014; Moody et al., 2017). Due to their actions and inaction, pharmaceutical companies and the State are largely to blame for Central Appalachian communities being at the center of the nation's drug crisis and the "pill mill" industry.

Pill mills are a form of drug trafficking that consist of a network of doctors, pharmacists, and drug companies: physician-operated clinics mask themselves as pain-management centers, increasing access to prescription drugs for profit (Maier, 2010; Schalkoff et al., 2021). Drug policy scholarship reveals the entrenched consequences of drug capitalism in legal markets for communities across the globe, and its connection to illegal drug markets (Singer, 2008; Gibney, 2021; Goode, 2023). Due to their influence on global drug markets, pharmaceutical companies are not only linked to increases in the use of heroin and other illicit substances within the Appalachian region (Moody et al., 2017), but they are also linked to illicit substance abuse trends and socio-economic conditions in other countries (Singer, 2008; Goode, 2023).

Purdue introduced Oxycontin ("Oxy") in 1996, using aggressive and deceptive marketing tactics to promote the drug, especially in areas with high rates of chronic pain. In the early 1990s, the company recognized that getting the drug approved through the Food and Drug Administration for common conditions, like chronic pain, would ensure high profits and *intentionally broke the law* to ensure it was approved (Gibney, 2021; Meier, 2018). To obtain FDA approval, the company needed to present evidence that Oxycontin is both safe and effective

- evidence they did not have - this includes (1) an analysis of the target population, available treatments, and efficacy of the substance; (2) assessment of the benefits and risks - drawn from clinical data; and (3) strategies for managing the risks associated with a substance (U.S. Food and Drug Administration, 2022).

Instead of running clinical trials, adjusting, and obtaining the evidence necessary to support their claims, Purdue obtained the help of Curtis Wright, a medical officer for the FDA at the time. The FDA representative worked directly with executives from Purdue to draft the official FDA review of Oxy in a way that could be quickly approved (Gibney, 2021). In 1995, Wright approved the FDA review of Oxy he helped draft, giving power to a phrase that would ignite the opioid crisis: “Delayed absorption as provided by Oxycontin tablets is believed to reduce the abuse liability of a drug.” Wright and this phrase allowed the company to falsely claim that Oxycontin was non-addictive and not prone to abuse: a claim for which they had zero empirical evidence. In 1997, a year after the drug was introduced to the public, Wright left the FDA, and Purdue Pharma hired the following year with a starting compensation package of \$379,000 (Ogrosky, 2006). Despite record-breaking overdose rates over the past several decades, regulatory oversight by the FDA has continued to fail the public. It has approved several new opioid drugs by various pharmaceutical companies (Kolodny, 2020).

While not all instances of regulatory capture are as overtly questionable as this particular backroom deal, scholars emphasize the pervasive institutional corruption that influences pharmaceutical policy in the United States and globally (Rodwin, 2013; Vertinsky, 2021; Borup et al., 2019). Vertinsky (2021) states that corporate actors in the pharmaceutical industry are effectively designing their own markets, often at the expense of public health, through influence that extends beyond traditional understandings of regulatory capture. Instead, they assert that

pharmaceutical capture “encompasses the exercise of holistic and systemic control over the operation of pharmaceutical markets and their regulation” (Vertinsky, 2021, p. 146).

Scholars and investigative journalists have documented the pharmaceutical industry's political and legislative influence for decades (Jorgenson, 2013; Meier, 2018; Novak, 1993; Rodwin, 2013; The Center for Public Integrity, 2016; Wouters, 2020). Industry funding of political campaigns skews legislative processes that set pharmaceutical policy (Rodwin, 2013). In doing so, companies like Purdue ensure they have political mouthpieces to push their narratives and agenda. Research reveals that between 1999 and 2018, the pharmaceutical and health product industry averaged \$233 million per year - totaling 4.7 billion - in lobbying expenditures at the federal level (Wouters, 2020). The trade group Pharmaceutical Research and Manufacturers of America accounted for 9% (\$422 million) of that total. Federal representatives that received the most contributions belonged to committees with jurisdiction over health-related legislative matters, with many holding senior positions. A total of 877 million dollars was paid by this industry to state candidates and committees during this period (Wouters, 2020).

The level of political collusion and regulatory capture surrounding the pharmaceutical industry is directly linked to the concentration of substance misuse in Central Appalachia, and within the first few years of Oxycontin being on the market, rural Appalachian coal towns faced significantly higher levels of opioid abuse and addiction than ever before (Van Zee, 2002). Rather than being “ground zero” of the opioid crisis, it would be more accurate to highlight rural Central Appalachia as the location of the earliest hub of medical and legal professionals willing to call out Purdue and the pharmaceutical industry.

Grassroots Resistance and Suppression

Between 1999 and 2000, Dr. Art Van Zee, a doctor in the small coal town of St. Charles (located in Lee County, Virginia), took notice of increased rates of opioid abuse and addiction among patients of all ages. Concerned about the abuse of Oxy occurring in his town and other areas of the U.S., Van Zee sent letters and emails to the medical director of Purdue, Dr. David Haddox, notifying him of the number of young people abusing and becoming addicted to Oxy. He is believed to be one of the first people to speak up about opioid addiction, and in his emails, he noted that in his small town, there was an unprecedented number of overdoses, drug-related health problems/diseases, and crime; he also noted these issues were not isolated to his region alone (Duffy, 2019; Gibney, 2021). Van Zee reports that it was clear to him in correspondence with the company, which included two former FDA officials now employed for Purdue, that the company was not going to act to fix the problem. He began organizing community members and other stakeholders, starting with a petition asking the FDA to recall the harmful narcotic, which failed, so Van Zee took the matter to Congress (Gibney, 2021; Van Zee, 2002).

Following his testimony to the Senate Committee on Health, Education, Labor, and Pension in a meeting about the rise in Oxycontin abuse, Van Zee was met with vigorous opposition by Chris Dodd, a senator from Connecticut (where Purdue Pharma's headquarters are located) and a proud booster of the company. Dodd defended the actions of the company, stating that the real issue was drug addicts in rural areas. He is quoted saying: "Instead of blaming the company, why not blame the addicts for killing themselves?" (Gibney, 2021). These remarks mirrored sentiments and perspectives from Purdue executives that Oxy was not responsible for increased rates of addiction. Representatives of the company are quoted in emails and testimonies placing blame on the "pillbillies" of the region and their "culture of addiction,"

emails that have since been provided as evidence of their knowledge of the severity of addiction issues in the coalfields and their culpability in the problems there. In emails presented during the trial, Richard Sackler says: “We have to hammer on the abusers in every way possible. They are the culprits of the problem. They are reckless criminals.” (Gibney, 2021). Soon after the congressional hearing, Purdue rewarded Dodd’s actions with a campaign contribution “that was ten times larger than what Purdue gave to any other politician.” (Gibney, 2021).

In 2001, the U.S. Attorney General’s Office for the Western District of Virginia (located in the foothills of the Appalachian Mountains) began to investigate the claims of increased rates of Oxycontin abuse in the region, whether Purdue was aware, and if there were criminal charges to be brought against the company. Under the direction of U.S. attorney John Brownlee, a small team of investigators spent years gathering documents from the company, subpoenaing doctors, patients, and representatives of the company, and conducting extensive interviews (Gibney, 2021; Pappas, 2019). At the start of this investigation, Dr. Paul Goldstein testified before Congress that the company knew of the increase in drug abuse, overdose, and crime linked to Oxycontin in early 2000 (Gibney, 2021; Passas, 2019). By the end of their investigation, Brownlee and his team were able to compile a 120-page prosecution memo, including emails from Dr. Goldstein, that proved this was not true. The memo reveals that prosecutors uncovered internal documents indicating that company executives were aware of rising abuse rates as early as 1997, three years before Goldstein claimed the company became aware of the issue (Pappas, 2019). This memo, drafted by Assistant U.S. Attorney of the Western District of Virginia Rick Mountcastle, is still considered a protected government document but was leaked to investigative journalist Barry Meier, who has followed the case for nearly two decades.

The memo presented a robust case for a nationwide criminal organization, supported by the legal sale and diversion of Oxy; it cited fraud, pill mills, doctors trading sex for drugs, and false statements to Congress. It also drew attention to how the FDA, under Wright's leadership, falsified records, allowing the agency to be utilized in the false and fraudulent marketing of the narcotic. Overall, it argues that key executives within the company and the Sacklers concealed narcotic abuse and the increased rates of addiction related to their drug. The memo was sent to the Department of Justice in 2006 for review, and it included charges of wire fraud, mail fraud, misbranding of a controlled substance, conspiracy, conspiracy to launder money, and money laundering (Gibney, 2021; Pappas, 2019). It also named certain company executives for felony charges of fraud.

The memo was reviewed by the office of Paul Pellitier, Deputy Chief of the Fraud Section at the Criminal Division of the Department of Justice (DOJ). Pellitier found the case to be "probably the most detailed prosecution memo; they had covered every base... We determined it was a righteous case to go forward with." The memo went up the chain of command, and in a closed-room deal that same year with the defense attorneys of Purdue, the DOJ decided not to move forward with some of the recommendations in the case (Pappas, 2019). Instead, Purdue pleaded guilty to some charges and agreed to pay 600 million dollars in criminal and civil fines and forfeitures (Pappas, 2019). A very small amount compared to the billions they made from prescription painkillers. Three executives were convicted of misdemeanor charges and paid civil penalties between \$7.5 - \$19 million (Meier, 2007); currently, none of the executives in the company have served any jail time, and criminal investigations continue at the state and federal level (Hoffman & Benner, 2020).

Through recent settlements in federal and state courts, there are several companies within the pharmaceutical industry that are finally being held fiscally accountable for their role in the opioid crisis, nationally and within the Appalachian region. Major drug makers and distributors like Johnson & Johnson and Purdue Pharma have received the most attention due to the extent of their roles, as well as investigative journalism pieces and documentaries that detail their wrongdoings to public audiences (see Meier, 2018 and Gibney, 2021). For example, Purdue recently reached a settlement in federal court and will pay out \$8 billion, and the Sackler family will pay \$225 million in civil penalties (Hoffman & Benner, 2020). This is an industry-wide issue; distributors like McKesson Corp and Cardinal Health Inc. and pharmacies like Walmart, CVS, and Kroger are also paying out settlements within the Appalachian Region (The Associated Press, 2022). The money obtained through these settlements has the potential to support and establish comprehensive solutions to the concentration of substance misuse and harm in Central Appalachia. Scholars, nonprofits, and activists concerned with the stability of this region should keep a close eye on how these settlements are dispersed within their state.

Although they were corrupt and dishonest in many of their actions, pharmaceutical executives were not wrong in saying that Oxycontin was responsible for the level of substance abuse in Appalachian communities. No single substance can cause that level of damage; however, this is not to say that company executives should not continue to be held responsible for their actions. Dr. Carl Hart, a renowned neuroscientist and drug abuse expert, would agree with this notion; he believes that there is no such thing as a harmful drug, not even those that are the most demonized, like heroin, methamphetamine, and cocaine (Goode, 2023; Hart, 2021). Instead, he states that it is more likely the conditions in which drug use occurs that have the most influence on the abuse potential and adverse effects of a substance. The mindset and health of the

person using the substance and the social conditions in which that use occurs are more influential than the type of drug that is used (Goode, 2023; Hart, 2021). Drugs are often the scapegoat for other social problems like trauma, poverty, and crime. In Appalachia, the conditions (set and setting) conducive to problematic substance abuse have existed for quite some time and were created by the region-specific historical context of unchecked state-facilitated violence and the mass trauma experience.

STATE VIOLENCE

The introduction of Oxycontin coincided with a bust in the coal industry, the rural prison boom, and the height of the “War on Drugs” era. Crime control in the U.S. has never focused on the crimes of the powerful. It has almost always been centered around controlling the behavior of the “proletariat” to use Marxist terminology. During the war on drugs, asserting control through the criminal legal system heightened as Nixon- and Reagan-era policies ensured enforcement was targeted on low-level drug crimes and other “street crimes.” Nixon declared drug abuse “public enemy number one,” and his policies, as well as his successor’s, would prove that what he really meant by the statement was “drug users.” Enforcement strategies of the 1970s laid the groundwork for the hyper-focus on drug-related crimes, police militarization, and use of force abuses that are prevalent across the United States today (Alexander, 2011). Blaming users and dealers for increases in rates of drug abuse and crime is a tool frequently used by U.S. politicians, a narrative that pharmaceutical company executives would use to deceive the public and defend their actions (see Meier, 2018 and Gibney, 2021).

The war on drugs and tough-on-crime regulations reinforced the use of the criminal legal system and the carceral apparatus to address social responses to collective trauma in the region, including vagrancy, substance abuse, domestic violence, and drug-related offenses. Early

legislation from this period facilitated the diversion of funds and assets directly from marginalized communities to the criminal justice system and treasuries of the State. For instance, Nixon-era asset forfeiture laws, bolstered by Reagan's "Comprehensive Crime Control Act" (1984), permitted the government to seize assets from individuals suspected of involvement in drug-related activities, using the proceeds to support law enforcement efforts (Alexander, 2011). Forfeitures can be civil or criminal; under criminal law, the government can seize property as punishment only after its owner has been convicted of a crime. Under civil law, the property itself, not the owner, is charged with involvement in a crime, and that property is considered "guilty" until proven innocent in court by its owner.

Asset forfeiture has become highly controversial due to some high-profile cases of abuse. The potential for abusing these laws is high and compounded by financial incentives law enforcement have to make criminal seizures, profits from which can be used for forfeiture-related expenses, payments to informants, prison building, equipment purchase, and other general law enforcement purposes (Dunn, n.d.; Pimentel, 2018). These laws effectively made criminal and civil seizure a lucrative business for the State and encouraged law enforcement to prioritize drug-related crimes. In rural areas like central Appalachia, where drug use is concentrated and there is little oversight, the potential for abuse is compounded.

Corporate crime and violence in the pharmaceutical industry contributed to the growth of polysubstance abuse and related harms within the region in the 1990s and early 2000s. This trend has not experienced much change. High rates of substance misuse, overdose, and drug-related crimes in the region have not been met with medicalization and treatment like other areas of the U.S. with similar populations. Race, class, and neoliberal politics influence drug laws and responses to drug-related social problems (Dollar, 2019).

Cocaine and methamphetamine “epidemics” were met with criminalization and ‘drug war’ legislation due to their respective association with Black communities and poor rural White communities. Both groups are differentially identified as threats to hegemonic power. Dollar (2019, p.305) argues that “the current opioid ‘epidemic’ has received more medicalized reactions due to opiate’s association to middle- and upper-class Whites—social groups that are traditionally protected.” However, this response was not uniform across all regions of the U.S. Coalfield communities were met with criminalization and incarceration, influenced in part by the rural prison boom, drug war/tough on crime policy, and class/race-based stereotypes that make this population disposable in the eyes of political and corporate elites. This punitive response to the social problems in the region serves to exacerbate collective trauma in communities, effectively reinforcing the cycle of trauma in the region. Had this issue been taken seriously in the early 2000s when Appalachian lawyers and activists brought the first set of charges against Purdue Pharma, the “drug crisis” would not be destroying communities at the rate it is today.

PHYSICAL, PSYCHOLOGICAL, & SOCIAL RESPONSES

Presently, coalfield communities grapple with an array of physical, psychological, and social ramifications, at least partially indicative of unrelenting exploitation and cumulative loss over the life course of several generations. Historical trauma theory posits that the collective trauma endured by a populace engenders a trauma response characterized by population-specific disparities, manifesting across physical, psychological, and social domains (Sotero, 2006). Research across several disciplines highlights that the historical trauma response for each domain may be significant in the coalfields. The array of physical, psychological, and social responses observed within the population serves as a manifestation of the historical trauma endured by the Appalachian community but also serves to reinforce original trauma within subsequent

generations. Each dimension of the trauma responses is interconnected, not only influencing each other but also perpetuating and reinforcing the cycle of trauma within a population. To quote Sotero (2006) directly: “Such experiences validate their ancestral knowledge of historical trauma and reinforce the historical trauma experience and response.” The sections below illustrate this using research specific to West Virginia, where the primary data for this research was collected.

Physical Response

Sotero (2006) highlights that the physical trauma response encompasses nutritional stress, compromised immune function, biochemical abnormalities, and adrenal maladaptation, among other factors. These responses manifest among individuals in the population, leading to conditions such as malnutrition, diabetes, heart disease, hypertension, and cancer. Notably, the state of West Virginia stands among the top ten in the nation for prevalent causes of mortality, including heart disease, nutritional stress, and liver disease (CDC, 2022a; 2022b). This positioning aligns West Virginia with states such as Wyoming, Montana, and Louisiana, characterized by a pronounced concentration of populations historically subjected to mass traumatization, notably Black and Indigenous communities. Nutritional stress is also a prevalent health concern in the coalfields, with both food insecurity and obesity being a primary concern for residents. West Virginia has been ranked the most overweight and obese state in the nation, with 79.9% of residents being overweight or obese; this state also has the highest rate in the country for type-2 diabetes (Lynch, 2023). Analysts state that this is likely due to lack of access to healthy food retailers and low rates of physical activity.

A significant amount of people in West Virginia are also facing hunger. According to data collected in 2022, there are 266,370 people facing hunger in the state; 73,650 of those people are children. Described another way, 1 in 7 people and 1 in 5 children faced hunger in the

state in 2022 (Feeding America, 2024) Historical trauma is also suggested to influence nutritional health disparities in affected populations. In Appalachia this is also linked to primitive land accumulation, loss of physical space for growing food, and loss of cultural practices related to farming and homesteading.

Empirical evidence spanning at least two decades also suggests that there are meaningful cancer-related disparities in the Appalachian region compared to the rest of the U.S. (Lengerich et al., 2005; Paskett et al., 2011). Cancer research based in West Virginia, adds to a large body of evidence that links cancer clusters with population proximity to mining activity. This literature highlights the environmental risks that industries like coal mining pose to population health (Hendryx et al., 2011). Additionally, given the state's history with physical labor (coal mining, logging, caregiving industries), physical trauma such as occupational injury and chronic pain are frequent (Buer, 2020; Schalkoff et al., 2021; Zipper et al., 2021).

Although the rate of work-related injuries in the state decreased from 4 injuries per 100 full-time workers to 3 injuries between 2014 – 2018, the state remains above the national rate (U.S. Department of Labor Bureau of Labor Statistics, 2019). According to the U.S. Bureau of Labor Statistics, West Virginia had a total recordable cases (TRC) incidence rate of 3.3 nonfatal workplace injuries and illnesses per 100 full-time equivalent workers in 2022. This is higher than the national rate of 2.7. (U.S. Department of Labor Bureau of Labor Statistics, 2022). Increased rates of chronic pain and work-related injuries are also strongly correlated with the concentration of substance misuse in the state.

Psychological Response

The psychological trauma response encompasses Post-Traumatic Stress Disorder (PTSD), depression, and panic/anxiety disorders among others. These responses manifest among

individuals in the population, leading to anger/aggression, social isolation, shame, loss of self-worth, fear, grief and numbness; among other responses (Sotero, 2006). Psychological research shows that the state of West Virginia is experiencing mental illness at a rate that exceeds national averages; this is evidenced in rates of depression, PTSD, and suicide. Studies conducted at the state and national level reveal that Logan and Boone counties have the highest rate of depression in the nation; these two counties “were coal-producing powerhouses” before the mines in these areas shut down (Rice, 2023). Data from the 2020 Behavioral Risk Factor Surveillance System (survey period 2014 – 2020), and analyzed by the CDC, shows that the highest rates of depression are in the Appalachian and Mississippi Valley regions of the U.S. This data revealed that around 32 percent of adults in Logan County self-reported a depression diagnosis (Rice, 2023; Lee et al., 2023).

A state-level analysis utilizing the West Virginia MATCH Survey (survey period August 2021 – February 2022), which is biennial and uses similar but different data indicators found that the neighboring county Boone had the highest rate of depression, anxiety, and PTSD. This study had Logan County ranked 12th in the state on the same indicators. When attempting to explain the mental health situation in the state researchers and mental health professionals often cite influence of social determinants of health and patterns of chronic disease in the region (Rice, 2023; Marshall et al., 2017). Jessica Bradley, a psychologist at Marshall Health in the state is quoted explaining this connection:

Social determinants are a really broad concept...And they start out as anything from food insecurity to parental involvement whenever you're a kid, to job security, and family stressors. On a community level, it looks like the economy and what's going on the world around you. And that can be extended to just

nationwide. So, if you take all of that into consideration, everything is playing apart, and where you are, how you're feeling about things.

As Sotero (2006) notes, historical trauma has a significant influence on the social determinants of health for a given population.

Social Response

The social trauma response encompasses increased rates of suicide, interpersonal violence, unemployment, substance abuse, child maltreatment, and poverty. These responses manifest among individuals in the population, leading to breakdown of community/family structures and social networks, loss of resources, and separation from loved ones (Sotero, 2006). The state of West Virginia ranks 10th for state suicide rate; 20.6 people die by suicide in this state per 100,000 people (CDC, 2023). To explain increases in suicide in the state, mental health professional Michael Moore is quoted saying “You think about stressors and how they come in different forms and in West Virginia especially we have a lot of those stressors that are piling on people. Economic stressors, job loss, job insecurity, being underemployed” (Alston, 2024).

Child maltreatment is evidence by research investigating adverse childhood experiences in West Virginia, where the exploration of their effects is especially warranted considering the high overdose mortality rates within the state (Meit et al., 2019; NACo & ARC, 2019; ORISE, 2018). The West Virginia Child Advocacy Network includes 21 child advocacy centers and serves 46 out of the 55 counties in West Virginia including all the counties in the southern coalfields. A recent report released by the network containing child abuse statistics shows 4,703 children were served between July 2021 and June 2022, a 20% increase in the number of children served over the last 5 years, the majority of which (76%) were school-aged children 7 to 18 (WVCAN, 2023). In 2015, the West Virginia Department of Health and Human Resources

Health Statistics Center conducted a study investigating exposure to ACEs among adult residents in the state by utilizing the optional ACE Module provided by the Center for Disease Control's Behavioral Risk Factor Surveillance System. There were 11 questions administered to measure ACEs which were combined to create eight categories: substance abuse in the home, separation/divorce, verbal abuse, mental illness, domestic violence, physical abuse, sexual abuse, and incarceration. This study revealed that at least 55.8% of adults in WV reported at least one ACE, the most common of which was substance misuse within the home (28.8%) (West Virginia Department of Health and Human Resources Bureau for Public Health, 2015). However, these numbers are likely to be much higher for both children and adults within Appalachia.

Stakeholders and experts within the region testify to the fact that many of the ACEs routinely experienced by children within Appalachia are not currently captured by the CDC's Kaiser Permanente Adverse Childhood Experiences Study (ORISE, 2018), some of which are noted as being a direct result of the "opioid problem." These include the following experiences:

- death of an attachment figure (due to overdose or fatal work-related incidents)
- witnessing overdose(s)
- food insecurity
- homelessness/transience/displacement
- parental unemployment
- gang violence and shootings
- repeated ruptures in attachment (multiple divorces or cohabitating relationships)
- bullying (in-person/online)

The high prevalence of individual-level trauma within this region alone culminates in the transmission of trauma across generations both behaviorally and neurologically, as recent

research in neuropsychology shows empirical support for the intergenerational transmission of trauma and stress (Bowers & Yehuda, 2016). Several factors have been identified as contributing to the prevalence of ACEs in the region, and by proxy the prevalence of individual-level trauma. First, the persistence of poverty and economic decline can produce a sense of hopelessness and increased stress in many families. Second, the multigenerational transmission of behaviors, values, and norms that are conducive to maladaptive coping. Third, cultural factors such as the acceptability of violence, value of privacy, and influence of religion in the discipline of children and adaptation to hardships are all viewed as contributing factors to individual-level trauma within the region (Buer, 2020; ORISE, 2018). Stakeholders and experts also note that the level of economic hardship, frequency of adverse experiences, cultural factors, and multigenerational experiences have led people within the region to normalize individual-level traumas and take the “It’s just the way it is here” approach to viewing these issues (ORISE, 2018).

This Research

This research is concerned with the connection between historical trauma and the social trauma response, specifically substance misuse. High rates of substance misuse and overdose within a population is indicative of a trauma response that encompasses physical, psychological, and social dimensions – making it an ideal conduit for understanding the complex impact of historical trauma on a specific population. Substance misuse is deeply connected to other dimensions of the trauma response, considering that physical, psychological, and social factors influence substance misuse at various levels. For example, at the individual level a person’s physical and mental health as well as their social environment influences their likelihood to use, misuse, and become addicted to substances (Goode, 2023). Similarly, at the community level, the physical and psychological health of community members and the social environment influence

the likelihood that the community will exhibit high use, misuse, and addiction to substances. Thus, not only is substance misuse a trauma response heavily influenced by the population-specific context of historical trauma, it is also heavily influenced by the other dimensions (physical and psychological) of the trauma response.

In the realm of substance misuse, the state of West Virginia distinguishes itself from all others across the nation, exhibiting the highest rate by a substantial margin. According to data from the Centers for Disease Control, the age-adjusted death rates for overdoses in this state is 90.9 (per 100,000 people) (CDC, 2022c). As explained extensively throughout this chapter, this is an area of the U.S. that has a context/region-specific history characterized by state-facilitated violence that may be useful in attempts to explain this phenomenon.

The next chapter will detail the methodological techniques utilized to explore these questions, which include ethnographic observations and semi-structured photo-elicitation interviews with individuals in various stages of recovery. The overarching goal of this study is to explore how individual experiences of community members within the coalfields, specifically those with a history of substance misuse connect to historical exploitation and traumatization of the community.

CHAPTER IV

METHODOLOGY

This research study is designed to explore the connection between historical trauma and the concentration of substance misuse and related harms in rural Central Appalachia. The broad aim of this project is to conceptualize the role of historical trauma in the feedback loop of substance misuse and harm within the region. Specifically, I am interested in understanding this issue through the lived experiences of individuals closest to the problem. The research is conducted across multiple counties situated in rural central Appalachia, commonly referred to as "the coalfields."

Research has demonstrated that these issues are more prevalent in the coal mining communities of Appalachia compared to non-coal mining areas. These communities are primarily located in Eastern Kentucky and Southern West Virginia, with additional counties in Virginia, Tennessee, Pennsylvania, and Ohio (Moody et al., 2017; Zhang et al., 2008). The CDC (2022) reports that in 2020, West Virginia had the highest overdose mortality rate in the U.S. (81.4 deaths per 100,000), with a significant concentration of these overdoses occurring in the southern part of the state (ARC & NORC, 2022). Considering these challenges and the historical context of the region, the coal mining communities of rural Southern West Virginia present an ideal setting for this ethnographic study.

This research project has three lines of inquiry: (1) What is the context of historical trauma in relation to the concentration of substance misuse and related harms within central Appalachian coalfield communities? (2) How does historical trauma in the coalfields influence individual experiences of trauma and substance misuse within coalfield communities? (3a.) What trauma-

informed practices are already being implemented within the region? (3b) How do they account for the impact of historical trauma? This study employs a trauma-informed, critical ethnographic approach by utilizing participant observation and photo-elicitation interviewing to collect the data, and a critical qualitative framework to analyze it.

CRITICAL ETHNOGRAPHY

Considering the theoretical underpinnings and goals of this study, a critical ethnographic approach was used to collect data and explore the primary research questions. This study relied on ethnographic data collected over an 8-month period (from August 2023 through March 2024) and consisted of semi-structured, photo-elicitation interviews, as well as formal and informal participant observations. Critical ethnography is grounded in the assertion that researchers can be both scientific and critical. It has a longstanding history in social science research and offers a powerful method of critiquing cultural practices and the role of research within them (Thomas, 1993). This type of ethnography does not oppose traditional ethnography but is embedded within conventional methods, providing a more direct approach to understanding knowledge, society, and political action. Traditional and critical ethnography share several fundamental practices including (1) reliance on qualitative interpretations of data, (2) adherence to core ethnographic methods, (3) a commitment to a symbolic interactionist paradigm, and (4) a preference for developing "grounded theory" (Thomas, 1993).

Despite their similarities, conventional and critical ethnographies have noteworthy differences. Traditional ethnography focuses on cultural description and analysis, interpreting meanings. Critical ethnography involves a reflective process of choosing theoretical alternatives and making value-laden judgments to challenge research and practice, advocating for social justice (Denzin et al., 2023; Madison, 2011). Conventional ethnographers recognize the

challenge of eliminating normative biases and strive to minimize them. Conversely, critical ethnographers maintain objectivity while acknowledging their normative and political positions, using them to invoke societal consciousness and change (Thomas, 1993). Conventional ethnographers typically speak for their subjects to an academic audience, while critical ethnographers use their voice to empower research participants, giving more authority to the subjects' voices.

Thomas (1993) states that "critical ethnography is conventional ethnography with a political purpose" and that "conventional ethnographers study culture for the purpose of describing it; critical ethnographers do so to change it." Critical ethnography provides scholars with a platform to challenge and critique dominant discourses and power structures. It allows researchers to expose and dismantle systems of oppression while advocating for social justice and equality (Denzin et al., 2023; Madison, 2011). By examining how social, political, and economic forces shape individual and community experiences, critical ethnography offers a deeper understanding of the complexities and interconnections between power, culture, and social change (Madison, 2011).

Critical ethnography holds significant value in social science research as it provides a framework for understanding power structures, social inequalities, and systemic oppression within society (Thomas, 1993). This approach is particularly valuable to this research as it aligns with its goals of exploring collective trauma in the Appalachian coalfields through the lived experiences and perspectives of a group often silenced, misrepresented, and overlooked. Through participant observation, interviews, and community engagement, critical ethnography fosters a collaborative relationship between researchers and participants, enabling a more authentic and nuanced understanding of their realities (Madison, 2011). This approach counters the

reductionist and essentialist narratives often associated with Appalachian communities due to superficial journalism and research practices, highlighting the agency, resistance, and resilience within this region. By employing critical theories and methodologies, this approach uncovers and challenges dominant ideologies and practices, amplifies the marginalized voices of rural Appalachians, and contributes to a more nuanced understanding of the complexities and dynamics of collective trauma within the coalfields.

Target Population & Sample

The current research targeted individuals with a professional and/or personal connection to substance misuse within the Appalachian coalfields, allowing for a comprehensive examination of substance misuse and harm from multiple perspectives. Many practitioners working in recovery in central Appalachia are also in long-term recovery, thanks to the success of peer-support programs in the region (Clifford, personal communication, July 19, 2023). Several state programs operate using the peer-support model, which has garnered significant support across various initiatives, including those aimed at homeless youth (Kidd et al., 2019), incarcerated individuals (Bagnall et al., 2015), and adults in recovery and reentry (Mattews, 2021; Tracy & Wallace, 2016).

The project's goal was to understand how historical trauma influences and shapes individual traumas, substance misuse, and social harm concentrated within the coalfields. Speaking with and understanding the experiences individuals recovering from addiction and/or those working in treatment facilities (or recovery services) was the starting point for data collection. These are the individuals in the community that are closest to the topic of interest. Future research aims to expand this design to include other community subgroups closely connected to the issue, such as family members of those in recovery or those who have died of

overdose, schoolteachers, and social workers. The aim is to complete interviews in waves over the next several years and conclude with representatives at the local and state level, supplemented by years of field notes and informal observations.

A purposive-snowball sampling method was employed to obtain a sample of the target population. This method was chosen for several reasons. First, it allowed for the selection of participants with specific characteristics or experiences relevant to the research questions and objectives. Targeting individuals or groups knowledgeable about and experienced in substance misuse within the coalfields ensured the sample represented the target population (Creswell & Poth, 2018; Palinkas et al., 2015). This research, specific to communities within a subregion of Appalachia, benefited from purposive sampling, enabling the examination of unique experiences, perspectives, and challenges (Creswell & Poth, 2018). This approach is valuable in research where participants' insights and experiences are crucial for gaining in-depth understanding and generating rich data (Patton, 2015). Purposive sampling also allowed for the inclusion of participants exhibiting maximum variation in characteristics, such as age, gender, socioeconomic status, or cultural background, ensuring a comprehensive exploration of the research topic and promoting a nuanced understanding (Palinkas et al., 2015). Limitations of this method include the inability to control variability, potential researcher bias, and the challenge of making broad generalizations from the data (Acharya et al., 2013). However, generalizability is not a goal of this research.

To be eligible for the study, individuals had to be over 18 with a personal and/or professional connection to substance misuse and reside in one of fifteen counties in Southern West Virginia: Cabell, Wayne, McDowell, Raleigh, Logan, Kanawha, Wyoming, Boone, Mercer, Mingo, Lincoln, Fayette, Mason, Summers, and Putnam. These counties, nestled within

the coalfields, have the highest overdose rates in the state. A recruitment flyer was utilized to obtain participants and was passed out in person and online (see Appendix A). The original plan for recruitment was to have two subsamples, one of individual working in recovery and the other with individuals in various levels of treatment, with around 15-20 participants in each subsample. The goal was to have a minimum of 30 participants. However, after the recruitment of 40 participants only 5 of them were currently working in recovery. It was at this point in the research that it was decided to focus this wave on individuals in various stage of treatment or in recovery, and to focus on the recruitment of addiction treatment and recovery workers in the next wave of this research. The recruits that were working in addiction treatment and recovery services were also in recovery themselves, thus they were included in this wave.

Grant funding totaling \$750 ensured that participants were compensated for their time and energy. Each participant received \$25 paid to them in cash immediately following their interview; this amount was determined by the amount of funding received. Four primary justifications for providing financial incentives were: compensation for time and effort, overcoming stigma and social barriers, improving sample representation, and enhancing research quality.

Ethnographic interviews can be time-consuming and emotionally challenging; offering financial incentives acknowledges and compensates individuals for their time and effort, especially in studies involving sensitive and personal topics (Hesse-Biber & Leavy, 2010). Substance use and addiction are often associated with stigma and shame, increasing barriers and making it difficult for individuals to speak openly about their experiences. Offering financial compensation can ease these barriers and encourage participation. Regarding research quality, incentives can improve sample representation (especially among marginalized, hard-to-reach

populations), enhancing the validity of the findings (Abdelazeem et al., 2022). Ethnographic research depends on building trust and rapport with participants and the observed population; financial incentives can help build trust and enhance data quality (Bloor et al., 2006).

PHOTO-ELICITATION INTERVIEWS (PEI)

Interview data were collected through semi-structured, photo-elicitation interviews (PEI). This is a technique in which photographs are used during interviews to encourage responses and insights from participants (Collier, 1957). This method involves incorporating photographs or visual stimuli into the interview process, allowing participants to reflect on and discuss the images, thereby eliciting additional insights, emotions, and memories that may not emerge through traditional interviewing alone.

This interviewing style offers several benefits that contribute to a more comprehensive understanding of participants' experiences. The tangible point of reference provided by photographs can facilitate participant engagement and expression. This method stimulates recall and reflection, increases the likelihood of generating concrete and multilayered information, triggers memory, and evokes emotional responses from participants more effectively than traditional interview techniques (Collier, 1957; Copes et al., 2018; 2021; Harper, 2002). Experiences surrounding substance misuse and trauma can be difficult to articulate solely through verbal means; the visual nature of PEI helps participants communicate complex or abstract concepts, experiences, and emotions (Harper, 2002). Additionally, PEI fosters participant empowerment and agency, which is crucial in a trauma-informed project like this one (Rose, 2016).

Photographs for PEI can be either researcher-driven (created or collected by the investigator) or participant-driven (created or collected by the participant) (Copes et al., 2018;

2021). This research employed participant-driven photographs, allowing participants to select or create their own photographs for the interview. This sense of ownership and control over the research process seemed to contribute to increased openness between the researcher and participants that brought in photos, enhancing the quality and depth of the data obtained (Clark-Ibáñez, 2004). Interview questions were provided to participants at least 2-3 days prior to the interview, and each respondent was instructed to bring 3-5 photos or images to help answer the interview questions. "Photo" encompassed a wide range of printed pictures, including graphics, artwork (or pictures of artwork), and snapshots. For this stage of the research project, the photos and images collected were not analyzed separately from the interviews but were examined alongside the narratives to provide a richer, multi-dimensional understanding. Analyzing the images separately is a goal for a future project, so permission was obtained from participants to keep and store their photographs for later analysis. Considering the potential barriers to accessing photos among participants were encouraged to bring photos to the interview but were instructed that not bringing them would not affect their ability to participate in the research process.

The PEI questions focused on the local context of the epidemic and the role of individual and collective trauma in the concentration of drug misuse and harm in rural Central Appalachia. The interview protocol questions were divided into three groups, each corresponding to one of the three research questions (see Appendix B). For subjects with both professional and personal connections to drug misuse, they were asked to speak to these questions from their personal experience first and then if they had comments from a professional perspective those were welcomed. This structure allowed for the collection of both personal and professional experiences and perspectives from a single research subject.

Before the interview, participants were briefed on the purpose and process of photo-elicitation, emphasizing that the photos were meant to prompt memories and more nuanced responses. During the interview, participants shared their selected photographs and discussed the associated memories and meanings. The images served as prompts for detailed storytelling and deeper exploration of their experiences.

This research was approved by the Institutional Review Board (IRB) at Old Dominion University. Given the impossibility of anonymity in this study design, confidentiality was ensured by recording and transcribing interviews on an encrypted device with access limited to the primary researcher. During transcription, subjects were assigned pseudonyms, and interview recordings, transcriptions, and photographs were saved on an encrypted external hard drive located in a secure, locked office with limited access. A verbal consent process was utilized and included: (1) providing an explanation of the research; (2) informing participants that their participation was voluntary; (3) assuring them that their information and interviews would remain confidential; and (4) informing them of their ability to revoke consent and leave the study at any time. Interview transcripts and photographs were stored on an encrypted external hard drive in a secure, locked office with limited access.

Trauma-Informed Interviewing

This research utilizes trauma-informed practices, which are being increasingly embraced across various public service sectors, including healthcare, social services, criminal justice, and education (Cook et al., 2005). These institutions are starting to acknowledge that trauma is widespread and can impact individuals of all ages and backgrounds. Considering the theoretical orientation and nature of this study, trauma-informed interviewing techniques were utilized to minimize the risk of retraumatizing research participants. Wong (2021), of The Urban Institute,

offers several guidelines for incorporating trauma-informed techniques into qualitative research and minimizing the risk to research participants. Each of these suggestions were incorporated into this research design and are described below.

1. *Positionality*: A reflection over researcher-participant power dynamics was continuously conducted and attention given to the positionality of the researcher. This required honest consideration of how my social identities, privileges, marginalization, and lived experience are similar to or different from the research participants.
2. *Transparency*: Research participants received an explicit explanation of the research and were provided clear instructions for the interview process. Participants were also notified of their rights as a research participant and who to contact if they have questions and/or concerns. During the interview process participants were notified of discussion topics before they were asked any questions and a warm-up/debrief was conducted to maintain trust and rapport.
3. *Autonomy*: Before the interview, clear communication was established with the participant and confidential/safe space was created between them and the researcher, where they could speak freely about their lived experiences without judgment or any pressure to disclose their traumatic experiences. The language that participants use is the same language used to describe their experiences to avoid mislabeling.
4. *Agility and Flexibility*: A range of emotions and reactions surfaced during the interview process, and it was important to remain flexible and have the ability to maintain a positive experience for the research participant. Here soft skills, such

as emotional intelligence, self-awareness, active listening, and empathy were utilized to maintain a space for human connection.

Cook (2022) offers additional guidance for maintaining a trauma-informed interview protocol that was incorporated into the interview process. They suggest that to ensure transparency, trust and rapport three things must occur. First, basic information and knowledge about the participant was gathered through initial interactions. Second, a preliminary phone call to the participant prior to the interview occurred to provide the participant with an opportunity to address questions/concerns and to schedule the interview during a time that worked with their schedule. Lastly, contact with the participant was maintained throughout the development of this research, updates about this research were provided to them with information that may be useful to their recovery or harm reduction efforts near them, and eventually a copy of this dissertation will be sent directly to them or to their treatment facility.

OBSERVATIONS & ETHNOGRAPHIC FIELDNOTES

In line with traditional ethnographic practices, this research employed participant observations. The proximity or “insider status” I had to the Appalachian region proved invaluable. First, the rapport I had with various individuals recovering and working within the coalfields allowed me to “get close” to the everyday experiences of the research participants. Second, my personal and professional connections to recovery specialists and people who have used services in the region positioned me to observe several aspects of the efforts to curb substance misuse and harm in the coalfields. I worked closely with one of the largest non-profit recovery organizations in the state. To further protect participants the name of this organization will not be included in this research and instead will be referred to as New River Recovery Center. The organization’s headquarters are in a metropolitan area of the state, but they also have

satellite offices in three other areas of the state and a mobile unit that serves individuals within rural areas. I observed the everyday operations at one of their satellite offices in the southernmost part of the state, as well as the daily activities of individuals operating and utilizing some of the other programs they offer.

To work closely with this organization and increase researcher access to observations within recovery facilities across the state there were several steps that were taken. First, I applied to be a volunteer with New River Recovery Center which required me to complete their employee onboarding process. This included filling out a WV CARES application through the state's Department of Health and Human Resources (DHHR), completing finger printing, and background checks (see Appendix C). This application must be completed by individuals employed or volunteering in the state that have direct access to patients seeking medical and mental health services. I also was required to complete employee onboarding trainings which were provided online and a one-day orientation while my application was being processed. Once this application was approved, I was granted clearance and could begin observations with clients. Having this clearance proved to be invaluable in gaining access to other facilities and participants because I could show proof of clearance.

Observations and interactions were systematically recorded through handwritten field notes that were typed and expanded on directly following each day of fieldwork, two interconnected practices that are at the core of ethnographic research (See Appendix D). In addition to handwritten notes voice recordings and videos were as fieldnotes as well. Triangulation through multiple methods of field notes recording enhances the robustness and credibility of qualitative research. By combining different approaches, such as immediate jottings during observations and reflective detailed notes post-fieldwork, researchers can capture

a more comprehensive and nuanced picture of the studied phenomena. This methodological triangulation allows for cross-validation of data, ensuring consistency and depth in the findings. It strengthens the overall analysis by integrating various perspectives and minimizing potential biases that might arise from relying on a single method of data collection. Capturing these observations and interactions in descriptive field notes allowed for the creation of an accumulating written record from which data could be obtained and coded (Emerson et al., 2011). There are two general approaches to writing ethnographic field notes: (1) the experiential style and (2) the participating-to-write approach.

The experiential style refers to when the writing of field notes is delayed hours and sometimes even days until the researcher is out of the field; these notes are recorded from recollection. The participating-to-write style refers to when the writing of field notes occurs earlier while the researcher is still in the field. This style combines quick note-taking, participation, and observation as a means for understanding the phenomenon of interest (Emerson et al., 2011). Both of these styles were incorporated in the research process depending on the type of observation being conducted, and for some interactions, both styles were utilized. These approaches are complementary, which is why most field notes initially consisted of quick jottings, quotes, and memos that were expanded upon once out of the field. For example, initial field notes about study context included basic information (collection date, type of observation, etc.), geographic setting, overall demographics, and other contextual factors. The participating-to-write style was used during these observations, whereas during more immersive observations (facility tours and interviews), a combination of both and/or an experiential approach was more likely to be used. A plan for collecting field notes was established prior to each observation. Each field note was systematically labeled and safely stored. Field notes were saved with the rest

of the data on an encrypted external hard drive located in a locked, secure office with limited access.

ANALYTIC APPROACH

Upon further reflection on the theoretical framework and research questions, it became evident during the data collection phase that a shift in the analytical approach was necessary. Initially, the research aimed to explore the potential formulation of a new "Appalachian Trauma" theory. However, it became clear that the primary objective was to apply existing historical trauma theory to the Appalachian coalfield population rather than to develop a new theoretical construct.

This realization underscored the importance of adopting a methodologically rigorous approach to data analysis. Consequently, the decision was made to employ the traditional critical qualitative approach of abductive coding. This method allows for a systematic and flexible analysis that integrates both deductive and inductive strategies, ensuring a comprehensive exploration of the data while staying true to the theoretical underpinnings of historical trauma (Vila-Henninger et al., 2024). By combining deductive and inductive approaches, the abductive coding strategy provided a balanced analytical framework. This dual approach ensured that the analysis was both theory-informed and open to novel insights arising from the participants' unique experiences (Brandt & Timmermans, 2021).

The analytical approach for this research study involved a comprehensive examination of data collected through photo-elicitation interviews and participant observations, systematically recorded in detailed field notes. Photo-elicitation interviews were audio recorded and then transcribed for analysis, and all participants were assigned a pseudonym to ensure their confidentiality. A transcription software called Otter.ai was used to transcribe interviews and

they were coded manually. This process occurred in four phases: (1) theme preparation (2) deductive coding across methodologies; (3) inductive coding across methodologies; & (4) thematic analysis and synthesis.

Before any analysis began, a set of pre-established codes were developed based on Sotero's (2006) conceptual model of historical trauma (see Figure 1). These codes were grounded in this conceptual map and were designed to capture expected themes and subthemes related to historical traumas impact on individual experiences within the Appalachian coalfields. The table below provides a list of pre-established codes that were utilized in the deductive analysis phase.

Table 2: Pre-established Codes for Deductive Analysis

Theme	Codes
Trauma Experience of Past Generations	Displacement
	Physical/Psychological Violence
	Economic Destruction
	Cultural Dispossession
Original Trauma Experience of Current Generation	Coal and Economic Destruction
	Pharmaceutical Industry Access to Drugs and Economic Destruction
	Strained Families and Traumatic Loss

Table 2: Continued

Theme	Codes
Psychological Trauma Response	PTSD
	Anxiety
	Depression
	Feelings of Sadness
	Hopelessness
	Anger
	Shame
	Isolation
Social Trauma Response	Poverty
	Suicide
	Child Maltreatment
	Unemployment
	Domestic Violence
	Substance Misuse
Transmission of Trauma Through Psycho-Social Modes	Storytelling - Collective Memory
	Learned Behavior
	Social Systems

The abductive coding process began with an extensive review of the photo-elicitation interview transcripts. Initially, each piece of data was examined using the deductive codes to identify direct references to expected themes. This process ensured that the data were systematically examined for specific instances of trauma-related themes as theorized by historical trauma frameworks. Each segment of the data that aligned with the pre-defined codes was meticulously identified and categorized. This process was then completed across field notes.

Once this initial layer of coding was complete, the data were revisited with an inductive lens to identify emergent themes that were not captured by the deductive framework. This step allowed for the emergence of themes directly from the data without the constraints of pre-existing theoretical constructs. Inductive coding facilitated the discovery of nuanced and context-specific insights that were not anticipated during the deductive coding phase.

The final stage of the analytical approach involved synthesizing the themes derived from both deductive and inductive coding. This synthesis aimed to construct a comprehensive narrative that encompassed both expected and emergent patterns within the data. Themes were analyzed in relation to one another to explore how historical trauma theory applied to the lived experiences of individuals in the coalfields and to identify any new theoretical insights that emerged from the data.

To ensure rigor and credibility of analysis several steps were taken including triangulation and detailed record keeping. Cross-referencing data from photo-elicitation interviews and participant observations to validate findings. Maintaining detailed records of the coding process, decisions made during analysis, and reflective notes to provide transparency. Additionally, sharing preliminary findings with primary contacts in the region and at

conferences; obtaining this feedback was key to ensuring accuracy and quality of the interpretations.

POSITIONALITY

Objectivity in research has long been upheld as the ideal, suggesting that researchers can observe and report findings without their own personal bias or influence. However, complete objectivity in any kind of research whether quantitative or qualitative is an unattainable myth. Harding (1992) argues that science and research are always socially situated, meaning that the social context of the researcher influences the entire research process. This begins with the formulation of research questions. Acknowledging the limitations of objectivity, many scholars advocate for reflexivity, where researchers explicitly recognize and account for their own influence on the research process. By reflecting on their own positionality and its impact on their work, researchers can strive for greater transparency and credibility in their studies. Reflexivity encourages a more nuanced understanding of research findings, acknowledging that they are co-constructed by both researchers and participants (Finlay, 1998).

I am a white woman from a working-class background who grew up in the coalfields of Appalachia. My personal experiences, background, and identity have inevitably shaped my perspectives, interactions, and interpretations throughout this research process. Growing up in the coalfields, I have witnessed firsthand the socio-economic challenges and cultural dynamics that define this region. My working-class background has instilled in me a deep understanding of the economic hardships and social struggles faced by many residents. Culturally, people in this region are inclined to be more open with “insiders” due to “drive-by-research” and journalism practices. This shared context has facilitated a certain level of rapport and trust with my research

participants, who are mostly white men from the coalfields currently in various stages of recovery from addiction and often under some form of legal supervision.

My own substance use history has provided me with an empathetic insight into the experiences of my participants. Although I have never struggled with addiction myself, my personal encounters with substance use and misuse, and vicarious encounters with addiction have given me a nuanced understanding of the temptations and social pressures associated with it. This personal history has allowed me to approach my research with a level of empathy and non-judgment, helping to build trust and openness with my participants. I am also able to empathize with my participants because I am a product of the historical trauma in this region. My family has lived in the coalfields for generations, and I have witnessed how the historical trauma response has manifested within my own family and social networks.

Additionally, my position as a white woman conducting research with a sample of predominantly white men has necessitated a conscious effort to navigate potential power dynamics and gendered interactions. It is crucial to recognize that my gender may influenced how participants perceive me, their willingness to participate in the research, and how comfortable they feel sharing their experiences, particularly those related to vulnerability and trauma. To mitigate this, I have made concerted efforts to create a safe and respectful environment, ensuring that participants feel heard and valued without fear of judgment or bias. With the expectation of a few participants, the people I interviewed were willing to be open with me. In post-interview question some participants described me as “easy to talk to” and “good at getting people to talk” - some referencing my gender when making these remarks. More importantly several participants of various demographic backgrounds reported that the interview

was a positive experience that allowed a moment of reflection on how far they have come in their recovery.

The importance of reflecting on power dynamics and my identity in relation to that of participants become clear early in the research process during the first few days of recruitment and observations. While recruiting and observing at New River Recovery Center I mentioned to one of the staff “I hope people sign up.” I was discouraged that people may not be interested considering there was a sign-up sheet at this facility for several weeks that had only acquired around 10 names. I was there to pick-up the sign-up sheet, observe, and recruit some participants in person. When I arrived at the I was informed that facility was on “lock-down” due to some rules breaking that occurred prior to my arrival that day. This meant that the men could not leave the facility, and no one could have visitors, ne form a the collective punishment at this facility that is mentioned later in this dissertation. I asked if I should come back a later date to recruit and was reassured that was not necessary. I was also not given a clear indication of how long this lock-down would last, one staff can be anywhere from a few days to a couple weeks depending on the situation.

During this day I had approximately 40 men sign up to participate in my research. I was the only female in a cafeteria full of men, who had just been put informed they are on lock-down with no clear indication of when they would be able to resume interactions with people outside of the facility. Some of the men who signed up may have done so to have something to do during this period where boredom is likely to increase throughout the facility. The demeanor and comments of some of the men, although never disrespectful, indicated that some of them may have been influenced by the fact that I am a young female. During this day in the field, I left with a new lens into the power dynamics between myself and my participants: I was able to come and

go as I please whereas my participant's lived experience was constant control and supervision. I also left being reminded of the importance of being approachable and open yet maintaining a clear professional boundary when interacting with participants.

My past encounters with the criminal legal system also add a layer of complexity to my positionality. While these experiences have provided me with insights into the legal challenges faced by my participants, they also demand a careful reflection on potential biases and assumptions I may bring to the research. It was imperative to continually interrogate how my experiences intersect with those of my participants and to remain vigilant against imposing my perspectives onto their narratives. Throughout this research, I have employed reflexivity as a critical tool to examine and address my positionality. This has involved ongoing self-reflection, seeking feedback from colleagues, and being transparent about my background and experiences with my participants. By acknowledging my positionality, I aimed to enhance the credibility and authenticity of my research, ensuring that the voices and experiences of my participants are represented with integrity and respect.

Moving in and out of the region while completing my research helped me to maintain this reflexivity. In addition to physically removing me from the region for long periods of time, during which I could reflect, it also reminded me of the importance of keeping a global perspective on this issue. Every time I would travel back to Norfolk from West Virginia I would cross the same bridge and drive past the heaping piles of coal sitting right next to the Norfolk Southern terminals, where it is was loaded onto ships sent all over the world. These massive piles of coal sit right next to the ocean and residential neighborhoods.

One quick google search with key terms like: coal, communities, Hampton Roads, and consequences reveals that historically Black communities have complained about the coal dust

impacting their homes, community spaces, and health for centuries. Like coalfield communities, coal sits in uncovered rail cars and in large piles, which allows the coal dust to spread polluting the air, ground, and water that borders. Coal dust pollution in the air is known to cause respiratory and cardiac issues. Also, like communities in the coalfields, residents living in Hampton Roads near the Norfolk Southern terminals and coal yard face the risk of chronic health issues. Hafner (2024), reported that residents “have countless stories of seeing family and friends suffer from asthma and other chronic respiratory problems.”

Regulators state they “need more evidence,” however, like coalfield communities, neighborhoods like Lambert’s Point believe that decades of lived experience should be considered by regulators as evidence (Hafner, 2024). When I was younger my family, the museums, and the old timers on town would always tell us “Our coal is sent all around the world” – usually while holding a nugget of coal, with a big grin, and massive sense of pride. As an adult and scholar, I now have a more nuanced understanding of this statement and the cognitive dissonance that is created among individuals when the thing that feeds you is also the thing that kills you. Remembering this phrase and seeing this connection between my hometown and where I currently live, continuously reminded me that the issues I present in the following pages are not Appalachian issues; they are human rights issues that have an impact on communities globally.

CHAPTER V

THE TRAUMA RESPONSE

Three primary lines of inquiry have guided this research and analysis. This chapter provides results that speak to research questions one and two: (1) What is the context of historical trauma in relation to the concentration of substance misuse and related harms within central Appalachian coalfield communities? (2) How does historical trauma in the coalfields influence individual experiences of trauma and substance misuse within coalfield communities? In Chapter two, historical evidence and secondary research laid the groundwork for exploring the influence of historical trauma on coalfield communities in this region. This chapter focuses on how this collective trauma influences the concentration of substance misuse among individual community members.

DESCRIPTION OF PARTICIPANTS

A total of 40 participants were recruited to participate in the interview portion of this research, however, 10 participants dropped out of the study. Some participants did not respond to schedule requests, others were sick and did not reschedule their interview, and at least 2 were reincarcerated before their interview. Please see the Table 3 below for a summary of participant demographic data.

Table 3: Participant Self-Reported Descriptives

Demographics	Mean	Std.Dev.
Age	33	7.054
<i>Sex (male)</i>	0.83	.379
<i>Parent</i>	.83	.407
Employed	.13	.346

Table 3: Continued

Demographics	Mean	Std.Dev.
Rural	.77	.430
Family Drugs	.90	.305
Race	n	%
White	27	90
Black	2	7
Mixed	1	3
Legal Supervision		
No	6	20
Yes (Probation)	12	40
Yes (Diversion)	7	~23
Parole	3	10
Home Confinement	1	~3
Other	1	~3
Mental Health Conditions		
None/Not Diagnosed	14	47
Anxiety	9	30
ADHD	3	10
Bipolar	3	10
Depression	7	~23
PTSD	9	30
(Borderline) Schizophrenia	2	~7
Marital Status		
Single	17	~57
Divorced	7	~23
Engaged/Married	5	~17
Widowed	1	~3
Education		
College Degree	5	17
HS Diploma	11	37
GED	6	20
Dropped Out	8	27

The average participant is male (83%), white (90%), a parent (83%), from a rural area in the coalfields (77%) and has a family history of substance misuse (90%). A minority of participants were employed (13%), the majority were single (57%), a sizable number were

engaged or married (23%), and one participant was widowed. The majority of participants were under some form of legal supervision (80%); 40% were on probation, 23% were on diversion, 10% on parole, and 7% were on home-confinement or unspecified supervision. Over a half of the sample had a high school diploma or GED (57%), a few participants had a college degree (17%), and several did not finish high school (27%). Nearly half (47%) self-reported no mental health conditions. However, anxiety and PTSD was reported by a third of the participants (30%) and depression was reported by 23% of the participants. Bipolar and ADHD were reported by 10% of the sample and (Borderline) Schizophrenia was reported by two participants.

Six out of thirty (20%) participants brought photos with them to the interview, however, this number is expected to grow considering that potential participants for future waves of this research will likely have better access to photos. During this first wave of research this number was not particularly surprising due to the lived reality of some participants which limits their access to their personal belongings and devices. Most of the participants in this study were currently in residential treatment or sober living, with many being recently released from jail or prison. Almost all of them did not have access or had limited access to a cell phone, a condition of residential treatment in many facilities. It was not shocking that many participants did not have access to “photos” or forgot to bring them to the interview, however, it was important to me that the interview methodology remain consistent across all waves of this research. Given that this represents a small subset of the sample, themes from the photo-voice narratives will be primarily discussed in a dedicated section at the end of this chapter, alongside occasional mentions throughout. The placement of this section is intentional as themes across photo-voice narratives relate to themes that will be discussed throughout the next two chapters.

“PILLBILLIES”: SUBSTANCE MISUSE AS A TRAUMA RESPONSE

There is a saying that floats around West Virginia communities: “There is not a single person in this state that doesn’t know someone or has not themselves been affected by substance misuse.” This phrase, or a version of it, was one of the most consistent narratives in this research. I heard it from interview participants, community members, at community events, and from my own family members when unpacking this issue at home. Between August 2023 and March 2024, I spent 188 hours in the field collecting data. Approximately 42 hours were spent conducting interviews, which averaged roughly one hour and 22 minutes. The other 143 hours were spent conducting ethnographic observations during which I recorded 57 fieldnotes ranging in length.

Day-to-day operations in the field included conducting interviews, walking and driving around coalfield communities, talking to community members, and attending events. Observations most frequently took place at treatment facilities and community events related to substance misuse, trauma, and/or state/corporate violence. Observations also took place in rural coal towns and in the more metropolitan areas of West Virginia. For example, on August 19th, 2023, I observed a screening of Elaine McMillion Sheldon’s newest documentary *King Coal* in Huntington, West Virginia. Sheldon was raised in the state and is known for directing other documentaries centered in on substance misuse and recovery in West Virginia, such as Netflix Original Documentaries – *Heroin(e)* and *Recovery Boys*. Her newest documentary is about place and people; it highlights the multifaceted history and future of the coal industry, the communities it molded, and myths it created. The film uses language like “communities under the reign of King Coal” to describe the relationship between people and industry in Central Appalachia. The

goals of this film are very much in line with the goal of this research the results of which are discussed below.

Set & Setting, State & Corporate Violence, & Historical Trauma

Historical accounts, previous research, and the primary data in this study, show there is a substantial amount of evidence supporting the following argument: Coalfield communities' experience with substance misuse, which is marked by a concentration of substance misuse and drug-related harms, has been significantly shaped by the impact of historical trauma on the set and setting of these communities. Individuals make up the community. Thus, to understand the connection between historical trauma and substance misuse at the community level, you must also understand the connection between individuals and their community. In Chapter two, historical evidence and secondary research laid the groundwork for exploring the influence of historical trauma on coalfield communities. Through ethnographic observations and qualitative interviews this research explored how this relationship at the community-level manifests across individuals and their lived experiences with substance misuse.

Historical trauma theory posits that the cumulative effects of historical trauma on a population across generations results in population-specific disparities (Sotero, 2006). The context of historical trauma in the coalfields, and the cumulative loss experienced by community members, has led to individuals in coalfield communities living within a set and setting that is conducive to the level of substance misuse and overdose observed within the region today. This concentration of substance misuse in the coalfields is a population-specific historical trauma response that perpetuates individual and community harm.

Set and *setting* encompasses a wide range of factors. At the community level, set includes but is not limited to factors such as the overall health of the population, levels of stress and

trauma, prevalence of chronic pain, and other psychological or emotional challenges the community may face. At the individual level it includes a person's mindset, including their mental and physical health, expectations, mood, and personal background. Setting at the community level includes but is not limited to the physical environment, quality of housing, access to healthcare, availability of recreational spaces, crime rates, and the economic conditions of the area (such as employment opportunities and income levels). At the individual level it includes the physical and social environment where drug use takes place, like the physical space where the use occurs, the people an individual is with, and the overall atmosphere of the surroundings.

At the end of chapter two, secondary research was utilized to explain the context of the historical trauma experience within the coalfields and to connect this history to evidence of a historical trauma response (physical, psychological, and social response). Physical and psychological health disparities within the state of West Virginia were discussed in relation to this larger history to explain its possible impact on the community *set*. Secondary research in this realm reveals that coalfield communities face serious health disparities, substantial levels of stress and trauma, and significant psychological and emotional stress. Social disparities in the state were discussed in relation to this larger history to explain its possible impact on community *setting*. Secondary research reveals that these communities face severe economic instability and high rates of adverse childhood experiences, overdose, and suicide.

Historical trauma in the coalfields has been constructed and sustained by unchecked state and corporate violence. The dominance and monopolization of industries such as coal and oil contribute to the following conditions: (1) economic destruction – communities drained of natural & social resources and families prevented from building generational wealth; (2)

increased physical and mental health disparities, chronic pain, and work-related injuries; & (3) environmental and socio-economic conditions resulting in a breakdown of collective efficacy, social networks and the separation of families (see Perdue, 2021; Wilson, 2004; Young & Pitman, 2018). Additionally, the crimes and violence enacted by pharmaceutical industries contribute to the following: (1) an unprecedented number of people becoming exposed to and addicted to prescription painkillers; (2) an increased demand for opioids and substances that produce similar effects influencing increases in the trafficking of illicit substances into the region; (3) an increase in overdose deaths, rates of crime and incarceration; and (4) breakdown in collective efficacy, social networks and separation of families (see Meier, 2018; Gibney, 2021). The role of the state in allowing and participating in the construction of historical trauma cannot be understated. The state played an even bigger role than industry by (1) prioritizing personal and corporate agendas over the needs of communities and facilitating them through changes in public policy or court decisions (see Liptak 2008); (2) failing to regulate industry, facilitating exploitation and harm (see Bernstein, 1955; Perdue, 2021); & (3) strong arming the public, defending corporate interests, and traumatizing communities through the prison industrial complex (see Alexander, 2012; Davis, 2003; Perdue. 2016; Wacquant, 2009).

This chapter focuses on the lived experiences of individuals with a history of substance misuse and how those experiences are connected to and shaped by community set and setting. Table 4 presents the names and background information of the participants discussed in this chapter. This method seemed to be more effective and efficient than including the information within the text. The assigned names of participants are in alphabetical order so that readers can easily locate participants as they read.

Table 4: Quoted Participant Descriptions

Assigned Name	Description	Number of Quotes
Alex	40-year-old black male who is a substance use disorder counselor but is also in recovery	6
Beau	28-year-old white male in residential treatment facility	2
Brad	27-year-old white male in residential treatment facility	5
Derek	32-year-old white male in residential treatment facility	3
Dex	29- year-old white male in residential treatment facility	2
Jake	33- year-old white male in residential treatment facility	4
Jane	35-year old white female in a sober-living home	3
Jay	36-year-old white male who works at a treatment facility but is also in recovery	8
Stan	36-year-old mixed race male in residential treatment	6
JJ	34-year-old white male in residential treatment facility	4

Table 4: Continued

Jordan	31-year-old white male in residential treatment facility	1
Justin	24-year-old white male in residential treatment facility	6
Lala	23-year-old white female in residential treatment facility	6
Lo	41-year-old white female in residential treatment facility	4
Luke	31-year-old white male in residential treatment	2
Manny	39-year old white make in residential treatment	1
Martin	37-year-old black male in residential treatment	1
Mo	27-year-old white female in residential treatment	1
Peter	23-year-old white male in residential treatment	2
Samuel	34-year-old white male in residential treatment	4

Table 4: Continued

Assigned Name	Description	Number of Quotes
Stew	56-year-old white male in residential treatment	1
Stephan	33-year-old white male in residential treatment	5
Shay	32-year-old white male in residential treatment	2

“COMMON PERIL”

The most prevalent theme and clearest indicator of historical trauma’s connection to the lived experiences of interview participants and coalfield communities was evidenced through historic and cumulative *loss*. Significant does not even begin to describe the amount and severity of loss, in various forms, that members of this community experienced. They have experienced the loss of land and belongings, loss of family businesses and jobs, the continuous loss of loved ones, and at times the loss of their rights. The ways in which historical trauma influences the lived experience of participants is complex, and messy; it is not linear or even cyclical.

Some of the losses experienced by participants in this study are directly related to State and corporate violence within the region, while others are indirectly related through their impact on the collective psyche (*set*) and physical/social environment (*setting*) of coalfield communities. All of the participants in this study are currently in treatment or in recovery and have listened to other members of their recovery community share in group sessions and community meetings.

Participants frequently mention the similarities in their experiences and the losses they have experienced throughout their lives. One participant describes this perfectly using the phrase “common peril” and goes on to say: “We all, we've pretty much got the same story, but different. It's weird. We've all kind of been through the same stuff.”

Interview participants were asked to share any “significant losses” they experienced in their lives that they felt contributed to their substance misuse in some way. They were instructed that “loss” may encompass a wide variety of experiences, such as loss of a loved one, loss of a job, loss of family dynamics, etc. The level of cumulative loss across each individual’s lifespan, and across the whole sample of participants, was alarming. The subsections below will focus on participant’s experiences with losses that were directly related to the State and corporate violence within the region. Later sections will focus on the impact of this violence on the set (collective psyche) and setting (physical/social environment) of coalfield communities and how it has shaped participant’s lived experiences.

“We Lost Everything” – Economic Destruction

Scattered throughout participant narratives of “significant losses” that influenced their substance misuse were direct links to the unchecked corporate and State violence in the region. Some of these losses were due to the dominance of extractive industries in the region, while others were due to interactions with “company men” and representatives of the State. In the lived experiences of participants this manifested in layoffs and loss of employment, loss of family businesses, and loss of family land to coal.

In southern West Virginia, the dominance of “King Coal” has created an economic and cultural situation that is completely centered around the success of this extractive industry. Labor and economic exploitation heavily influence the local economy and ensure the companies have a

“reserve army of labor” to work in their mines (Marx, 2019 [1867] p.784). Although we have moved away from the days of coal companies’ private police agents becoming deputized into local police forces, the marriage between industry and the criminal legal system has adapted to fit the times. One participant, Stephan, shares how coal companies today are still getting assistance from the criminal legal system to maintain their workforce. He shares what he witnessed in courthouses: “...like if you go to the Raleigh County Courthouse, you can see where the judges, if you go and take a job in the coal mines, it can lighten your probation time if your charges aren't severe, you know.”

After probing more to see if this reduction in probation time was for all employment or specific types of employment, Stephan continues: “Yeah, like they're trying to, it's like the court is trying to encourage people to take jobs that used to be 15 years ago, highly sought after.” He then goes on to describe recruitment materials placed on courthouse bulletin boards: “...like I seen Alpha Natural Resources you know that coal company. They were the ones that were like, they have bulletin boards and...now hiring signs and stuff when you go into the courthouse.” Coal mining and other extractive industries are still one of the main employers in the area that will hire people convicted of a felony. However, this has less to do with helping system-involved people find employment and more to do with securing workers in an exploitative industry that very few people want to work in, given an alternative. Although slight changes were observed in the coalfields, overall stigma still demonizes people with substance use disorders and those with a criminal record; making it hard for them to find employment outside the mines.

A significant amount of my time was spent in Mercer county completing interviews and ethnographic observations. One community member - a fourth-generation coal miner with a substance use disorder and a criminal record reveals: “I am a slave to this job and to the

government.” This was captured during an informal discussion in March about the connection between the coal industry and the criminal legal system. The collateral consequences that accompany incarceration ensure that there is always a desperate pool of workers from which extractive industries can recruit and the prison industrial complex can profit.

The dominance of this industry is exacerbated by the generational pride that miners and their families feel for their fight for labor rights, the lack of other employment opportunities, and “friends of coal” identity politics in the region. The constant boom/bust cycle of this industry is mirrored in the local business economy, which results in huge losses for families and small businesses that cannot weather economic downturns the same way as corporate monopolies. Stephan’s family has been in the coalfields for several generations. He shares that before entering the “madness,” a term participants and community members use to describe active addiction, he worked for his dad’s excavation company. He shares that his family company was contracted by different coal companies to do environmental clean-up, and it went bankrupt in 2016. His family “lost everything” during this time, not even a year after losing his nephew to drug-related violence. Stephan shares this time was particularly hard on his father who had heart disease; his dad passed away 4 years ago in 2020. He mentioned that watching his dad and family suffer through these losses, and experiencing them himself, heavily influenced his substance misuse:

But losing that in 2016, you know, he worked his entire life to get that company built. And he had his children working for him and had other men that leaned on him with their families and stuff. And to have to shut it down and lose everything to go from being able to be pretty well-off middle class to disability, because he

went on Social Security for heart attacks. It, he got depressed. And it just it changed him. And it just took his heart out of everything.

When coal companies are in a bust cycle the first expense to be eliminated is their contracted work; especially anything that has to do with environmental clean-up or restoration. The next thing to go is lower-level employees; layoffs without much warning and job insecurity are also very common during this time. As Stephan states "...like whenever I graduated high school, it was hard to get a job in the coal industry. Unless you knew somebody you probably wasn't going to." Another interview participant, Justin shares what it is like to ride out these cycles:

The community here...is a big upgrade to what I'm used to like there's a lot more to do here. You know, there is coal mines down in Mingo County. That's what I do. But once you get laid off down there and you don't have a job that brings troubles to your lifestyle of living, because...you're going to eat regardless. So, I really like Bluefield, my ultimate goal is to move to [the] Wheeling area where pipelines [are] booming up there - coal mines.

This movement around the state, and surrounding states, for work was also common across the men in this study, which at times can contribute to problems in the home and strained family dynamics. Justin is in treatment a few counties over in a more populated area of Mercer County. He mentions that the area he is in now for treatment has a lot more to offer than the coal camp area he grew up in. This county is also an area of the state where community members are struggling economically and to find employment, however, it is not the "ghost town" he moved from. Justin mentions wanting to move to Wheeling, which is in the Northern part of the state, an area that is characterized by more opportunity. Shay, a participant whose treatment brought him from the northern part of the state to the southern part shares about the opportunity there:

Where I grew up? I mean, there's a lot of stuff to do. It's a good, good town. I mean, there's lots of stuff going on in the town and there's like, lots of stuff that you can do. Like, I had a good job before I came here. Lots of work stuff like that.

“Either He Was Going to Sell or They Was Just Going to Take It.” – Corporate Violence

Movement out of the coalfields into surrounding areas, or out of the state, is common for a variety of reasons. Some people leave by “choice” during bust cycles to find employment or in search of a more stable socio-economic environment, like Stew’s family. Stew’s family moved away when he was very young and who recently moved back to West Virginia. When talking about his family ties to the region he says:

My grandfather worked in the coal mines, when they shut down in 56' he moved to Maryland. All my great grandparents are from here. They were all coal miners. My mother was born here. I have one son that was born here. I mean all my family is from West Virginia.

Others were pushed out through more coercive means across several generations. Participants that mention the loss of their family’s connection to their home and coerced movement out of the coalfields mention that it contributed to a breakdown in their family and social networks. An interviewee that goes by JJ, shares a little bit about this dynamic:

“Well, at first we – it was a little like coal camp called Fire Cove. Where pretty much all my family lived in there. We used to own all of it, they did. My whole family was coal miners before...So, my childhood when I was small was great. Yeah, I loved it then, but once we moved from there it was just like slowly went downhill. The family used to be real, real close and then we all just fell off...”

While JJ did not share much about how his family went from owning most of Fire Cove to moving out of a place he seemed very fond of, another participant shared much more detail. Stan grew up in a rural part of McDowell County, where he used to live on a family farm. However, he mentions that his family moved when the coal mines bought out their family land:

“Yeah, the coal mine bought us, bought our land out and made us move so. Either they was, either he was going to sell his land or they was just going to take it. That was just, that was the bottom line. So, he settled for the little bit of money that they gave him. Which dude made millions of dollars off that place. Like he really made some money off of it, because we had a coal seam that was three, three foot, it was three foot from the ground up right behind my house. They wanted my dad's land very bad, and he didn't want to sell it for what they was wanting to give him for it. But he had to because either he's gonna sell it or they was gonna make him move like I said...they was just gonna just take it from him. And he just went ahead and sold it.”

When asked if he sees the loss of his family's connection to their land as something that contributes to his struggles or his family's struggles, he states: “Yeah...because he loves where he lived. We used to keep horses and chickens, and all kinds of shit. But he don't...nah he don't got that...we don't do that no more.” It was clear in how both Stan, JJ, and Stew spoke about their childhood, their family, and their connection to home that this loss was a huge blow and was something that contributed to the struggles they faced in his life. Despite the struggles families faced in the coalfields, they struggled together, and helped one another. Over time as families are pushed out of the coalfields, these social networks seem to become weaker and at times nonexistent. Stan shares: “But they all hung out together. got along, helped each other when they

needed the help. Don't nobody do that, no more. Don't nobody want to help nobody no more around here.” These significant losses that are directly linked to corporate violence were represented across a smaller subsample of interviewees, and not across the whole sample but are worth noting. These experiences and this theme are likely to become more established once additional waves of research and more interviews with other community members are complete.

“...I Felt Like I Was Completely Railroaded” – State Violence

The State, through institutions like child protective services (CPS), law enforcement, the courts, and corrections, acts as a “coercive mobility” in coalfield communities (Rose & Clear, 1998). Despite more recent shifts in how these institutions are handling substance misuse and drug-related problems like crime, overall, these systems still operate through punishment and deterrence practices. Trauma-informed and evidence-based practices are far from standard within State-run institutions, and this is especially true in the Appalachian coalfields (see Perdue, 2016; Schept, 2022). Early ethnographic observations throughout the southern part of West Virginia revealed that these practices are typically concentrated in more metropolitan areas and are driven by community initiatives rather than State agencies. The punitive nature of the system, and frequent abuses of power in the region, tends to intensify factors that increase substance misuse and crime within communities.

Child protective service investigations are disproportionately conducted on underserved families and families of color, making them more hyper-visible to the state, which may reinforce marginality and inequality (Fong, 2020). Having a substance use disorder also increases the likelihood that CPS will gain access to an individual’s life. When speaking about significant losses that affected their substance misuse, participants frequently shared about their encounters

with State institutions. These stories are filled with feelings of fear, anger, and sadness, system failures, hyper-surveillance, loss of rights, separation from children, and abuses of power.

Accountability among participants for their “wrongs” was a constant. Interviewees who shared their experiences with CPS acknowledged that their circumstances and substance misuse sometimes put them in a precarious position with their parenting. At the same time, they expressed a deep love for their children and their well-being, as well as a willingness to get-well and make sacrifices. Cases of child removal present the difficult task of balancing the safety and well-being of children with the emotional impact on families. CPS intervention can be both tragic and necessary; while removing a child from a harmful environment is crucial for their safety and development, it can simultaneously create trauma and distress for the family involved. Child removal without proper intervention for the family increases the likelihood that the trauma and stress experienced from this loss will be long-lasting for both the child and the family.

Lo is currently residing in a residential treatment facility for women who are pregnant or have young children. During her encounter with CPS, Lo was in active addiction and involved in an abusive relationship. She shares that she was not seen as a victim by State actors, which contributed to her losing custody of her daughter. She states:

Once he got his hooks in me, you know, I mean, it was it was it was done for.

And so I think and it was during that toxic relationship, that's when my substance abuse really took hold of me. And so during that time, my daughter was removed from the house due to domestic violence reasons. That first CPS case there. I was, I felt like I was completely railroaded. And I still think that, you know, it really took a lot of my faith in the system away. And they kept saying, you know, I never got a visitation with her. They kept saying next week, we'll get a visit next

week, you'll get a visit, and it would never happen. And so, I would go through this whole cycle of trying to do the right thing for CPS trying to do what they asked me to do, but then not getting my visit and just kind of like hitting the F-IT button. And I would go back to using and it just started this crazy cycle. And by the time my rights were terminated, which was less than six months from the start of the whole case, and I never got to visit, I missed my court date.

Lo goes on to share how her boyfriend at the time would hide and keep case information from her and even went far as to “literally hold me hostage in the house.” I asked if she felt like she was ever viewed as a victim by anyone in the system and she shared the following:

“No. I mean, I just, I definitely think there could have been a lot better intervention and a lot more help. Like I said, the most help I got was if you stay with him, you're cruising for a bruising. And that was that was kind of it. You know, looking back on it now. I'm like, I'm pretty disgusted by it.”

Jane stays in a sober-living home and during her interview that took place in the comfort of her home, Jane - a normally shy person by her roommate's description - opened up about her encounter with CPS:

Yeah. Uh, due to my bad choices in my life, my son was taken from me. I have family that are raising him. And I had twin girls with my ex who is the reason why I had the financial exploitation charges. I had to give them up for adoption because I wasn't at a point in life where I could raise them on my own. And, you know, I knew that CPS was going to try to come in and take them; they did try. But luckily, I was already you know, in the adoption process. I already had a family. You know, we were all in on that process. There was no, you know, going

back on that. And CPS, you know, backed off of it. Yeah. But yes, because of you know, the bad choices that I made in my life and everything I did have CPS get involved. Like, they watched me like a hawk.

Throughout the interview Jane shared several traumatic experiences that shaped substance misuse and behavior. She shares that she “looked for love in the wrong places” and what it felt like to navigate through state intervention; she says:

At that point in time, and I, you know, that that was hard, you know, because I felt like, they didn't truly understand why I was doing what I was doing. What caused me to do the behaviors that I was doing when it came to that. And, you know, it left me confused, because I'm like, I'm being the best mom, I can be. You know, what, I don't feel like you understand why, you know, I'm trying to be loved.

Of the five women interviewed in this study, four had children and all of them experienced significant loss and negative experiences due to their encounters with CPS. Lala, a woman in residential treatment, also shares how the reach of CPS and state intervention sometimes goes beyond those directly involved. Her mother was living with her at the time of her CPS case and helping her with her daughter; she states: “She-her and my dad are kind of separated at the moment, but um she was living with me at the time. So, she was brought into my CPS case for condoning my drug use and not removing my daughter.” Some women have been able to restore their connection with their children through visitations and regaining custody, however some have not.

“CPS Is a Lot of Bullshit” – State Violence

Men in this study also shared about their experiences with CPS, which often involved being separated from their children or the loss of their parental rights. Like the women, men took

accountability for the role that their substance misuse and behavior played a role in their initial justice system contact and involvement. However, they also shared that despite trying their best to do everything the State asked, navigating its systems to regain rights to their children was extremely difficult. In their narratives they did not view CPS as an institution that was meant to provide services or assistance, and instead viewed them as a threatening force to the lives of their family. They also shared that calls and threats to call CPS were weaponized by family and community members at times.

Jake shared he gained full custody of his daughter at two-weeks old and that his first run-in with CPS came around four years later. He states that before he relapsed, he had not talked to the mother of his child in quite some time and that she had lost custody of her other children due to her own complications with substance misuse. He states that he received a message from her that said “Well, if I can't keep my kids, I don't see why anyone else can keep theirs.” and shared she reported him and some other people to CPS. Not long after this incident his mother also called CPS on him due to thinking his daughter was not in a safe environment after he shared that he was on medication-assisted treatment. This also speaks to the stigma in the area about this evidenced-based treatment for substance misuse disorders. Jake and his mother are on better terms now, but Jake shares that he still has resentments toward CPS due to his own experience and even mentions that he knows other people have also been “traumatized” by these experiences. He says:

CPS is a lot of bullshit. Don't get me wrong there's cases where kids need taken but I've seen a lot of cases where they didn't try to help. And they took kids and like I'm surprised there hasn't been a mass shooting with caseworkers around here or something. You know, I've always said I'm like man, you know like there are

all these mass shootings. I'm like surprised some woman hasn't had, or a man, been traumatized enough where like, they just shoot them.

JJ, who was mentioned earlier also shared his experience with CPS when talking about the people in his recovery community having “common peril.”:

We've lost, all of us has lost people on all of us has been through a lot. A lot of us been through the same stuff. We was in a meeting earlier and a guy was talking about his mom called CPS on him. And stuff like that. I mean, mine was different reasons. Mine called CPS on me because I wouldn't sell her my pain pills. But him bringing up CPS and mom, I was like, Oh, that makes me think about my mom calling CPS because I wouldn't sell her no 30s that day.

The fact that CPS is viewed by many community members as something to be feared and that can be weaponized by the public to deliberately cause harm, instead of a system that can be used to obtain resources and seek out assistance, speaks volumes. This institution acting as a coercive force is not something that is particular to coalfield communities; it is evidenced across other underserved communities as well. In her book *Torn Apart*, Dorothy Roberts eloquently details how the child welfare system acts as a coercive mobility with Black communities and “destroys black families” (Roberts, 2022). The way the violence in this system manifests across communities is different, but the result is the same. This system couples assistance with coercive authority and opens the door for expansive surveillance of U.S. families (Fong, 2020). These interactions render marginalized communities hyper-visible to the State and reinforce inequality, traumatization, and marginality within underserved communities like the coalfields.

Participants in this study not being viewed as victims or individuals in need of intervention is correlated to the dehumanization of individual's considered “deviant” such as

those who become incarcerated and/or who use drugs. When people are labeled “criminal”, “drug user”, and/or “addict” they are systematically denied characteristics that make them human, like the capacity to feel or make decisions (Brown, 2020). Individuals who are incarcerated or under supervision often experience processes that strip away their humanity. This dehumanization can lead to them being viewed as having reduced moral standing or even being treated as non-persons (more like animals) (Guenther, 2012). Individuals with substance use disorders, similarly dehumanized, may face policies that prioritize punitive measures like criminalization over compassionate approaches like treatment. Institutional practices emphasizing control and punishment over rehabilitation and dignity exacerbate this experience. Societal attitudes that stigmatize and stereotype individuals in these systems further reinforce their dehumanization. In both contexts, dehumanization perpetuates cycles of marginalization; this underscores the ethical and social implications of dehumanization, highlighting the need for policies and practices that uphold the dignity and humanity of all individuals, regardless of their circumstances or conditions.

Fong (2020) states that the connection between “service systems” and entities with “coercive power” like the criminal justice system, foster apprehension among families to seek support and hinders institutional engagement. Instead of reducing crime and stabilizing families by helping them heal together, coalfield families are often separated through incarceration and CPS-initiated forced family separation. Social networks that act as informal social controls may be also destabilized by concentrated separation, incarceration, and reentry (see Clear, 2007). This weakens collective efficacy, increases social disorganization, and increases distrust in State institutions.

“They Get Your Number, and They Go With It” – State Violence

In addition to losing connection with their loved ones, interviewees also mention ‘material’ losses due to State violence and the collateral consequences of incarceration. When convicted of a crime, especially a drug-related crime, punishment does not end in the courtroom. Individuals often face additional punishments on the outside of the criminal legal system through the loss of housing, employment, their belongings, and connections with loved ones. The entrenchment of the prison-industrial complex in Central Appalachia due to the rural prison boom and War on Drugs policies contribute to a concentration of collateral consequences in the coalfields. One participant, Samuel, shares that due to the cycle of incarceration: “I had to start over 4 times.” When asked to elaborate more on what he meant by that, he states:

When I got into substance abuse. Like, you know, comes with that is jail too. And like I want to do about this many times (hold up both hands to reflect the number 10). And every time I've went I've lost everything, got out, and didn't have nothing but what I had on. Start over from below my shoes - up. I guess that's what might have influenced it (substance misuse) a little bit. Because it wasn't coming back as fast as I wanted it to.

Several participants mention losing their belongings, housing, and relationships with their children due not only to complications with their substance misuse, but also due to their encounters with the criminal legal system. During these stories participants did not hesitate to point out the role their own actions played in these losses, this was common any time an interviewee spoke about injustices they experienced. When an individual commits a crime, the punishment should be commensurate with the offense, a principle our system professes but often fails to uphold in practice. Encountering the criminal legal system should not result in the loss of

“everything” a person has before they are arrested, but in reality, this is the case for a lot of system-involved people. The collateral consequences of encountering State institutions disproportionately affect individuals living in underserved communities with high rates of substance misuse and unhealed historical trauma.

Men were much more likely to mention improper use of force and abuses of power when sharing about their interactions with State institutions, not just among police but within courts and corrections as well. These experiences included police beatings, intimidation, and corruption. Justin, who is quoted earlier and is currently in residential treatment, has been arrested 19 times and admits to having a wild streak, describing himself as “...I mean just an outlaw; just sort of rebellious toward authority.” However, when describing his arrests, he also states: “You know, just Mingo County is just as corrupt as they can be. They get your number, and they go with it.” By this Justin means that once you have been arrested or are on the radar of practitioners in the criminal legal system, this can lead to being targeted and surveilled more frequently.

When describing his separation from his son, an issue that was visibly hard for him to share, corruption in Mingo County comes up again. He explains that he has not seen his son in at least 10 years and describes the removal of his son as a “very complex situation.” He goes on to explain what happened:

Three months after my kid was taken like I did everything they asked... Federal agents came in and shut the whole county of Mingo down. Because alright our main circuit judge, right? The one that ruled my kid be taken. Our main circuit judge was seeing this woman; had an affair with this woman. And she was married, and he wanted her all to his-self. So, he, had a state trooper plant a large

amount of cocaine in this guy's truck...And he sentenced him to 15 flat and the Feds got wind of that. And they came in and cleaned the fucking place up. So, three months before that though like he ruled my kid be taken. You know what I'm saying I still haven't seen my kid. So, can you imagine how fucking feel like I've done everything that I possibly can and you're going to let this corrupt ass piece of shit ruling, stay in effect?

Justin goes on to explain how this situation weighed in him and added more detail:

It was horrible. You know what else an attorney told me that used to see my mom back in the day when I was a teenager, he used to see my mom. He's from Gilbert Creek. And that's exactly where I'm from. And he told me three months after the feds came and took Thornberry out that my kid was sold for \$10,000. So just leave with that. Yeah, an attorney told me that. I said, why didn't you fucking tell me? He's like, Justin, I couldn't...I couldn't.

A quick google search using the terms “Mingo County, circuit judge, federal investigation” generates several articles detailing corruption in the criminal legal system there, including one posted by the Federal Bureau of Investigations (FBI). The article details that leading up to the 2012 primary elections in Mingo, a group of officials including a circuit judge, sheriff, and county prosecuting attorney adopted the slogan ‘Team Mingo’ to promote their political campaign (FBI, 2014). These men used their position and authority to serve their own interests and the investigators are quoted saying that the “ringleader” was the circuit court judge; the same judge who ruled Justin’s son be taken. Investigators mention they ran the whole county and anyone that wanted to get a

fair shake in the legal system – defendant or lawyer – “had to play whatever game they wanted you to play. It was a toxic environment” (FBI, 2014, para. 2).

During his sentencing, the Federal judge compared the circuit judges abuses of office “to the actions of a Third World dictator” (FBI, 2014). Some of the corrupt activities committed by Team Mingo include: (1) Coercing a local drug defendant who was prepared to testify that the county sheriff had illegally obtained pain medication and unlawful campaign contributions, and then sentencing him to up to 15 years in prison after he dropped the allegations. (2) Trying to frame the husband of a woman with whom the circuit judge was sleeping with by planting drugs in his vehicle and arranging to have him wrongfully arrested.

Other research participants shared similar sentiments about the criminal legal system due to their negative interactions with police and the courts. For example, one participant Derek shares two encounters with police, one in Virginia and one in West Virginia when he was a teenager:

Well luckily where I wasn't resident of Virginia and I was underage, they kind of just swept it under the rug. And over here. the police beat the crap out of me. So, they made all the evidence disappear because I was trying to press charges.”

Another interviewee, Martin states:

I got a lot of resentments against the court system. But uh I just I mean, I'm not gonna say they treat you, treat me, treated me any different. I just say their views on things aren't correct. People don't. Certain people don't get treated the same in certain situations. You know, I mean, I'm not saying this because I'm black because I've seen white people get treated fucked up in the court system. I've seen

you know; I've seen a lot of different people. I just think the court systems are corrupt. And it's not, they don't have the right intentions. You know what I mean? So, that's my outlook on that.

Criminal Legal System Corruption in the Coalfields

The abuse of the criminal legal system by political and corporate entities in the region dates to before the abuses of coal owners and the Baldwin and Felts Agency. Utilizes the criminal legal system to “control” workers or influence labor in the coalfield has always been present. Today, this is accomplished through the creation of a labor pool from which the State and Corporations can recruit from. Team Mingo is only one example of a much larger problem circulating the criminal legal system in Southern West Virginia. The level of mistrust in government and the criminal legal system is not just high among interviewees but is also high among other members of the coalfield community as well; especially those that have been in contact with the criminal legal system. This is related to the historic and contemporary loss that has been experienced at the hands of these systems across members of the coalfields community and across generations. Stories of police misconduct, preventable deaths and beatings at the regional jail, and systemic corruption are common among community members. Within just a few weeks of starting data collection I was informed of three different lawsuits filed against representatives of the State. In field notes I write “this is not just a few instances of misconduct; stories are indicative of a culture in the criminal legal system that breeds discrimination and frequent abuses of power. This probably goes all the way up to the governor’s office.”

The West Virginia State Police (WVSP) have recently been the subject of 72 new lawsuits related to a hidden camera in the women’s locker room and shower facilities at its training academy and institute. Most of the plaintiffs in this case filed as Jane Doe to protect

them from retaliation, targeting, and harassment, which police in the state are known for. Some of the allegations include sexual and physical assault and retaliation against male and female WVSP employees for reporting and investigating misconduct at the academy (Dickerson, 2024). Three local police officers, the police chief, and the Princeton Police Department are currently being sued after a police officer-involved shooting in Mercer County, WV (Farrish, 2024). Police were called by the neighbor of Barry Yearout, who claimed he rode his four-wheeler through their yard. After denying the allegations and asking the police to leave his property he was shot in his home.

Police officials said Yearout charged at officers with a bat, however, body camera footage was recently released and does not show him charging the officers (Farrish, 2024). The officer involved in the shooting was not wearing his body camera, which is against department policy. It is important to note that, in 2014, Yearout sued Southern Regional Jail (SRJ) after a raid looking for contraband resulted in him being shot. Footage from the raid shows Yearout lying on his stomach with his hands on his head when an agent shoots his leg; he was one of dozens who sued the West Virginia Regional Jail Association (WVRJA) for brutality.

This incident at SRJ is not isolated, a jail where 25 people have died in the last 5 years (Culvyhouse & Pagán, 2023). The stories that community members (including my own family members) share about this jail are horrific and reflective of systemic abuses of power. In November of 2023, the State of West Virginia reached a 4-million-dollar settlement with individuals who were detained at SRJ (Lewis, 2023). When initial allegations of serious maltreatment and neglect in the jail arose, Governor Jim Justice sent his Homeland Security secretary Jeff Sandy to personally investigate the matter. Just two weeks later the governor released a press release stating: “The investigation concluded that allegations of water

deprivation, failure to provide toilet paper, and inmates having to sleep on hard floors without a mattress are false” (Justice, 2022). A report filed weeks earlier by the Threat Assessment Officer for the West Virginia Department of Corrections was never mentioned by Justice or anyone on his team, and it directly contradicted his press release. This adds to the growing evidence of failures and misconduct surrounding Governor Justice’s administration (Culvyhouse & Pagán, 2023).

SETTING

In addition to losses directly attributable to corporate and state violence, cumulative losses indirectly linked to these forces also emerged as a significant theme. The impact of historical trauma and cumulative loss on participants' experiences with substance misuse was evident in their narratives related to setting. These narratives were centered around the socio-economic devastation of their communities, increased availability of psychoactive substances and drug-related violence, and adverse childhood experiences.

Interview participants were asked how they would describe their community, and a plurality almost immediately emerged among their responses: “It's good, it could get better. It could get a whole lot better. It's not what it used to be.” As this quote from Stan reflects a conflict in participant views of their communities emerged, revealing that most participants have a deep love for where they are from and the people there, but also recognize that their communities are deeply “troubled.” When speaking about what they loved about their communities, they mostly referenced the beautiful landscapes and small-town vibe. When reflecting on what contributed to their communities being “troubled”, three sub-themes related to *setting* emerged: (1) lack of opportunity, (2) too many drugs, and (3) adverse childhood experiences.

“There is nothing to do.” – Economic Destruction

The socio-economic destruction experienced by coalfield communities due to exploitative industries and drug-related harms is evident. A drive through the most rural parts of southern West Virginia will take you through some of the most beautiful mountain landscapes in the U.S. Sitting nestled between these mountains are “ghost towns” similar to the ones depicted in your favorite horror films; with dilapidated housing and buildings, closed family businesses and recreational spaces, broken down vehicles, and empty streets. The emptiness in these spaces, the dystopian backdrop, and the loss they represent serve as a constant reminder of the trauma communities endured and what they lost as a result.

During interviews, participants were asked if there is anything specific to the region that they feel contributes to peoples’ substance misuse, or that has contributed to their own. Across participant answers to this question there was a reverberating narrative – “there is nothing here.” There were differences in these narratives as some participants referred to a lack of pro-social activities and recreational spaces, while others referred to a lack of opportunity more generally. Stephan, shares how he feels the economic destruction of the region is related to substance misuse among individuals in the community:

Well, drive through this place and you can see the...some of the old stone buildings and stuff of times gone by that was better. You know what I mean? Like, we look back, and you see in these old coal camp towns, movie theaters and swimming pools and stuff from the 60s, 70s, 80s and stuff. And you know, we still see these structures, but we don't have any, anything like that. We hear stories from our grandparents about times gone by that were better, you know, everybody meeting up on Friday night at the teen centers and stuff and having things to do.

And now there's nothing to do. That's part of our problem is it's so boring. You can only fish so much.

Jake feels similarly about the lack of opportunities in the area:

Okay. I'm just going to say this, I think it's lack of opportunity. There's, well, let's go mudding, well going mudding gets tired after a while, you know what I'm saying? I really feel like it's just where it's just, its rural, you know, there's not a lot to do. There's pretty much just party and get high, and it gives you something to do you know what I mean. Every day you're chasing something, you got something to do. I just think it's a lot to do with being bored starting out. And then, you know, if you get on the right drugs it develops into a habit that, you know, every day, you're just...

Jay also shares a similar sentiment when asked what it is about this region that makes substance misuse so prevalent:

I think the main reason people initiate, especially in the state of West Virginia, is like the lack of things to do for like, kids in their teenage years. And, um, you know, a lot of the kids at least where I grew up, like on the weekends, or after Friday night football game here, we went to the local field and partied. Yeah, and, you know, I feel like that's where it initiates a lot is with like, the peer pressure and all that.

Drug scholarship shows that the younger people are when they start to use psychoactive substances, the more likely they are to misuse and develop a substance use disorder (Goode, 2023). Exposure to substances at an early age and substance use/misuse as adolescents and young adults was a frequent narrative in participants' lived experiences. Despite this similarity,

age at first exposure/use, reasons for exposure, the types of substances used, and use experiences varied significantly. Juveniles are more likely to become involved in antisocial behaviors, like substance misuse, when they lack access to pro-social activities (Johnson et al., 2020).

Adolescent substance misuse is not a problem that is particular to coalfield communities but is a problem that is compounded by the lack of pro-social activities in the area. The lack of pro-social activities in the region, in addition to the surplus of highly addictive substances discussed in the next section, may create a setting within coalfield communities that exposes the population to addictive substances and at earlier ages than in other communities. When describing how their substance misuse progressed from recreational use during adolescence and young adulthood to active addiction, most participants described the general progression from alcohol – to – marijuana – to “harder” substances, like cocaine, prescription pills, and heroin. These narratives were not reflective of the “gateway myth” that suggests that substances like marijuana are “gateway” drugs to more addictive substances. Instead, these narratives were reflective of the influence of substance availability in both legal and illegal drug markets in the region, family history of substance misuse, and individual protective factors.

Evident within participant narratives were subthemes that linked their experiences with substance misuse to the corporate violence of the pharmaceutical industry and failures of the State. Jay shares how this manifested in his community and family:

You know, like in high school, which is when like, the over prescribing of opioids really became a thing. Because like, my aunt was on prescription medication for fibromyalgia. Both my cousin's got diagnosed with juvenile fibromyalgia and were prescribed like massive amounts of opioids for a 16, 17, 18-year-old kid. By the time my cousin got to college I mean he was prescribed oxymorphone, oxys,

and Adderall together from the same doctor, which was also cash Doctor, in Martin's ferry Ohio, who has since been arrested by the federal government. I mean, my childhood pediatrician like he got addicted to samples that were being brought in.

This same doctor prescribed Jay prescription pain pills after a back injury he experienced while in college. He comes back to this point later in the interview and provides additional context:

Moving back, I mean I just remember getting hurt in high school like you if you hurt your shoulder or something like they were prescribed you hydrocodone like it was nothing. Because at the time we didn't really know it was an issue. And then obviously, when the oxys came in, and it was marketed, as, you know, this safer alternative, which we now know, is not a safer alternative. You know, especially the Appalachian region with all these manual labor jobs, and we were the perfect region for them to just push marketing-wise because you're gonna have more injuries in this area.

These quotes from Jay are two examples out of many in the data that reflect how the crimes and misdeeds of companies like Purdue and the failures of the State are linked to individual experiences with substance misuse in the region. The historical loss experienced by coalfield communities at the hands of extractive industries like coal is compounded by the cumulative loss they experience to drug-related harms. This is discussed further in the next two sections.

“A Small Town and Just Overrun with Drugs, A Lot of Drugs” – Corporate Violence

State-facilitated corporate violence has significantly impacted drug-related harms in the coalfields by flooding communities with highly addictive pain pills, increasing demand for these substances and those that produce similar effects, and influencing illicit drug markets in the region. When asked to describe their communities’, participants often referenced increased access to drugs. Mo, who is currently in residential treatment a few counties over from where she grew up, shares this about her hometown: “Um, that it's horrible. Like literally, there was nothing other than truthfully drugs.” Brad grew up in “Bloody Mingo,” or Mingo County, in the area where the Battle of Blair Mountain happened; it was a history he was very knowledgeable in, he says:

Okay, my community on route 17 its troubled. It's troubled. Okay. There's really only two reasons why you go down there. And the police even know this one you're either selling drugs or buying drugs. Or two you're going to church. Or you're going to and from work.

When describing drug use in Monroe County, Luke says:

Oh, man. It was like a black cloud over my town. Like everybody just I mean, everybody that I knew pretty much was on drugs or some type of like, their quality of life was really low. So that kind of probably drove vice versa like their quality of life was bad because of the reality of using drugs or any kind of thing that alters us and there's not much around here. So, like there's not much to do so people start getting drunk and then it just spirals out of control.

Dex also shares that the prevalence of drugs in his hometown is significant, mentioning different waves of drug use he witnessed in his community:

Um, it was like a small town and just overrun with drugs, a lot of drugs. Mostly pills when I was growing up, pills and weed and stuff like that. Then it graduated harder things but it's a small area. The majority of the people there are in active addiction.

Participants shared a multitude of factors that influenced the types of substances they used, the route of administration they chose, and their drug use experiences. These narratives were consistent with drug scholarship that finds physical, psychological, and social factors influence use experiences (Goode, 2023). Some people started misusing “harder” substances after being prescribed pills, through influence from intimate partner relationships and friendships, and after experiencing a traumatic loss. Polysubstance misuse was extremely common across participants, with all of them using at least two substances simultaneously (or within close proximity of each other), and all of them had tried several different substances across their life course. Like Dex, several participants shared about changes in the types of substances available in their local drug economy. These narratives frequently reflected that this was a social factor that influenced their experiences with substance misuse.

Dex states that in addition to several other factors influencing his substance misuse at the time, the increased scarcity of pills was a factor that influenced his progression from pills to fentanyl:

I didn't have any pills, nothing like that. So I called the guy who I got the pills from. I'm like, you know, do you have any? I was like...because I fucking felt like shit. I wanted to eat a couple, go to sleep and have one for the work next day. He didn't have any. He called around. I waited over his house like two hours and it's just like half asleep or trying to like rest in my car. He couldn't find none. And

he's like, all I can get is you know that heroin. Because he always told me he could get heroin, but I didn't like heroin at that time. So then like, I was like well is it any good' and he's like, yeah. He's like the guy will let you try and all that shit. So, I'm like alright fuck it, let's go. We go over there and get some. It was relatively cheap, and I remember like I hit it on the foil one time and at that point one hit that stuff got me as high as me doing like two or three 30s at once. At that point in time, I didn't realize but it was pure fentanyl. It wasn't dope, wasn't regular heroin, it was pure fentanyl...

The “opioid crisis” can be understood through three distinct waves; the first wave involves the over-prescription of opioids, the second involves heroin, and the current wave involves “illicitly made fentanyl” (Sydney et al., 2022). These waves are reflected in participants' experiences with substance misuse and trafficking in the coalfields. Stephan shares that when the DEA started shutting down pill mills and arresting doctors, it was obvious to people who used what was coming next:

Yeah, everybody seen the writing on the wall when they started shutting those pill mills down and doctors. It was too late. It's like a lot of people think that it was a conspiracy. You know like the pharmaceutical companies knew what they were doing you know what I mean, like, that's, that's another story there. But I mean, we knew it was coming and people that were addicts, I mean. Let's just say, I don't know, say the neighbor lost his prescription, and then this neighbor lost his prescription. Like we knew it was coming. When the pill mills started shutting down, we knew that heroin was coming in. We knew people wasn't going to stop. It was just a matter of when it was coming.

Drug scholarship shows that legal and illegal drug markets operate by the same supply-demand model and often influence each other (Goode, 2023; CITE). Historical evidence and primary data show that the dominance of extractive industries has resulted in coalfield communities that are at high risk of chronic pain and injury, making them a target for pharmaceutical companies looking to profit from pain in the late 1990s. Prior to this targeted marketing, drug-related harms within coalfield communities were relatively nominal but rose steeply starting in the early 2000's. For example, the overdose death rate per 100,000 people increased from 6 to 52 between the years 2000 and 2018, a change of 731 percent (Vera, n.d.).

By the time the State stepped in to regulate the overprescribing of prescription pills, the demand for opioids and drugs that produced similar effects was already extremely high in the coalfields. In many ways, "it was too late." By cracking down on regulations, the State only limited the "legal" supply of these substances. This created a hole in the drug market that could be filled with illicit substances. Following this crack-down, the presence of more organized illicit drug markets increased in the coalfields. Stephan shares this progression in his own words:

I knew I had a problem. I knew that I was an addict. But it was just it was so abundant that there was no way like there was no way to get away from it; it was just everywhere. Yeah. Back then, even grandma sold pills and stuff. Yeah, it was. Yeah, it's different now. Nowadays, you got more like it's more organized. You have like, you actually see gangs come in from out of state and stuff. Back then it was more like everybody went to Beckley and got a prescription and sold them. Now it's like every, you know, you actually have drug dealers, you know what I mean, like...

Illicit drug trafficking organizations (DTOs) have been linked to substance use and crime in the coalfields since before the “opioid crisis” began. However, the increased demand associated with opioids widened the door for these markets. The federal government considers the Appalachian region a “High Intensity Drug Trafficking Area” (HIDTA). An archived drug market analysis of the region from 2007 states, “Members of street gangs and, to a lesser extent, OMGs (Outlaw Motorcycle Gangs) also distribute illicit drugs in the Appalachia HIDTA region; their activities are largely confined to Knoxville and Charleston, West Virginia...” (National Drug Intelligence Center, 2007). Outlaw motorcycle gangs in the region, like the Pagans, are largely known for the distribution of methamphetamine, and at least one of my participants, a white male in his 50s was a second-generation member.

Illicit drug traffickers looking to profit from the demand for substances in the region capitalize on the economic deprivation in the region and the rural backroads. The majority of participants in this study were involved in selling drugs at some point in their lives. Reasons for entering, leaving, and re-entering “the game” varied across participants. Some people were exposed to illicit economies through their family, friends, and intimate partners, while others were exposed through their drug misuse. What was common across these experiences was that selling drugs provided a viable employment option to participants and community members when they wanted or needed it.

Samuel shares how this played out for him while talking about the difficulties he faced finding employment post-incarceration, “Like I couldn't get a job when I was in Legends and Inspires (substance abuse programs). I tried to get a job at three different places. McDonald's even run a background check on me and wouldn't hire me.” I probed him further and asked if he

felt barriers to employment influenced him to relapse or pushed him back into a way of life he was trying to get out of. He answered by saying:

Yeah, cause' nobody would hire me and give me the chance. And I needed to do something to make some money. So that is what I done (sold drugs), knowing I shouldn't have been doing that. Because it would lead back to me using again, but I didn't think it would. But it did.

Drug trafficking organizations benefit from the socio-economic conditions created and sustained through corporate and State violence, like the way the coal industry does. The mono-economy created by extractive industries results in high levels of job insecurity, coupled with high rates of incarceration and the collateral consequences that come with it; this creates a desperate pool of workers from which organized groups and gangs can recruit. These conditions also increase the likelihood that individuals in the community will sell their own prescriptions (or their family members) or participate in lower-level drug trafficking to support their habit or to survive. Low pay among criminal justice practitioners also increases the likelihood of bribes and corruption in the coalfields.

Organized drug trafficking groups are also able to capitalize on small police forces and isolated backroads, staples of rural commutes. Stan shares:

No, because it's everywhere. It's just this, where I used to live in McDowell County, that is the gateway to here. They know they can come that way. And they ain't got to worry about coming through Beckley and other places. Like you can take back roads. You ain't gotta worry about the law or nothing. Like I found out, that's where most drugs come to Mercer County... is through McDowell County.”

He goes on to share how this influenced him in his childhood:

“And like I said, I got I got too smart, too soon on stuff like that. Like I am very. I'm not books smart; I am street smart. I got...I grew up in a street. I don't, like to say I got kicked out of school. I never had noticed that I didn't get the chance to get the good education like everybody else. But I got an education from the streets. And paying attention to stuff around me. You know, pay attention to people.

With high rates of drug trafficking and substance misuse come high rates of incarceration and drug-related harm. The prevalence of drug-related violence and harm has contributed to increased rates of adverse childhood experiences (ACEs) within coalfield communities. When talking about loss and childhood trauma in the region, Alex, who is a substance use disorder (SUD) counselor in the region, puts it like this:

They talk about that missing generation and stuff like there's so many kids, so many clients that I hear talk about that. And it's almost like they repress it, because the first time we talk about it, we do the ACE screener, and it's like, Have you ever lost a parent to divorce? Abandonment? Death? Any other reason? And they'll tell me no. And then we'll start talking about it. And they'll be like, well, those aren't my biological parents, or will always call my stepdad dad type stuff. Like a whole bunch of kids without parents. Just the grandparents and the kids because their generation of parents is basically dead or in prison.

Here, Alex is referring to the prevalence of children in the area not being raised by their parents, which was evident across participant narratives. According to Kids Count data, a project by the Annie E. Casey Foundation, as of 2022, 8% of West Virginia children (around 27,000 youth) were being raised away from their parents. (Annie E.

Casey, 2022). Children in the region who are not raised by their parents are often raised by their grandparents (Saab, 2019). The next section discusses the impact of historical trauma within the region on the adverse childhood experiences of participants and community members.

“Parents Never Learned to Cope” – Adverse Childhood Experiences & Learned Behavior

Adverse childhood experiences are common in the coalfields, and as mentioned previously, many of the adverse experiences that children routinely sustain in this area are not captured by the CDC’s Kaiser Permanente Adverse Childhood Experiences Study (ORISE, 2018). Trauma experiences have ripple effects and can be passed down to the next generation through several modes of transmission. Trauma can be passed down directly to offspring through epigenetic changes to a person’s DNA, which can alter how certain genes are expressed across generations (Jawiad et al., 2018). This type of transmission could not be captured by this research. We know more about how trauma can be passed down indirectly through psycho-social modes of transmission, and this mode was captured in qualitative interviews.

Sotero (2006) explains that maladaptive behaviors and related social problems, such as substance abuse, physical/sexual abuse, and suicide, directly traumatize secondary generations and are indirectly transmitted through learned behaviors. In the quote featured in the title of this section, one participant suggests that parents in the area never learned to properly cope with their experiences, leading to the intergenerational transmission of their maladaptive behaviors. The capacity for effective parenting in the region has been significantly diminished due to the pervasive impact of historical trauma. When asked about the losses and experiences that contributed to their substance misuse, most participants mentioned adverse childhood experiences.

An entire chapter could be written on the adverse childhood experiences of participants in this study, as well as the experiences of their children. These include but are not limited to physical, sexual, and emotional abuse/neglect, domestic violence, parental substance dependence and/or mental illness, incarceration of a parent, repeated ruptures in attachment, and death of an attachment figure due to overdose, drug-related complications, violence, and/or suicide. Most of the participants in the study experienced multiple adverse events during their childhood, the most common of which were centered around the substance misuse of a parent or attachment figure.

Justin was raised by his grandmother due to his parents' substance misuse. His recount of several adverse events during his youth provides a glimpse into the addictive nature of these experiences:

My mother passed away my senior year of high school, and that's why I dropped out. And two days after she passed away, I tried my first Oxycontin 40, and uh, it's been downhill since. Her autopsy said, massive seizure due to domestic violence is how she passed. So, like, my mom and dad separated when I was like seven, divorced. And I lived with my grandma. So, like she did whatever she did, you know, got with a violent ass alcoholic, and uh, I think he abused her a little bit.

Beau shares his experience, "Yeah, well, I grew up, like, watching my parents pretty much do drugs. I mean, they kind of tried to hide it from me, but you know, I mean kids, kids know. They watch everything." Parents attempting to hide their substance misuse from their kids was very common, especially when they were younger, and many participants report being exposed the most as teenagers. However, some participants' parents were less capable of keeping their substance misuse and dependence away from their children. Lala shares that although her relationship with her mother differs greatly from when she was younger, she was exposed to

“way too much.” She goes on to explain an adverse event from her childhood that sticks out in her mind:

It was my mom. I definitely seen way too much at a young age. Like, um, I remember my mom was shooting up one time, and like, this is not the person she is anymore. But my hands were so small, like I was trying to help her, like, stop the circulation of blood. Like you know, when they draw your blood. And like I was trying to squeeze her arm for her to be able to get high, but like my hands are too small. Like that is a very strong memory.

Jordan shares his experience with his dad’s substance misuse and how it contributed to him taking his own life when he was young:

I really didn't know, like, what happened with my father at first. Like, from what I understand as a kid, you know, I know a lot more now. But what I understood as a kid was that you know, my father committed suicide. So, you know, I just felt like he left me. You know or didn't give me a chance at that time. But as I got older, my, my dad, he, he was using drugs and you know, shooting up and he ended up catching HIV from shooting up. And it progressed into AIDS. Well, he's still committed suicide either way. But like, from what I understand, he hopped in front of a train. And I didn't never know, didn't understand the reason why.

One thing worth noting is that participant narratives about their substance misuse, their parents and attachment figures, and others in the community were influenced by drug definitions. Drugs can be understood through varying definitions. The most common definitions people use to make decisions regarding the use of substances are those based on their psychoactivity, their medical uses, and their legality. Definitions regarding legality and stereotypes regarding the

route of administration greatly impacted participants' exposure to substances and their use of substances.

Alcohol and prescription drug misuse was largely accepted and normalized among participants and their social circles, which was greatly impacted by views of these substances being "safe" due to their status as legal. The fact that prescription pills were prescribed by trusted doctors was also frequently mentioned. The use of other substances, like heroin, methamphetamine, and fentanyl, was less accepted and viewed as indicative of "problematic use." Stereotypes and misinformation about route of administration also significantly impacted substance misuse patterns among participants. Participants often viewed "shooting up," or injecting drugs, as being indicative of having a more serious drug problem and/or reaching a point that is hard to recover from.

Luke, who shares that his mom abused substances "on and off my whole life," shared that this was one of several rules in their family around substances. He says:

"So, we wasn't, we wasn't shooting up then. First of all, because like that, you know, my mom would make a very clear point. That if she ever caught me shooting up, that was it. You know what I mean? So I didn't shoot up like that"

The unwillingness of the State to adequately respond to drug-related harms and to help families and communities heal together perpetuates these cycles of substance misuse and trauma within the coalfields and in communities across the United States. Punitive responses do not disrupt cycles of maladaptive learning; public education, parental support, and harm reduction are far more likely to disrupt these cycles. This was clear in participants' narratives of their interaction with CPS as a child, the incarceration of their parents, and their encounters with the legal system. Derek shares that when he was ten years old, he "lost one person that actually gave

a damn about me.” He was referring to his father, who died in prison of cirrhosis due to complications with alcoholism and injection drug use. Derek shared this about his experience:

Well, pretty much my whole childhood was shit. Like my mom was swelled out with depression and her boyfriend's beating me. Like if I so much as made a peep like, they beat the shit out of me. I was to be seen and not heard. And I had raised my little sister, that was only a year and a half younger than me. So, I never really had a childhood, and my dad was in and out of prison for selling drugs and he shot a couple people. I remember him stepping out on the front porch because somebody was stealing something from him, and he Swiss-cheesed a car with two pistols. Like he was just a hard ass, he was the only one that really cared about me, but he had a weird way of caring about you. I could tell you more about living in prison by the age of nine than I could about living in life. And he died when I was 10, and that's whenever my substance abuse took off.

Several participants were system-involved during their childhood, some only through child and family services and others through the juvenile court system. Brad recounts that he became a ward of the state at around 13 years old when his mom lost her rights after several arrests and encounters with CPS. He shared that during his rights hearing, despite there being “no good or bad answer” to the questions he was asked that, “I didn't say nothing bad about my mother at all. I eventually got flustered and refused any more questions.” By then, he had already been to several group homes and had a pending case in the juvenile courts. He summarizes his experience:

So they hit me with a lick, and where I was already pretty much a ward of the state at that time, they already knew what the fuck was gonna happen. So yeah, I

went to juvie. I've been in, I've been in DRK. I've been in Lorrie Yeager. And I've been in Sam Purdue, which is down here. The only other time I've ever been down here. And yeah, in total, I did seven years, juvenile time. I've been to places in Huntington, I've been to places in Charleston. Uh, group homes. Longtime group home, phase two and three.

The State's unwavering dedication to the prison-industrial complex and punitive practices at every level of governance reinforce trauma within communities that are already severely traumatized. Out of the 30 interview participants in this study, 24 of them have children, some of whom have been exposed to their parents' substance misuse, lost their connection to their parents permanently or for some time, and/or experienced some form of neglect/abuse. This was apparent in participant narratives of their substance misuse and in what they were willing to share about their children's experiences. For many individuals, it seems that CPS intervention may have exacerbated the situation rather than alle it. This perspective suggests that CPS involvement, rather than providing the intended support and protection, has potentially intensified the challenges faced by families, contributing to further instability and distress.

Participants often articulated their challenging experiences of navigating CPS requirements while dealing with substance misuse by stating, 'I did everything I could.' This phrase underscores their relentless efforts and the immense difficulty they faced in trying to comply with CPS demands. Their testimonies reflect a profound sense of striving to meet expectations despite the overwhelming obstacles presented by their circumstances. It is evident that deficiencies in coping and accepted parenting skills, rather than motivational deficits, constitute the predominant challenge. Additionally,

substance misuse can exacerbate obstacles to effectively utilizing available skills. Nevertheless, participant narratives vividly illustrate a deep-seated affection and commitment to prioritizing the well-being of their children.

Resources should be dedicated to helping families heal through holistic, peer-lead, trauma-informed programs. Impairments in the capacity for parenting among participants in this study have been significantly impacted by the historical trauma of the collective and not only influenced by individual or familial “failures.” The State fails to uphold its side of the social contract (see Hobbes, 1651) and allows these patterns to continue in communities by designing and upholding a system that profits on their demise. These narratives only reinforce the need for trauma-informed practices that reduce harm and end cycles of trauma.

Cumulative Loss of Life

In addition to adverse experiences and traumatic losses during their childhood, participants also experienced these events as young adults and further into their adult lives. The most notable sign that historical trauma has been a factor contributing to substance misuse and related harms within the region is the cumulative loss of life shared across participants’ lived experience and their connection to the trauma response. The most significant loss reported by participants was loss of life due to suicide, domestic violence, and/or drug-related deaths; every single interviewee in this study lost a loved one due to one of these causes.

Most participants lost multiple people to these causes over a rather short period of time; for some, this was over a few months, and for others, it was a few years. Before getting into these experiences, I want to provide a trigger warning and state that these accounts are shared not for their shock value but to provide readers a glimpse into the level of loss experienced by

members of this community. It is also important to note that these experiences were present across individuals regardless of protective factors, like socio-economic background or education.

Jay is currently working in recovery. Like other participants, when asked about significant losses that contributed to his substance use, Jay brings up a long list of people he has lost in his life to these causes. He was very close to his cousin growing up, and they were around the same age in college. His first major loss came when he was young with the death of his uncle, he states:

So, he kind of let me backtrack a hair. So, my cousin I was living with at the time, his dad was a bipolar, an untreated-unmedicated bipolar cocaine addict when we were kids. He was also the head of the state parole board. He killed himself when we were like six or seven years old, because of the substance use and mental health issues.

Jay then shares that while he is in college, he loses his cousin and childhood best friend, which is quickly followed by the loss of his dad to cancer in 2016. He shares:

And then August of 2010. My cousin overdosed, my cousin whose father killed himself when we were kids...my cousin overdosed in front of our family when I was home on break and passed away; I think that was August. Man, I think it was August 16, 2010. August 10th. Anyway, and then six months later, my best friend Daniel who was a United States Marshal, best friend growing up. And he was shot and killed serving a warrant in February 2011.

Jay brought in a picture of himself and his cousin to share during his interview, stating this photo and a few others from his childhood represented “better times.” Luke also shares that he lost four people within three months, including his mom, his aunt, his uncle, and his cousin.

This all happened in 2016, and he would have been around 23 years old at the time. He mentions, "I really haven't dealt with it technically. It's part of this program is dealing with everything." As he reflected on this really traumatizing time in his life, he tried his best to share what happened:

And what was even terrible about losing her (his mom) was like, in this like three months span. As they my, uh...well let's see it was one of my, I call him my Uncle Tony and my mom, my aunt Stephanie, and my aunt Juanita were all moving into this house. And as they're moving in. Tony dies in a car, a car accident. The thing decapitates him. The hood comes back as they're moving into the house. Right? So, when they get moved into the house, my aunt Juanita is coughing and falls back and then aspirates on herself. And so, she passes away and this is all within like a two-month span.

He mentions that the death of his uncle was due to him "nodding out" and then rolling into traffic and that his aunt was "already sick." He then goes on to explain that not long after this, he loses his mom and his aunt.

And then my mom, Stephanie, it was just hurting Stephanie. At this point. Stephanie went to the kitchen. My mom was on the bed. She was working up a shot. I think she did her shot or was getting ready to do her shot. And Stephanie went into the kitchen and come back and mom was just like staring off in the space and she was like, you okay? And she didn't respond. And then she, mom started talking out her head and Stephanie called the ambulance and by the time the ambulance got there, she was like comatose pretty much. She was just like,

non-responsive and stuff. So they took her to the hospital. She dies. And then like two weeks later, Stephanie dies all in this short period.

Brad shares the losses he experienced. His grandmother passed away while he was in a juvenile detention center in Pennsylvania, and he was able to come home to be a pallbearer at her funeral. He mentions that his mother had to make the decision to “unplug her” and “I think that's where my mom's mental illness started to bear a toll on her and her alcoholism and drugs. I think she's doing meth at the time. This is whenever the ‘methodemic’ hit route 17.” Not long after, Brad moved back home to “Route 17” and began living with his mom and uncle.

He mentioned that not long after moving back home, his uncle died and that not long after that, his mother “...burnt down the family trailer, the one had to free water, free electric.” He goes on to explain in more detail, “First she burned it, she ran through the house pouring mixed fuel. And then she sat there. I eventually had to throw her out of the house and plus a couple bags, my clothes.” Following this incident, Brad begins living in a tent “right next to the ashes.” After a few months a rainstorm floods their tent he mentions “I was staying with her and it rained real hard and I guess she's just fucking snapped.” He elaborates on the rest of this day, which ended in his mom taking her own life:

We got into it. First, it was yelling and screaming. My mom she always wore she always had diamond rings, always even on her thumbs. And then she started- started trying to swing on me and stuff, and so where I did all that juvenile time, I saw a lot of people get restrained and took to the ground. And so, I knew the restraining techniques and stuff, so I restrained my own mother. I don't know man, I mean it's the only physical altercation I really got....I guess I said a bunch of shit to her that I probably shouldn't have said, a lot of shit. I guess I had so

much anger and resentment where she'd burned down the house and stuff. And shit, I'd been away from her so long and um this was June 8th because we got our food stamps on the seventh. It was June 8th, 2017. And so we split ways. I even told her she is a worthless piece of shit and she should just fucking shoot herself in the head. And I reached...at that point in time, I didn't really understand mental illness as much as I do now. So later that night, I took off one way fucking to go get high. Forget about my problems and shit.

He explains that he went to hang out with some friends for a while and that later that night he was walking down the street when a group of girls he knew stopped him:

Yeah, but yeah, later that night a group of girls four or five girls stopped me. They were in a bronco. And they stopped me and they was like. So I was walking down the street, I was still pissed off from the day and getting stoned and shit. And they was like, Brandon is your mother. And they was like, stop Brandon, it's your mother. And I'm like, what about her and like she's dead. And I'm like, your full shit. And I'm like no really is a serious your mother's dead; she committed suicide.

Each of the deaths shared above not only had ripple effects in the lives of the interviewees but also in the lives of their families, friends, and community. The frequency and severity in which people lose their lives to domestic violence, suicide, overdose, and drug-related violence in the coalfields is unprecedented. While in the field I had several informal conversations with community members and attended several events related to the topic of substance misuse. During these conversations and events, it was apparent that loss of life due to these causes was also common across members of the community, not just common across

participants in this research. Loss was a theme early in observations. During my second week in the field I attended Healing Appalachia, an event that is explained in more detail later. At this event several people shared their stories and experiences and one speaker, the mother of an individual who died from overdose, shares how it affected her lived experience.

I really thought he'd beaten it. He thought he'd beaten it. And the very first night he got home, he went out with his friends. Seven days later, his alarm was going off because he had a job interview. And he didn't get up. And I went and opened up the basement door. And I knew when I looked down the steps, because there was an orange syringe cap laying in the foot. And I went down those steps. And I, I can't tell you how I found him. But I found him. And it was the most horrific day of my life... I suffered from acute anxiety, I had panic attacks, I thought I was going to die. I became very apathetic towards my life. And I didn't really care if I lived or died. I mean, yes, I have other children. But you don't replace the one that you lost. You can't replace them there. It's an empty hole. I went to see a cardiologist because I thought that I was having a heart attack.

Losses like these have significant impacts on the psychological well-being of individuals and the community. Individual and familial explanations alone have proven insufficient in elucidating the concentration of substance misuse and drug-related harm in the central coalfields of Appalachia. However, when these personal and familial experiences are collectively analyzed at the community level through the lens of historical trauma, a more comprehensive understanding emerges. The cumulative loss shared by interview participants, and observed within coalfields communities, is at least partially indicative of historical trauma's impact. This is a theme that needs to be explored more in the next wave of this research.

SET

The impact of historical trauma has deteriorated the *set* of coalfield communities; it has also impacted community mindset indirectly through its impact on *setting*. Participants frequently discussed the negative mindset of the people around them, discussing a divide in their community: those that use or have used; and those that don't or haven't. When describing people who misused substances, they often referenced a fatalistic mindset toward recovery and people feeling “stuck” in their situation. When referring to other members in the community they often referred to the negative stigma fueled by stereotypes, lack of understanding, and apathy that is still prevalent toward people with SUD and/or those who are system involved. The lack of opportunities and socio-economic destruction in the region can add to these negative emotions, as one participant notes, “Like, this town kind of depresses me because there's nothing going on in it.”

Physical Health

As discussed in Chapter 2 the effects of state-facilitated corporate violence on the set of coalfield communities have resulted in residents with heightened risk for injuries, chronic pain, and poor health outcomes. These physical conditions have contributed to heightened risk for substance misuse, especially opioids. Participants in this study reported injuries related to sports, work, and car accidents. Alex has counseled several of the participants in this study in his position as a SUD counselor he shares that, “A lot of people talk about being injured in the coal mines. And that's how their opioid addiction started.” Other participants mentioned the chronic pain and physical stress from working in labored industries.

Samuel shares that his dad, who was an alcoholic and “dabbled in pain pills.” He got kicked out of the house and dropped out of school when he was young after an altercation with

his dad in the front yard that resulted in “about six state troopers” showing up to his house. He mentions that his dad worked for the Norfolk Southern railroad but received early retirement and disability after a work-related injury. He mentions that his dad was a functioning alcoholic “until he got pinned in between two machines. Somebody showed up to work drunk and they pinned him in between machines.” Jay shares more about the prevalence of people being under the influence while on the job, “So you've got the opiates, whether it's heroin prescription pills to help with the pain, you got the methamphetamines to keep you up for working 80 hours manual labor a week. And I think that's where a lot of it comes in.”

Participants also mentioned having loved ones who passed from “Black Lung” and knowing people with respiratory health complications from living around coal dust. Beau shared this about his grandfather: “Yeah, he had black lung. Yeah, he was just, he was always coughing and hacking and stuff. And oh, yeah, he got a piece of coal, land[ed] on him and broke his back.” Stew says, “Yeah, my grandfather had black lung too and still worked 20 years. But he worked in steel mills up there too. So, he thinks a lot of the dust and dirt had to do with working in steel mills too.” Although participants mentioned this about their grandparents, modern health risks show that “Black Lung” in Central Appalachia is not an issue of the past but an ongoing health risk for miners.

Miners are not the only community members who are at high risk of respiratory problems, people living in the Central Appalachian region are disproportionately impacted by lung disease and pulmonary health risks. Researchers posit that this is due to a combination of occupational and environmental hazards, as well as challenges related to healthcare access, substance use, cultural characteristics, and social capital. Recent investigations show that Black Lung is afflicting younger miners and advancing more rapidly to the worse stages of the disease

(Berkes, 2012; Blackley et al., 2018). This issue is significantly worse in West Virginia, Kentucky, and Virginia where the resurgence of the disease is greater than anywhere else in the country (Blackley et al., 2018; Berkes & Lanciniese, 2018).

In 2018, epidemiologists at the National Institute for Occupational Safety & Health identified the largest cluster of the disease ever reported at three clinics located in these three states. The prevalence of the disease is high and progressing rapidly, and in younger populations. The NIOSH confirmed 416 progressive cases of Black Lung between 2013-2017 at the three clinics, and in the year following the conclusion of the fieldwork 154 new cases were reported (Berkes & Lanciniese, 2018); these numbers are thought to be a major underestimate. The clinics are operated by Stone Mountain Health Services; Ron Carson directs the Black Lung program there and in 2018 was quoted stating that in the 1990's the program would see 5-7 cases a year and now they are seeing that many a week.

Hyperfocus on Coal Workers' Pneumoconiosis (CWP or Black Lung), especially in its severe stages, has overshadowed the burden of other lung diseases that miners have always been at risk for including chronic obstructive pulmonary disease (COPD), lung function impairment, and lung cancer (Almberg & Cohen, 2023). Coal dust (silica) regulations do not protect miners and a recent study conducted by the CDC revealed two noteworthy findings: (1) coal miners have significantly increased odds of death from CWP, COPD, and lung cancer and (2) mortality rates have worsened over time with modern coal miners (those born after 1940) facing greater risk than their predecessors (those born between 1920-1939). This report also reveals that miners in Central Appalachia face the most severe risk, with those born after 1940 facing 8 times the odds of dying from nonmalignant lung diseases than their counterparts in the general population (Almberg & Cohen, 2023).

“People Here Feel Bad and Don’t Know They Feel Bad” – Mental Health

The generational effects of historical trauma on various fronts, and individual level traumas, have also contributed to residents having higher rates of depression and PTSD, which is often accompanied by feelings of hopelessness and/or fatalism. Secondary research presented earlier provided evidence of a “mental health crisis” in the area, which is indicative of a community set that is conducive to substance misuse. Alex is originally from North Carolina and moved to the southern West Virginia area when he was in college. He attended treatment at a facility in the region and is now working for that same facility as a SUD counselor. His life experience both inside and outside of the region, as well his experience as an SUD counselor, puts him in a unique position to speak to what it is about the region from an “insider-outsider” perspective. When asked what it is about the coalfield region that influences the level of substance misuse observed, his answer reflects the influence of *setting* on the *set* of the community members:

You know, I think this is the first place I've ever lived. I'm sure I have lived places like that before, but this is like the first place I've ever lived where I was like really around people who never imagined living or going somewhere else. Like, they talk about how like educational curriculums and structures and stuff. And the one I went through (as a child) suggested to me like I had the opportunity to, like, do anything I wanted to, like heavy on innovation, and entrepreneurship and stuff. And I remember one of my professors at Marshall told me and was like the West Virginia education system is made to create workers and employees. And I believe people can feel, the German word for it is like Schuldgefühl or something, like existential angst. I've met so many people who will, that come into treatment,

and they fight me tooth and nail, telling me that they're not depressed or anxious, even though their scores are off the charts. Then six months are about so what's different from when you got here? And they're like, Well, I'm not so depressed anymore. What do you mean, you'd always told me you weren't depressed? And they're like yeah, I didn't want to admit it. I didn't think was I didn't know what it was like, people here feel bad and don't know that they feel bad.

This quote speaks to how every aspect of life in the coalfields has been conditioned by extractive industries, including the education system. In West Virginia, half of the schools (336) are classified as Title I, meaning they have a higher percentage of lower-income students that can sometimes face significant barriers to achievement (Kercheval, 2019). Communities with high levels of poverty often face significant disparities in educational opportunities, which rolls over into the employment people can secure as adults. In the coalfields a lack of educational opportunities and vocational programs geared toward labored work not only reinforces inequality and ensures a workforce for extractive industries, it also contributes to higher rates of hopelessness, fatalism, anxiety, and depression among lower-income residents.

Drug scholarship shows that people use substances for a variety of reasons: to feel good or stop feeling bad, to perform better at work or school, and to cope with negative emotions (Goode, 2023). The list goes on. Comorbidity, the presence of two or more disorders simultaneously or sequentially, is prevalent among individuals with substance use disorders (SUDs) and mental illnesses. According to the National Institute on Drug Abuse (NIDA), in 2018, 37.9 percent of adults with SUDs also had mental illnesses. Additionally, 18.2 percent of adults with mental illnesses also had SUDs. All the individuals in this study were currently in

treatment or recovery for their SUD, more than 50 percent (16 out of 30) participants in this study reported having anxiety, depression, and/or PTSD.

When it comes to continued substance misuse and addiction, the reasons why people continue to use despite negative consequences can be more complex and usually includes physical, psychological, and social influences. Participants in this study frequently shared that the main reasons they continued to use substances despite negative consequences was due to their substance use disorder (physical and psychological dependence) to cope with physical pain, to cope with negative experiences/emotions, and/or to feel accepted. Shay shares his feelings on this:

I mean, I feel like I was running from my past a lot. I've had a lot of fucked up shit happen to me when I was younger. Like, my dad put his hands on me. I got attacked by a dog, fucked up. Shew, I got touched when I was a kid by a babysitter. Just off the wall shit. I mean, I almost killed my best friend. Well, I thought he was my best friend. He set me up to get robbed. And I ended up stabbing him in another dude and almost took their lives. It was self-defense. But a lot of trauma happened at a early age. For me to continue to use. Yeah, I feel like it. I didn't have a lot of friends either when I was younger, like I'm not making excuses, because I mean, I obviously used on my own behalf. But like, growing up, it was a way that I felt I was accepted.

Peter shares a similar sentiment about why he and other people continue to misuse substances despite the “madness” it can bring to their lives.

Really the pain, the trauma, and what you've been through as a kid and don't know how to turn that negative into a positive and deal with your emotions. We use, we

use just to take our emotions out of the equation. That's the only way that we know at the time, that we use is to block the emotions and the feelings that we do have.

In the coalfields, where people have experienced increased levels of cumulative loss, people are continuously in various stages of grief and surrounded by constant reminders of what has been lost. This contributes to a community mindset characterized by high rates of apathy, depression, anxiety, and emotional stress. The need to cope with these emotions, a lack of pro-social outlets, and learned maladaptive behaviors contribute to concentrated substance misuse in the coalfields.

Sotero (2006) states that secondary generations experience vicarious trauma through “collective memory story tell and oral traditions.” People in the coalfields are aware of how their communities have been impacted by State and corporate violence. Stephan says:

West Virginia has been exploited from for 200 years, you know, like we got all these natural resources and all this coal and all this money here that should have been pumped back into our area, but we was stupid, well I shouldn't, we were uneducated. And our grandfathers and stuff, you know, they had these businessman come out of Richmond and they knew exactly what they were doing there. You know, and they exploited us. Even like so much like my godfather, my next-door neighbor to my mom. He's 70 years old and he tells me about when he was a boy in Marfork holler. There's Marfork Coal Company up in that holler back home now. But he tells me when he was a little boy, he can remember his dad and then living in up in Marfork Holler and the coal, the company men coming down there and buying them out and stuff. And this happened in his life. He's 70 years old.

Narratives like this, not only about “King Coal,” but about other industries and “the government” are common in the coalfields. Traumatic events at the hands of industry and the State have become embedded in the social memories of the coalfield population. This was evident in participant narratives and in the storytelling traditions of community members at local events.

PHOTO-VOICE NARRATIVES

Six of the thirty participants in this study brought photos with them to the interview. The photos that participants brought were analyzed in connection to their narratives. Before the interview, participants are informed about the purpose and process of photo-elicitation; they were informed that the photos are meant to encourage memories or more nuanced answers to the interview questions. During the interview, participants present their selected photographs and were invited to discuss the memories and meanings associated with them. The images were utilized as prompts to encourage detailed storytelling and deeper exploration of the participant's experiences. The photographs brought into the interview process by participants are not analyzed in isolation. Instead, they are examined in conjunction with the narratives shared by participants while referring to the photos. This combined analysis allows for a more comprehensive understanding of the participants' experiences, as the visual and verbal elements together provide a richer, multi-dimensional perspective.

The most effective method for including the photos in the interview was to have them readily available for participants to reference throughout the interview process and to ask about them at varying stages of the interview. This ensured that neither the participant or interviewer forgot about the photos and that they were referenced organically throughout the interview and not only at the end. The integrated analysis of photographs and participant narratives helped to

add more nuance to some of the underlying themes and patterns in this research. In comparison to interviews where participants did not bring photos, interviews where participant-driven photos were utilized tended to be more nuanced and had an added level of richness. Overall, the use of photos in the interview increased the quality of participant answers.

Photos were used across this subsample of participants to provide a visual reference for certain losses and emotions they experienced and to explain certain stages of their life. Participants brought in photos of themselves at various stages of their addiction and recovery, photos of their children, photos of family members they lost, and their own artwork. Three out of the six participants brought in pictures of family members and/or friends they had lost, referencing these images when speaking about significant losses that influenced their substance misuse.

Other participants used the photos to reference certain stages of their life and emotions they were feeling during those stages. For example, Jane brought with her a few drawings that she completed while incarcerated. She shared that drawing was a way to express herself while “going through my legal issues.” The first sketch she shared was of her face with tears falling out of her eyes and in the top left-hand corner was the phrase “beautifully broken.” The second was a brick wall with barbed wire like you would see on top of a prison perimeter. In the middle of the brick wall there was a heart and inside the heart were cell bars. Written in the bricks above and below the heart was the phrase “Only God can judge me; so judge me not.” Jane described her art:

The first one was designed with me beautifully broken. It basically you know, represented the fact that you know, I knew I was a beautiful person, but I was broken inside and that's how you know I express myself with that. The second

drawing was a heart with jail bars, and you know, the bricks and everything and only God can judge me, because of the fact that you know your judged so harshly when you have a background or when you have a substance abuse issue.

The sample of participants that brought photos was small and is currently a limitation of this research. This is expected to become less of a limitation as additional waves of this research are complete with other members of the coalfield community. This will be discussed further in the next chapter which will include a discussion of the limitations and policy implications of this research, future waves of this research, and concluding statements.

WHERE DO WE GO FROM HERE?

Practitioners, counselors, researchers, community stakeholders, and community members in the coalfields are actively watching the impact of historical trauma usher in the next phase of traumatic experiences for their community. After speaking with me about my research, a second-grade teacher in the coalfields shared how helpless she feels in the face of such cumulative trauma and stress. Knowing that the interviews in this phase of the study are with system-involved adults in treatment/recovery, she is quoted saying, “I’m getting them when they’re going through it, and you are getting them years later after it has severely hindered their mental, cognitive, and behavioral processes.” Members of coalfield communities recognize the macro-level factors that impact life in their communities; they recognize, partially due to their community history, that meaningful change is not going to come from the top-down.

Despite the presence of state-funded programs aimed at providing support to communities, these programs often fall short of meeting the basic needs of the communities they serve. This same teacher describes the Communities in Schools program, which serves 272 schools across the state of West Virginia, including hers. The mission of this program is to

provide community support for basic needs and supplies that will facilitate student success (CISWV, 2024). In her school, they have a food pantry and clothing closet for students that is funded by the state, but they also accept community donations. However, this teacher also has a snack pantry and grooming/clothing items in her classroom for students to fill gaps in student needs that are not met by these programs. She states, “Programs like these in schools often fall short of meeting the needs of students in their community.”

This is reflective of a larger trend in the coalfield communities and across the state of West Virginia. Although state-funded programs and resources are available, they fall short of meeting the needs of their communities or have criteria that prevent community members from accessing their services. Across the state of West Virginia, grassroots organizations are working tirelessly to fill these gaps in services, sometimes with little support or undergoing full-blown legislative attacks from State representatives. The next chapter will discuss the trauma-informed practices being implemented in the region and why their ability to account for the effects of historical trauma in the region is extremely limited.

CHAPTER VI

EXPLORING TRAUMA-INFORMED PRACTICES

The way we frame social problems in our communities significantly influences how we respond to them. Historically, the concentration of substance misuse in the coalfields has been framed as a “problem” rather than a trauma response. This has greatly impacted the way that lawmakers and communities have responded to drug-related harm and violence. Responses in the coalfields have historically been characterized by the criminalization of disorder and punitive responses to social issues (Perdue, 2016). In many ways, not much has changed. The last chapter provided results that spoke to the first and second research questions. This chapter provides results that speak to the third and final research question, broken into two parts: (3a) What trauma-informed practices are already being implemented within the region? (3b) How do they account for the impact of historical trauma?

Data collection and analysis were centered on practices aimed at preventing and/or reducing substance misuse and related harm in coalfield communities. Utilizing a holistic framework, this includes a wide range of practices that are aimed at the physical, psychological, and social influences of substance misuse and related harms. Trauma-informed practices and services in the coalfields can be separated into two categories: (1) those offered through treatment facilities and (2) those offered through grassroots community support. Two major themes were evident when analyzing trauma-informed practices in the coalfields: (1) evidenced-based, trauma-informed practices are becoming more prevalent in responses to substance misuse and (2) these practices are not being implemented equally across coalfield communities. When

analyzing these practices several sub themes also emerged and are discussed in more detail below.

“I DO THINK IT’S GETTING BETTER” – TRAUMA-INFORMED RESPONSES

Trauma-Informed Treatment?

A lack of diverse evidence-based treatment programs throughout the coalfields was obvious, and distressing. Treatment facilities throughout the state are privately owned and operated or non-profit facilities funded through grants, state-funding, and private donations/fundraisers. Treatment is not a “one size fits all’ solution”, and individuals seeking treatment have unique needs including those associated with co-occurring mental and physical health issues, and varying social needs related to family, their job, and legal issues. It is important for community members to have access to treatment facilities that offer different levels of care and services, especially in communities with concentrated substance misuse and related harms. However, this is not the case in the coalfields.

There are four principal types of SUD treatment programs: (1) medication assisted treatment, (2) live-in therapeutic communities, (3) out-patient programs and drug-free housing, and (4) self-help peer groups like Alcoholics/Narcotics Anonymous (AA/NA) (Goode, 2023). The American Society of Addiction Medicine (ASAM) provides criteria for the placement, continued stay, transfer, and discharge of individuals with addiction and co-occurring conditions. These guidelines help patients, and their supporters find the appropriate treatment and understand the care they will receive. Facilities vary in their treatment services and levels of care; some offer a full continuum of care, while others may provide a single level and will sometimes coordinate transfers for further treatment if needed.

The state of West Virginia lacks the health infrastructure necessary to coordinate a full continuum of care for individuals with substance misuse issues. When discussing levels of care in West Virginia a professional who works all over the state shared that “West Virginia has no 4.0 levels of care, which is like the hospital-based recovery stuff. I don't know of any 3.7 levels of care...” The majority of facilities statewide, particularly in the southern coalfields, predominantly provide level one and two services encompassing varying degrees of outpatient care up to partial hospitalization. However, there exists a notable deficit of level three facilities offering residential inpatient services.

This means that the ability for programs in the state to provide treatment and services to coalfield communities facing high rates of comorbidity is severely limited. Most of the programs in this state are short-term facilities that offer non-medical detox, 12-step programming, outpatient services, and/or medication assisted treatment. There are some facilities that offer more long-term placements with a wider range of trauma-informed services; however, there are fewer of these programs, they are not conveniently located, are often privately owned and operated, and/or have limited “beds” (space for clients). Facilities that are not grant or state funded usually prioritize clients that have private health insurance, which is problematic in a state like West Virginia where a large percentage of the population is on Medicaid or Medicare. Few facilities in the state offer dual diagnosis treatment, despite many being marketed as such.

Dual-diagnosis and treatment is an evidence-based, trauma-informed approach to helping people with substance use disorders. It is a treatment style that addresses individuals who simultaneously experience mental health disorders and substance use disorders. This integrated approach aims to treat both conditions concurrently, recognizing their interconnected nature (Kelly & Daley, 2013). When correctly applied, Integrated treatment for co-occurring disorders

is consistently more effective than treating each disorder separately with individual plans. Lack of integrated treatment options was evident in observations and confirmed by participant narratives of the services available to them in the region. As one participant states:

So, I do think that trauma informed care is being practiced a lot more. I don't know that it's really trauma informed care specific. But I do think like, in my experience...you know, my therapist was also certified in, in like trauma informed care. So, like, we did a lot of stuff and seeing how that was affecting like my decision making and all that. But I also, I do think it's getting better. We also don't have any mental health primary treatment centers in the state. You know, we have a lot of places that the market dual-diagnosis, but I don't know that any of them are like, true dual- diagnosis, like, yes, we, this is all anonymous, right?

After reassuring that interview responses would remain confidential, he goes on to elaborate by saying,

The majority of programs in the state market dual diagnosis, and like I've previously worked for a company that was true dual diagnosis, and I don't believe that any facility in the state is offering like true mental health and substance use treatment. Like we might be able to treat some of the symptoms in the mental health but not like true substance use and mental health treatment.

Lack of dual diagnosis treatment facilities is reflective of a larger problem in the state of West Virginia regarding its mental health infrastructure. This state has faced a decades-long shortage of mental health care providers and lacks adequate in-home and community-based services, creating life-or-death situations for those in crisis (Beck, 2024). This shortage has

resulted in long wait times for mental health assessments and treatments, infrequent services that fail to meet needs, and an increase in people being institutionalized (Williams, 2021). This is especially true for children in the state who suffer from serious emotional and behavioral health disorders.

In 2015, an investigation into the state's system of care for children in need of mental health services conducted by the U.S. Department of Justice found that the state fails to comply with federal law and is in violation of the Americans with Disability Act (ADA) (Department of Justice, 2019). This means that children are not getting the early intervention needed to overcome emotional and behavioral distress, which contributes to the prevalence of mental health issues and substance misuse among the adult population. A lesser-known fact is that individuals with SUD are protected by ADA laws; however, in a state that is unable to comply with these laws for a protected group like children, it is highly unlikely they are complying for adults in need of SUD treatment. The lack of mental healthcare infrastructure in the state, in combination with the growth of the carceral apparatus and militarized police forces, has contributed to the criminalization of disorder and people in crisis being incarcerated rather than diverted to services. (Trey & Haavik, 2023).

A Case of Conflicting Practices - New River Recovery Center

There are facilities in the coalfields making changes to become more evidence-based and trauma-informed in the services they offer. For example, New River Recovery Center (NRRC) is a peer-driven 12-step program that utilizes the "Recovery Dynamics" curriculum. This curriculum combines textbook (the "Big Book") curriculum with group sessions led by certified counselors in residential treatment. The facility does not offer mental health counseling in house but assists clients by coordinating these services in the community if requested. Recent changes

observed within one of NRRC's facilities verify Jay's assertion; things are shifting in the right direction, but slowly.

In 2019 the nonprofit launched its sister company, a licensed behavioral health center to provide mental and behavioral health services. In July of 2023 NRRC began offering in-house behavioral health classes at two of its locations in addition to the 12-step curriculum.

When asked what services offered to them are the most effective at helping them maintain their recovery, and/or what services they think are the most effective, the most common answer across participants at this facility was the education they are receiving through the behavioral health classes. Samuel, a client at NRRC, shares that people need to be able to understand their addiction,

And understanding, like, they don't just do rehab here. They do classes on the brain. And how chemicals in the brain gets addicted to the chemicals you put in your body, and how it becomes dependent on it and teach you stuff like that

Other answers participants provided included, working the steps, their faith, and the peer-driven services. When speaking about the behavioral health class, clients at this facility almost always mentioned the counselor that teaches the class, Alex. He relates to his clients on almost every level. Aside from being an SUD counselor who just completed his master's degree, Alex is also in recovery, having completed the NRRC program he now works at, and has a criminal record. During observations of the behavioral health class, participation among clients was high; the men were engaged and asking questions, and there were several evidence-based pedagogical techniques being implemented. It was clear that the class being peer-driven had a significant influence on the engagement and openness of the clients within the classroom setting.

Fellowship among people with “common peril,” and the staff/counselors being other people in recovery was the second most common answer to these questions. Peer-driven services are evidence-based and trauma-informed, and they have a variety of benefits especially with justice-involved populations (Ray et al., 2021). Most of the clients at this facility had a criminal record, were justice-involved, experienced severe trauma, and all of them were trying to overcome substance misuse issues. Peer-support and being able to connect to others’ experiences was mentioned frequently by participants; it influenced their willingness to open up to others, seek out additional services, and their confidence in their ability to overcome their substance misuse and mental health challenges. At NRRC, the men regularly mentioned the “community” and “brotherhood” they gained through a peer-driven facility.

Despite being trauma-informed in these ways, there is a significant amount of room for improvement at this facility. This program is one of the only programs in the state that the Department of Corrections will send justice-involved people. It has a reputation for being an extremely hard program to complete, which is influenced by the population they serve. Staff at this facility mentioned they not only help clients with substance-related issues but also have to teach a large portion of them “basic life skills.” This is expected, considering that most of the clients entering this facility have spent a significant portion of their lives living with active addiction or incarcerated.

To “manage” and “control” client behavior, some of the tactics utilized in this facility are counterproductive to the trauma-informed practices being implemented. For example, the facility participates in the “collective punishment” of clients for minor infractions like leaving the lights on when exiting a room, dirty community spaces, or leaving items lying around the facility. Punishments at this facility are called “issues.” Individuals, the entire building, and/or small

groups can receive issues. Once a client receives six issues they are sent to “detox” for an allotted amount of time, which means their programming is paused and they cannot attend meetings, leave the facility, contact their family, etc. At this facility they have non-medical drug detox and then they have “detox” as punishment. When clients are sent to detox for punishment, they receive prompted writing assignments they must spend their time completing. As Jake shares:

And you're in it for two weeks. You get 10,000 words you got write. You can't use a phone. You can't eat snack at night, with everybody so like. Um, I feel like, you know it forces people, causes people to leave.

Manny also mentioned that collective punishment at the facility adds unnecessary stress and was visibly frustrated with the process:

Like, you get issues here. That's not even your problem. You know what I mean? So how they I deal with your behaviors on somebody else's, like if you leave the bathroom light on here they give you an issue. The whole dorm, you know, I'm saying, so I'm like...Like I'm in detox right now, for stuff that I didn't even do. Because when you get six issues, they put you in detox, and make you write 10,000 words.

Overall, participants in this facility spoke positively about NRRC. However, almost every one of them mentioned that this is a practice they feel needs changed and hurts client progress more than it helps. Some participants also mentioned that this is a practice they have stopped using at other NRRC facilities, but it remains intact at the Bluefield facility, which receives most of their justice-involved clients. The prevalence of system-involved clients entering this particular NRRC facility may contribute to staff’s dedication to these collective punishment

practices. However, more research at other NRRC facilities is needed to confirm or deny this assertion.

Accessibility issues emerged as a significant subtheme in participant narratives concerning their writing assignments and reading materials. Many participants revealed they face challenges related to mental health disorders and cognitive delays stemming from chronic substance misuse. These conditions often exacerbate the difficulty of completing the extensive reading and writing assignments required by the program. Consequently, these individuals experience heightened stress and barriers to success, emphasizing the need for tailored support and accommodations to help them effectively engage with and complete their programming.

Shifting Social Responses

Overall, there seems to be a shift in responses to cases involving individuals with a substance use disorder in courts, corrections, and CPS. It seems that there is more of a willingness to divert individuals from jail to drug-court and residential treatment facilities. Lo shares the following about her experience with CPS the second time around:

Um, but definitely, and I think definitely, because like with these second charges, they're definitely a lot more serious with the child neglect. I mean, I do think that it was definitely time and I definitely see a difference with the CPS system than from the first time I was had that case. And then now, I think it is getting better.

Lo is from a Raleigh County and stayed closer to the downtown area, which has impacted her experiences. Punishment is significantly influenced by place; CPS and criminal legal professionals in the most rural parts of the coalfields are more attached to punitive approaches for drug users than those working in more metropolitan areas. It is possible that this is influenced by the personal biases of professionals and the lack of treatment options in rural spaces as

compared to metropolitan areas. Lala is from a very rural part of the state, and she shares this about the judge in her case:

She told me, she (parenting provider) told me that I had the hardest judge, which I do. I have the hardest judges in the county to do reunifications he doesn't have very many reunifications in his book. He's got that like standard like once a drug addict always a drug addict and he lost somebody he loved to drugs. So he is strongly mean.

Earlier in her interview, while describing the area she is from Lala shares this:

It's very beautiful. It is a lot of country, there's yeah, a lot of country...But there is no NA, AA, like whatsoever. There's no rehab, not even one rehab in Webster County. And there's like harsh judges towards like, both of them, you have two judges and they're both very harsh against people who use, like substance abuse. And it is a wonderful county, though, but at the same time, like, it's a lot more negative than what it has to offer.

Peter discusses his experience with the courts and shares that the judge was harsh in the way he spoke to him but diverted him anyways, threatening to “give him the maximum” if he makes him “look stupid.” He says:

And my judge was like, talking, talking down on me, like, really, really bad. And I was like, Man, this shit ain't looking good. And then like, at the end, he was like, but mister you're so young, I don't want to see you throw your life away. I'm gonna give you this one chance. Don't you make me look stupid? Or I will give you maximum sentence.

Treatment centers and services are concentrated in the most populated areas of the state, while more rural less populated areas like Webster County have less access to these services and sometimes not at all. The tough on crime orientation among criminal legal professionals in the rural coalfields is compounded by a lack of community-based options. In areas like this criminal legal professionals must go the extra mile to find a placement for people, coordinate treatment, and then coordinate transportation to treatment. The reality is that many of these professionals do not view “addicts” as deserving of this “extra effort.” Rural areas have been significantly impacted by overdoses and drug-related harms for decades, which may contribute to desensitization and callousness among criminal legal professionals which carries over into their decision-making.

This shift toward community-based rehabilitation over incarceration is severely inhibited by the lack of reentry and mental health infrastructure in the state to support this change. It does not matter if there is a mindset for diversion among criminal legal professionals if there are no programs to which people with SUD can be diverted. Many people in need of services sit in jail waiting for a bed to become open, as one participant shared, “I was going to sit in jail until I had a rehab facility to go to.”

FOLLOW THE MONEY

Despite the state of West Virginia, and especially its rural coalfields counties, having the highest rates of overdose in the U.S., it is arguably the least prepared to respond to this public health crisis. While community-based programs and grant/state-funded treatment facilities contend with the dual challenges of providing comprehensive services and maintaining operational sustainability, governmental resources are disproportionately directed towards militarized responses, eco-tourism initiatives, and environmental remediation efforts necessitated

by industries such as coal. This allocation of funds mirrors the dynamics of gentrification, ostensibly promoting community development while inadvertently exacerbating disparities and marginalizing underserved residents. In West Virginia, dedication to law-and-order responses for public health issues and collusion between extractive industries and government is high at all levels of governance. Wealth from mineral extraction is frequently funneled completely out of the region and/or into the bank accounts of few business owners and politicians.

Problematic Priorities

Labored workers in the region today are able to make a decent income, however, layoffs are still imminent, and the costs of the work frequently outweigh the benefits. Employment opportunities are still scarce in the region and getting a job is often based on “who you know” which keeps jobs circulating through the same social circles. Additionally, federal funding is funneled away from community-oriented programs and into militarized law-enforcement responses. While state officials invest in economic development projects that channel millions into ecotourism initiatives and land revitalization of former mining sites, while individuals and families in underserved communities struggle to survive. These projects may contribute additional income to business owners and upper-middle-class families, but they are unlikely to significantly benefit underserved families throughout the state.

Government officials frame eco-tourism initiatives as beneficial to communities, however families most affected by historical trauma do not have the financial means to enjoy these “new adventure” areas, where it can cost hundreds of dollars per family, per activity. Locals have access to outdoor areas that are not free, however, transportation can be an issue and these spaces are under constant threat of environmental destruction from extractive industries. The

prioritization of personal agendas and militarized law enforcement practices is reflected in the way the government in this state prioritizes funding and spends its money.

Despite its rich history, McDowell County is one of the most impoverished areas in West Virginia. This county became a symbol of Appalachian poverty in 1961 when John F. Kennedy designated it the first location for his pilot food stamp program. By 1960 the county entered a permanent bust cycle and residents in the county today still face high rates of poverty and unemployment, academic challenges, health disparities, and crushing levels of substance misuse. Instead of allocating resources to support community services, education, and social programs the county will receive \$2 million in federal grant funding to construct a new training facility for law enforcement and military personnel (Boothe, 2023). These institutions have historically served to protect property and profit; not people. This funding is part of a \$26 million dollar award from the Abandoned Mine Lands Economic Revitalization (AMLER) Program. Other projects receiving awards from this funding include: (1) \$3 million to construct Cinderella Adventure Resort in Mingo County; (2) \$5 million to restore and develop 393 acres of previously strip-mined land; and (3) \$2.6 million a state-of-the-art trail-side campground and 5 to 7 miles of new, bike-optimized trails in the soon-to-launch Mountaineer Trail Network (Booth, 2023).

The training facility will sit on a 900-acre site that will only be accessible to military and law enforcement personnel and it will only create around 60 new permanent jobs. The economic growth the facility may bring to the county will most likely be short-term and benefit the local business community, while harming underserved communities and the environment. In an area overwhelmed with poverty and substance misuse, this “cop city” has the potential to influence an increase in militarized, aggressive policing and surveillance, as well as rates of incarceration.

The construction of this facility will also result in unnecessary deforestation and negative environmental consequences.

In addition to funding military training facilities, the state government is also funding militarized responses to problems among adolescent populations in the coalfields. A little over \$3 million in supplemental funding was just provided to Mountaineer Challenge Academy, which is a residential quasi-military program for “at-risk youth” ages 16 to 18 (Office of the Governor, 2023). Most youth that end up at this facility are having problems in school, are at risk of entering the juvenile justice system, and/or have unstable home environments. These programs align with “get-tough” era juvenile justice reform and seek to transform “at-risk” youth into productive members of society through rigid disciplinary practices (Gascón & Roussell, 2018).

While these military-style responses to youth problems have been in decline since the early 2000s, these practices continue to be embraced in West Virginia. Studies show that compared to alternative approaches these programs do not significantly improve behavioral outcomes, have the potential to cause physical and emotional harm and are not evidence-based. Military-style programs do not reduce recidivism, have inadequate mental health support, and disproportionately impact marginalized youth (Gascón & Roussell, 2018).

Noncompliance & Misuse of Funds

While supporting infrastructure to fund these punitive approaches, the state is currently at risk of losing federal opioid response funding and is actively sitting on over \$200 million in qualified settlements from opioid manufactures and prescribers. During fiscal years 2017 and 2018, the West Virginia Department of Health and Human Resources (DHHR) Bureau for Behavioral Health (BBH) was awarded \$11.6 million in Opioid State Targeted Response (STR)

grant funding. Between fiscal years 2018 and 2020, the state received an additional \$114.4 million in State Opioid Response grant funding (NASADAD, 2021). The Office of the Inspector General (OIG) recently conducted an audit of the use of STR and SOR funds in the state and determined that the state lacked effective oversight of its opioid response grants.

The state did not comply with federal regulations regarding oversight and failed to meet reporting requirements. The report brief released by the OIG showed that West Virginia failed to support its annual progress reports and inadequately monitored subrecipient spending due to a lack of proper procedures for managing subrecipient progress reports and service data. Additionally, the state did not follow its policy for reviewing supporting documentation for grant expenses. It also lacked adequate procedures to verify if SOR grant program goals were met, as subrecipients were not required to collect necessary data. Overall, West Virginia lacked effective control and accountability for federal funding during the implementation of the FY 2020 SOR grant. The OIG has set out several recommendations, to which the state has agreed to comply. However, the state lacks the research and oversight infrastructure necessary to meet these recommendations.

The West Virginia First Foundation is a private foundation created to control and direct the spending of public settlement funds received from opioid litigation the state has engaged in. The state is set to receive approximately \$1 billion in settlement money and currently has a little over \$200 million available to use. This money is at high risk of being misappropriated and/or funneled into punitive agencies. The governing board has eleven members that represent “the interests of the State of West Virginia and local government.” No plans have been released for the use of the funds, yet the foundation is already being criticized for lacking transparency

(Beck, 2024). This does not come as a surprise to people who have been paying attention to how officials in this state carry themselves and spend money; they frequently lack transparency.

Governor Jim Justice was responsible for appointing five members while the others were selected by local governments representing six subregions in the state. Of Governor Justice's appointments, not one is a public health official, and most of them previously worked jobs conditioned toward law and order. One of the Governor's appointees is Jeff Sandy, who recently retired from his position as Secretary of Homeland Security after being named alongside other high-ranking state officials in the class action lawsuit regarding human rights violations at Southern Regional Jail. This occurred around the same time the Senate Finance Chair in the state asked the Inspector General to investigate the possible misuse of CARES Act funds. These appointments underscore a deliberate alignment with a carceral mindset and the authority vested by the state. The selections suggest a strategic intent; the state administration appears to anticipate and endorse the actions these appointees might take with regard to these funds.

In the letter, the Senate Chair requests an investigation into whether Gov. Justice "grossly misappropriated and misused" \$28,375,985.43 of CARES Act funds. The request stems from a February 3 West Virginia State Senate Finance Committee hearing with the Governor's Chief Counsel, Berkely Bentley, about a suspicious fund transfer to a discretionary account (Taylor, 2023). The Governor claimed the transfer was for reimbursing COVID-19-related expenses in the Department of Corrections and Rehabilitation (DOC). After being placed in the discretionary account, \$280,721 was transferred to the state's DOC, \$10 million was donated to Marshall University's baseball facility, and \$246,088 was used for various expenses, including the "Do It for Baby Dog" sweepstakes and a minibus for Appalachian Bible College (Taylor, 2023). It is imperative to acknowledge that there have been and will likely not be any substantive

repercussions for these actions. Federal authorities often display outrage and conduct investigations primarily for symbolic purposes, rarely ever holding those in power accountable.

Researchers, federal regulators, investigative journalists, and advocates should pay close attention to the way funds from opioid settlements are used and who is responsible for dispersing them. There is a pattern that emerges when you follow the money in this state: one of improper resource allocation, prioritization of personal agendas, and corruption. Given the state's history, infrastructure, and leadership, these funds are at high risk of being misappropriated by high-ranking officials and funneled into counterproductive responses rather than evidence-based, trauma-informed services.

RESISTANCE & RESILIENCE THROUGH GRASSROOTS RESPONSES

“It is Like Pouring From an Empty Cup into 17 Different Buckets” – Community Resilience

In large part due to a lack of top-down support, a lot of the trauma-informed practices aimed at addressing root causes of substance misuse and related harms are being implemented by community members and grassroots organizations. The subtitle above is a quote from the same teacher mentioned at the end of chapter four; she said this when describing her experience filling gaps in student needs. Despite millions of dollars in settlements and federal funding, individuals and organizations working ‘on the ground’ in these communities are often “pouring from an empty cup.” However, resistance and resilience of coalfield communities were clear in the prevalence of mutual aid, innovative grassroots initiatives, and community-led campaigns and events focused on education and stigma reduction.

Appalachians for Appalachia – Mutual Aid in the Mountains

Despite social networks and collective efficacy being negatively impacted by historical trauma, people in coalfield communities resist and are resilient. This was evident in the number

of organizations filling gaps in community needs through mutual aid at the regional and local levels. *Appalachians for Appalachia* is a regionally based, research-focused advocacy organization. They support and amplify local grassroots organizations in addition to their own advocacy work, which spans several issues, including quality of life, economic development, health, environment, education, culture, and racial justice. Their work is centered on mutual aid, outreach and education, and policy; some of their most “recent wins” include providing \$30,000 in direct mutual aid to community members, the development of a 10-point policy platform, and their instrumental work in ensuring that the Black Lung Disability Trust Fund remained solvent. Their 10-point policy platform is aimed at reducing violence in the region and enriching the lives of the people at the same time (Appalachians for Appalachia, 2024)

In addition to regionally based initiatives, the presence of locally based non-profit organizations with a focus on mutual aid was also observed across southern coalfield counties. Helpful Harvest is a food pantry located in a rural area of southern West Virginia that is run by a family in the community. They are only open certain days of the week but also have a delivery program. Local families in need of assistance can sign up to have food delivered to their homes every two weeks. These deliveries usually include a variety of items like fresh fruit and vegetables, dairy products, and non-perishables. This organization is not aimed at families affected by substance misuse but partners with local organizations to pass out resources and harm reduction items. For example, they partnered with the West Virginia Collegiate Recovery Network and Summers County Quick Response Team to provide educational material and Naloxone to community members.

West Virginia Healing Home (WVHH) is also a non-profit recovery community located in another rural area of the southern part of the state. This organization offers a variety of family-

centered services that are aimed at addressing the needs of families affected by substance misuse. However, their services are open to the whole community. In addition to programs addressing food insecurity, they also offer a community baby pantry, parenting, and resource information, recovery coaches, and agricultural programs. They also offer a variety of individual and group sessions that address community needs, like life skills and job readiness classes, mindfulness practices, healthy eating on a budget, and support groups.

The Point Café is owned and operated by Recovery Point West Virginia, a non-profit organization that offers substance abuse treatment services in various locations throughout the state, including the southern coalfields. The Point Cafe provides essential recovery services in a safe, supportive environment that promotes personal growth and community well-being. It offers various resources, including Peer Recovery Support Specialist classes, life skills training, 12-step meetings, case management, a computer lab, and a recovery library. Open to anyone with at least 24 hours of recovery, The Point Cafe also provides access to free daycare services, leadership development, health and mental health resources, and support groups for diverse needs. Additional services include assistance with identification, documentation, and veteran support, as well as creating a comprehensive community hub with transportation services and engaging activities.

Throughout my time in the field, I spent roughly 10 hours at the café during different days of the week. While there, I talked to staff and members, observed day-to-day operations, and spoke with individuals offering educational services to members. This is a great resource in the community, but there is room for improvement. The café is only open from 8:00 AM to 4:00 PM Monday through Friday, which prevents people who work nine-to-five jobs from accessing these services. The café could also use more resources to complete some of the great ideas that

staff have for the space and to revamp some of the services they already offer, like the clothing closet, food pantry, and community events. Funding should be dedicated to developing spaces like this around the state, especially in rural places where recovery communities tend to be less strong. Opening Recovery Cafés across the state would also generate more jobs in a field that supports community well-being. See more about The Point Café in Appendix D within the fieldnote.

Despite doing the work that is needed in coalfield communities, many locally based organizations lack the grant writing infrastructure to apply for state and federal funding that can support their efforts. Thus, many are forced to rely on donations and fundraising. This is something that should be recognized, acknowledged, and made a priority by state officials who are trusted with millions of dollars in state budgets, federal funding, and opioid settlements. Applications for these funds should be made more easily accessible to organizations that have a history of providing community-based services, like the ones listed above.

OneBox & Harm Reduction – Innovative Grassroots Initiatives

Harm reduction services are slowly becoming more accepted by community members and state officials, but certain practices still regularly undergo legislative attacks. Despite community stigma and misinformation regarding harm reduction practices, stakeholders, first responders, and advocates continue to support and campaign for their use. They have also developed innovative tools for reducing drug-related harm in their communities.

There were nine syringe service programs (SSPs) operating in the state of West Virginia at the end of 2022. There were more than double this number prior to the passage of Senate Bill 334 in 2019, which added onerous restrictions to how SSPs can be run and who can access them in the state (Siegler, 2023). Despite being an evidence-based practice that is shown to be an

effective tool to support community health and to decrease the risk of infectious diseases, lawmakers in the state frequently oppose their existence.

When opposing SSPs or supporting legislation that restricts their reach and ability to stay open, officials are often quoted sharing inaccurate anecdotes about drug-related litter in community spaces and rising crime (Siegler, 2023). Research frequently shows that this is not true and that SSPs do not lead to increases in these issues. State law in West Virginia runs contrary to the U.S. Office of National Drug Control Policy (ONDCP) recommendations. A 36-page model law for SSPs, whose development was funded by the ONDCP, mentions Senate Bill 334 as an example of legislation that creates barriers for harm reduction programs and hinders their success (LAPPA, 2021).

Although this has not always been the case, other harm reduction efforts, such as Naloxone, are more widely accepted throughout the state. Naloxone is a medication used to rapidly reverse opioid overdoses. It works by binding to opioid receptors in the brain, blocking the effects of opioids, and restoring normal respiration in individuals whose breathing has slowed or stopped due to overdosing on heroin or prescription opioids (Boyer, 2012). Naloxone can be administered via injection or nasal spray and is widely used by medical professionals, first responders, and even bystanders to save lives during overdose emergencies.

Recognizing the far-reaching impacts of drug-related harms and barriers to harm reduction, grassroots organizations have turned to the development of innovative trauma-informed education and training. The West Virginia Drug Intervention Institute (WVDII) is an independent non-profit whose primary mission is to reduce drug-related harm through (1) preventing substance misuse through education, (2) reducing overdose death through naloxone distribution and training, and (3) supporting harm reduction and response efforts (WVDII, n.d).

The WVDII offers free community education initiatives online that are school-based but also available to guardians (parents, foster parents, grandparents) and educators throughout the state.

I discovered this organization during field observations at Healing Appalachia. The organization was at this event (event will be discussed further in the next section) providing free naloxone training sessions. I signed up for the training on the last day of the festival to observe and learn about the ONEbox opioid reversal kit, a tool I was not yet familiar with.

Approximately 25 people were in my training, which began with traditional naloxone training and included a video and in-person demonstration. Following this training, three key stakeholders in WVDII and the larger West Virginia harm reduction community stood at the front of the room to introduce the ONEbox.

The ONEbox is an emergency opioid overdose reversal kit designed for safety and on-demand training. Resembling a medium-sized first-aid kit, it includes space for storing Naloxone and protective gear like CPR masks and gloves. The lid instructs users in both English and Spanish to "Call 911. Pull tab for emergency instructions." Pulling the tab starts a video with step-by-step instructions on administering Naloxone to someone experiencing an overdose. Similar to an AED, it guides users through the process of administering life-saving practices, including CPR if necessary. It has buttons to switch the video to Spanish, replay it, or enter training mode for comprehensive Naloxone training. The ONEbox can help in an overdose emergency, train individuals, and store essential medication. These will be especially helpful in rural areas where it can take first responders a long time to reach people.

At the end of the training, every participant left with a "gift bag" that included merch from musicians performing at the event, fentanyl test strips and naloxone, and a ONEbox. When we left the training, we were asked to place the box we were given in a place or facility where

we believed it could be used to save a life. A sticker provided to each training participant reflected that I was participant number 766, which means at least this many people were trained in how to administer naloxone and provided a ONEbox to place in their local community.

This innovative harm reduction tool that utilizes cutting-edge technology was created by Joe Murphy, a West Virginia Native and member of the WVDII team. During a conversation with Murphy, I asked if the institute had plans to expand this initiative across the U.S. His reply was simple but carried deep meaning: “We want to save as many lives as possible, but we will focus on our communities first. West Virginia first, Appalachia second, and then the U.S. last.” While speaking at the event and in our conversation, it was clear that Murphy was unhappy with top-down responses to drug-related issues and wanted to make sure that his invention helped people in his home state first.

Healing Appalachia – Stigma Reduction & Community Education

Major barriers to community healing in the coalfields are stigma and education. In more rural areas of the coalfields, where there is not a strong recovery, the community’s stigma is reported to be stronger than in metropolitan areas where there are more services. Lala states that the stigma is stronger in her rural hometown than in the city where she is receiving treatment: “Like not here. Like the stigma, there is like, you'll never get clean, like once a drug addict, always a drug addict.” There is also a difference in the level of stigma between underserved communities and middle/upper-class communities in the region. As Jay shares:

I think as a whole for the state, I feel like we've made a lot of progress in the treatment of substance use disorder and like people being more vocal and the stigma not being as strong. But the stigma is still there. And like there's still a lot of people, especially when you start getting into like the working class with jobs,

that don't want to discuss this, this stuff. Obviously, with the homeless population indigent population. It's (drug use) so rampant that I don't feel like the stigma is as involved there, but when you get into like the middle-class, upper-class, working-class is where the stigma is still really strong.

Several interview participants shared they felt more acceptance in their recovery community than in the outside community. Stigma is reduced through community education, and although things are getting better, we still have a long way to go in the coalfields. Trauma-informed community education is a mission for several groups in the region, including Appalachians for Appalachia, WVDII, and Hope in the Hills, LLC.

Ethnographic observations and participant recruitment for this research began at an annual event called Healing Appalachia in September 2023. This is a three-day music event put on by Hope in the Hills, LLC, a regional nonprofit. The mission of this organization is to produce events that raise funds and awareness to combat addiction, grow communities of healing and recovery, and boost the local business economy. This event is centered on community education and healing but utilizes the universal love for music to bring people together. The event includes three days of music, local vendors and artists, free Naloxone/ONEbox training, storytelling, and access to local resources and treatment organizations.

The event is held at the West Virginia State Fairgrounds. The atmosphere at this event was one of positivity, understanding, and hope. It was evident by the crowd that the event drew people in for their love of music, their love for people struggling with addiction, or a combination of the two. On each side of the venue, there were two huge white tents with representatives from local and regional organizations. Each organization had a table and was passing out educational material, resources, and free harm reduction items. Professionals

working the tables represented a wide variety of services, including mutual aid and harm reduction, family services, behavioral and mental health facilities, residential and outpatient treatment, and sober living.

Each day, in addition to the music line-up that provided entertainment, several speakers would share poetry, their recovery journey, drug education, and information about resources. Across the three days of the event, there were approximately 30-40 different speakers whose time on stage ranged from two to fifteen minutes. Themes across speaker narratives included the loss, acknowledgment of state and corporate violence, the influence of trauma and drug-related violence on individual experiences, the journey from active addiction to entering recovery, and hope. The most common themes across speakers were loss, hope, and resilience. Several speakers embodied the resilience of community members when they got on stage and shared the darkest times of their lives with thousands of people to educate and inspire their community. In addition to inspiring change through collective learning, the far-reaching financial impact of this event is important to note. In addition to benefiting local “mom and pop” businesses through tourism, proceeds from the event go to various local recovery resources and local youth programs.

PLACE, IDENTITY, STATUS: THIS ISSUE THROUGH AN INTERSECTIONAL LENS

The way historical trauma manifests in the lives of community members and subgroups in the coalfields is greatly impacted by individual identity, protective factors, and resilience. Although historical trauma in coalfield communities is widespread, to say that it impacts individuals equally would not only be false; it would also be unethical. Structural systems of inequality exist globally, and in the United States, systemic racism, gender discrimination, class discrimination, and ableism greatly influence individual experiences. Things are no different in

the coalfields. Similar to the way these systems of inequality influence individual experiences, they also influence group experiences. Specific subgroups in the coalfields experience historical trauma differently than others. More research across different subgroups of the community to comment more on the intricacies of these differences.

Identity & Individual Experiences

At times, individuals' race, gender, ability, and class influenced participants' experiences and access to treatment. These narratives were most common when sharing their experiences with the criminal legal system and treatment. However, some participants shared how these factors also influenced their lived experiences. Most of the participants in this study were white males, with only three participants being Black or mixed race and five being female. While sharing their life stories, some participants shared how their identity has shaped the traumatic events they experienced. For instance, Stan shares that he was "set on fire" by a group of teenagers that he thought were his friends when he was very young. He was not harmed physically, but he shares it left a mental scar. When recounting how this incident unfolded, he shares his race was a contributing factor. His father's response after finding out what happened was influenced by his lived experience and the hegemonic masculinity that guides men's socialization patterns in the coalfields. Stan says,

Oh, yeah, my dad went off. My Dad. Yeah. My, actually my dad, made me go up there and fight em'. One of em.' Well, two of 'em' made me fight the two, the two youngest ones. And that's where I learned that I had to fight a lot.

Stan shares later that his son and a group of his family members were labeled a "gang because they were family and hanging out together." When asked if he thought this had to do with their racial identity, he did not hesitate to say, "Yep." He also shares that his son was

eventually expelled due to a verbal altercation with a security guard at the school and was given the option to go to an “alternative school” or Mountaineer Challenge Academy.

Although this is one incident, it is not isolated. Federal civil rights data shows that Black students in West Virginia are suspended at twice the rate of their White counterparts (Slade, 2022). Additionally, Black adults in the state are jailed at a rate three times higher than their white peers (Hudson, 2023). Little evidence is available, but due to racial discrimination in the criminal legal system, racial minorities in this state may be less likely to access drug courts and other diversion programs. This is one example of many throughout interviews and observations where an individual’s race, gender, or status impacted their experience. This sub-theme will be explored further in the later waves of this research.

Place, Identity, & Trauma-Informed Responses

In the coalfields, access to evidenced-based, trauma-informed treatment and harm reduction services is significantly impacted by place, individual identity, and status of the person seeking treatment. When asked whether they felt their identity influenced their treatment access, several participants were quick to say no and double down when probed. It was clear that some participants were uncomfortable or wanted to avoid talking about issues of race and gender. This was especially true for clients at the NRRC’s men’s facility. However, several participants were willing to share their own experiences, as well as what they had witnessed.

When asked how his race has influenced his experiences in his treatment program, Stan states, “That ain’t got nothing to do with my race.” However, other participants shared they have witnessed microaggressions and people being treated “differently” than others. One participant, who is also a client at NRRC, states: “Me, I’m a white, Christian male. You know what I mean,

uh, All staff and stuff as is white, but I see old prejudices and stuff probably that still stick out for certain people.” After probing for a bit more information, he elaborates further:

Yeah. Like, uh, they're good to me and stuff. But I see other people that I don't know why but they get harder programs. And I wonder sometimes if it's because they're black? Or is it because they're not Odinists or part of that...That gang, cliky gang shit. You know what I mean? Because the staff is still all addicts too, you know, it's peer-run.

It is evident that race influences individual experiences with treatment. However, more observations and interviews with clients focused on these issues are needed to unpack how race impacts access to and experiences in treatment within the coalfields.

Socio-economic status is a factor sufficiently impacting individual access to treatment and the type of treatment that people receive. The type of medical insurance a person has significantly impacts the type of treatment they receive, and the type of insurance people have is inherently connected to their employment and social class in the United States. When asked how people's identity and status affect access to treatment, Lo was quick to mention, “Well, I definitely think I mean, insurance is the big one. People, treatment is expensive.” She goes on to mention that changes in laws, which require insurance companies to pay for substance misuse treatment are making things better.

Individuals still on their parent's health insurance or who have commercial health insurance through their job have better access to quality treatment services. Jay shares that having access to commercial insurance in the early stages of his addiction allowed him to get into quality treatment and shares:

So the ability for individuals with private insurance or commercial insurance to access quality treatment. I mean it's crazy compared to like, what the Medicaid population...Not saying we don't have great, great programs in the state for individuals on Medicaid but like once you get into the commercial insurance realm, you can go anywhere in the country, to the top programs if you want to.

Jay, whose position in the recovery community gives him unique access to information regarding insurance approvals, also shares later that Medicaid has begun to restrict the number of consecutive days that they will approve. He shares:

Alright so like right now, Medicaid is pretty much only approving 30-day stays – 30-day residential stays. We have a few 3.1 levels of care around the state, like four or five, that I can think of off the top of my head where they might get 60 to 90 days. You know, and this is a big change. Like in 2019 I was court-ordered to do 90 days; Medicaid and paid for all of it. And then on the flip side of that Medicaid will pay for six 30-day stays in one year. If somebody goes 30 days, relapses goes another 30 day relapses, but they won't pay for six months stay.

One consequence of historical trauma in this region is the intense socioeconomic disparity, with West Virginia having a particularly high number of residents on Medicaid. Since 2013, the state has seen a 49% increase in total Medicaid/CHIP enrollment, covering 528,483 West Virginians as of January 2024. Consequently, many people seeking services are denied access to long-term treatment options, which have been proven to be the most effective. As one participant noted, for individuals seeking long-term sobriety and behavioral changes, "30 days is not enough." This view is supported by research indicating that longer stays in treatment are associated with better clinical outcomes and lower relapse rates.

Additionally, by limiting their approval to 30 days but being willing to pay for that six times, Medicaid and the federal government may be reinforcing recovery capitalism not only in Appalachia but across the nation. The for-profit rehab industry exploits both private and public insurance systems by prioritizing profit over patient care. These facilities may engage in practices such as overbilling for services, providing unnecessary treatments, and cycling patients through repeated short-term programs that are less effective but more lucrative. They frequently target individuals with comprehensive insurance plans, ensuring maximum reimbursement, but public insurance systems can also easily be exploited.

Treatment facilities and services are concentrated in more metropolitan areas that are sometimes hours away from the most affected coalfield communities. Place interacts with status to limit people's access to quality treatment and trauma-informed services. Individuals who live in the most rural parts of the coalfields sometimes lack access to transportation or the means to travel several hours away for treatment. For those in need of outpatient care due to work-related needs in these areas, hours of operation can severely limit access to treatment, with few services offered in the evenings when people are off work. Mobile recovery units attempt to reach individuals in these areas, but the number of these units in the southern part of the region that are in operation are not equipped to meet community needs.

Criminal history and offense types also influence access to treatment, as well as the type of treatment individuals receive. Many individuals who are diverted from the Department of Corrections (DOC) to community-based services do not have medical insurance or are on Medicaid. They are usually diverted to state-funded institutions that are recognized as legitimate by the DOC. For example, NRRC is the main facility that individuals are diverted to in the

southern part of the state. This and their offense type can severely limit their treatment options as most facilities do not accept individuals with “violent convictions.”

Gender differences in access to treatment generally and access to trauma-informed practices were observed. Residential treatment facilities in the coalfields are rarely co-ed, and there are more residential treatment facilities that serve the male population than there are that serve the female population. This is especially true for the most rural areas. Women are a severely underserved population, and finding treatment is even more difficult if they have children or are pregnant. As JJ states, “I don't know, I think we get the opportunity for more treatment like more guys get treatment before girls do. Just from what I have seen around here.” However, facilities in the coalfields that are focused on women offer more trauma-informed services.

One facility, Project Hope, is owned and operated by Marshall Health and School of Medicine at Marshall University and is setting the standard for providing services to women who are pregnant or have small children. This program is a residential treatment facility that offers a plethora of trauma-informed services in-house, including on-site mental health counseling and substance abuse treatment. Each client gets her own apartment, which provides a good balance of autonomy and supervision. All the women at this facility are pregnant or have small children, and most of them have open CPS cases. Program coordinators serve as advocates for the women at hearings, aid in family reunification, and help women gain visitations. In this facility, families heal together, and services are family-oriented.

There are no programs like this for single fathers, which are desperately needed. Many participants in this research mentioned that being away from their kids or having them removed only heightened their stress and substance abuse problems; this did not differ by gender. Project

Hope helps families heal together. Providing funding to replicate programs across the state to serve single mothers, fathers, and whole families affected by substance misuse is needed.

Services like these have the potential to break cycles of trauma and substance misuse in families.

These are the evidence-based, trauma-informed services that the West Virginia First Foundation should be prioritizing.

CHAPTER VII

CONCLUSION

What we frame as "the problem" in our society shapes our responses, which also shapes how and where we spend our resources. The prevailing narrative surrounding drug issues in West Virginia, the Appalachian region, and arguably throughout the U.S. often mischaracterizes the problem. We as a society do not have a "drug problem;" we have an unchecked state and corporate violence problem. While it's true that substance misuse and overdose rates are alarmingly high, labeling drug use, and misuse, as the problem overlooks deeper underlying issues. Drug use has always existed in society – it is a constant. The only thing that really changes in this realm is how we respond to problems related to drug misuse over time. Rather than solely focusing on addressing the symptoms of inequality in our communities - drug misuse, poverty, and crime - we must address the systemic factors that contribute to their prevalence.

This research provides preliminary evidence supporting the following assertion: patterns of unchecked state and corporate violence have created and sustained historical trauma which has profoundly influenced substance misuse and related harms within Appalachia, and particularly within coalfield communities. By reframing the narrative to identify these structural issues as the true problem, we can redirect our efforts towards addressing root causes rather than merely treating symptoms. This shift is crucial for fostering more effective, equitable solutions that prioritize community well-being over profit.

For far to the long the narrative framing drug misuse and drug users as “the problem” has succeeded in funneling money out of marginalized communities, like the coalfields, through drug war policy and doing so while allowing pharmaceutical companies and illegal drug markets to

profit from the trauma response constructed by state and corporate violence. This has resulted in bottom-up approaches to solving the "drug problem" instead of top-down approaches that get at root causes of the issue. It's time to challenge the narrative that vilifies drug users and instead hold accountable those responsible for perpetuating the conditions that fuel substance misuse and its associated harms in our communities.

POLICY IMPLICATIONS & RECOMMENDATIONS

The concentration of substance misuse in West Virginia coalfields is the product of gross misuses of power by corporate elites, the State, and their actors. These misuses of power ensure that local/grassroots progress is rarely met with the top-down support required to meet community needs and maintain consistency. The state, as currently established, is designed to create the level of inequality present in "sacrifice zones" regardless of who the represents the State at a given time. The ruling class is then able to profit from the problems they create within communities.

There are several policy implications that arise from the results of this study, and they can be divided into four major categories. The first category of policy implications represents those that address misuse of power by state officials and unchecked state violence. The second are those that address corporate violence, collusion between political and corporate elites, and the ability of corporate elites to hold political office. The third are those that address dismantling punitive responses and creating more trauma-informed community responses to substance misuse through the reallocation of government spending to community-based agencies and programs that help communities heal together. To effect real change within communities' policy reform needs to occur at the federal, state, and local level to ensure effective top-down transformations.

Addressing Unchecked State Violence

The United States has a multitude of laws designed to regulate and control the behavior of its citizens, holding them accountable for their actions. This is particularly evident in the realm of drug-related offenses, where numerous legal provisions ensure that individuals are responsible for any harm they cause or crimes they commit. However, when it comes to overseeing and regulating the conduct of government officials and agents, especially those wielding significant power, the mechanisms in place are considerably fewer. To confront the prevalence of State violence in this country we must enhance and establish laws that address misuse of power. This would require strengthening and/or establishing: (1) more independent oversight mechanisms; (2) more transparent accountability measures; (3) more whistleblower protection with less loopholes; and (4) mandated public reporting that is easily accessible.

It is essential to enhance and establish independent oversight bodies tasked with monitoring and investigating instances of state violence and misconduct by government officials. These bodies should be empowered to act without political interference and have the authority to enforce accountability. The Office of the Inspector General (OIG) exists at various federal agencies to provide independent oversight. Strengthening these offices by providing them with more resources and greater independence may enhance their effectiveness. Strict penalties for the abuse of power and misuse of resources are necessary to ensure officials are held accountable. This includes mechanisms for the removal from office and legal consequences for those found guilty of misconduct. The Government Accountability Office (GAO) audits government spending and operations. Strengthening GAO's enforcement powers to ensure compliance and penalize misconduct may improve accountability.

State governments, their regulatory bodies, and the laws they pass generally mirror the federal law, however, there are also significant differences between states. In addition to enhancing federal oversight mechanisms there should also be changes at the state and local level. In West Virginia, this means providing more resources and enforcement capabilities to agencies like the:

1. West Virginia Ethics Commission, which oversees the ethical conduct of public officials and employees, enforces state ethics laws, and provides guidance on ethical standards.
2. West Virginia State Auditor's Office, which audits state agencies, local governments, and other entities receiving state funds to ensure compliance with financial regulations and proper use of taxpayer dollars.
3. West Virginia Office of Inspector General, tasked with investigating allegations of waste, fraud, and abuse within state agencies, promoting integrity and efficiency in government operations.
4. West Virginia Public Service Commission, which regulates public utilities, including electricity, natural gas, and telecommunications, to ensure fair rates, reliable service, and compliance with state laws and regulations.

Resources should be provided to county commissions and ethics boards as well.

Although providing “independent” oversight the OIG and GAO, as well as state agencies like them, are still government offices. There should also be additional independent oversight conducted by the public. Public oversight ensures transparency and accountability beyond the established internal mechanisms. Engaging citizens in the oversight process can provide a broader perspective, foster trust in the system, and ensure that the actions and decisions of those in power reflect the interests and concerns of the community they serve. Public involvement in

oversight can include measures such as public hearings, citizen review boards, and community feedback mechanisms, which collectively enhance the robustness of the oversight framework. Public oversight committees should have legitimate pathways to enforce compliance and there should be incentives for citizens who are involved in oversight activities, which should be paid for by the public through the reallocation of government spending.

Robust protections for whistleblowers are critical to encourage the reporting of misconduct and misuse of power. Policies should ensure that whistleblowers can report safely and without fear of retaliation, thus promoting transparency and accountability. This will require legislatures to address the countless loopholes present throughout current whistleblower laws at the federal and state level. For example, the Anti-Money Laundering Act of 2020 (AMLA) is reported to have several loopholes. The law aims to protect whistleblowers reporting money laundering and Bank Secrecy Act violations. However, significant loopholes exclude employees at FDIC-insured financial institutions and credit unions, which are often involved in major money laundering scandals. These institutions are responsible for reporting “suspicious” transactions, yet their employees can be fired for whistleblowing without any protection under this law. This means that the vast majority of potential whistleblowers have less protection under the new AMLA law (Khon, 2022).

Although mandated reporting laws are in place, they should be strengthened to ensure reports are easily accessible to the public in both location and comprehensibility. Requiring regular public reports on the activities and decisions of elected officials can increase transparency and hold officials accountable. The Freedom of Information Act (FOIA) requires federal agencies to make their records available to the public. West Virginia State law with the same name mirrors this federal legislation. However, in this state it can be difficult to enforce

due to overly broad or vague exemptions, delays in responses to FOIA requests, high costs and fees associated with FOIA requests, and non-compliance or lack of enforcement. For example, The American Civil Liberties Union of West Virginia (ACLU-WV) filed a lawsuit against a Cabell County's 911 system and county commission in 2022 for violating state open record laws. County emergency officials refused a records request made by an investigative journalist for ACLU-WV who is currently working to cover issues surrounding incarceration in the state, including deaths at correctional facilities (Wolfe, 2022).

Strengthening FOIA by reducing exemptions, costs, and ensuring timely responses can increase transparency. These reports should be easily accessible to the public and detail any actions taken that might affect public trust. These reports should not be heavy in legalese or technical jargon and the process to access them should not be so complex. This should be a priority not only for the federal government but also for the state of West Virginia, whose government agencies often lack transparency. This year, an agency in the overwhelmed state foster care system refused to release financial documents showing where money was spent. Eric Tarr, the Senate Finance Chairman, is quoted say "Transparency is an issue with that department" (Knisely, 2024).

Addressing Unchecked Corporate Violence

Strengthening and rigorously enforcing anti-corruption laws, conflict of interest regulations, and promoting ethical campaign financing can prevent collusion between corporate entities and politicians. These laws should be designed to deter corruption at all levels of governance and not just at the federal level. Strengthening and rigorously enforcing anti-corruption laws may prevent collusion between corporate entities, politicians, and regulatory bodies. Implementing stringent conflict of interest regulations is crucial to prevent corporate

elites from holding political positions where conflicts of interest may arise. Reforming campaign finance laws to reduce corporate influence in political campaigns is essential. This includes setting limits on corporate donations and enhancing the transparency of funding sources to ensure that elections are fair and unbiased.

Current anti-corruption legislation is not effective. For example, the Foreign Corrupt Practices Act (FCPA), which prohibits U.S. companies from bribing foreign officials, and more recent laws like the Foreign Extortion Prevention Act (FEPA), are hyper focused on this issue at the federal level and in the realm of national defense. For example, the FEPA passed in 2023 and provides a pathway for the U.S. to criminally prosecute foreign officials who solicit or accept bribes from U.S. individuals or companies. These laws do not address government capture or domestic corruption.

State and local governments have their own anti-corruption laws that vary in their efficacy but overall political bribery and government capture at all levels is a national problem. For example, West Virginia has its own Campaign Finance and Racketeer Influenced and Organized Crime (RICO) laws, a Governmental Ethics Act, and conflict of interest regulations. The West Virginia Governmental and Ethics Act is enforced by the state's Ethics Commission, this act prohibits bribery, extortion, and other corrupt activities by public officials and employees. It outlines penalties for violations and provides a mechanism for investigating and resolving ethics complaints.

Historically, corruption and "Big Business" in politics has been a major issue in West Virginia. State level legislation fails to deter corruption and uphold integrity, transparency, and accountability in West Virginia's government and public institutions. The most blatant instance of this is in the fact the Jim Justice, the state's governor, has held office for two consecutive

terms despite the conflicts his interests have with the well-being of his constituents. Jim Justice, and his family members, are the heads of a coal mining and natural resource “empire” worth millions. He is also the owner of the Greenbrier, a 710-room luxury resort in the southern part of the state.

When he took office in 2017, he mentioned that his children would be taking over control of the family businesses so he could focus on serving the public but observations and reporting within the state reflect that he is still very involved with his businesses (Ward, 2019). Throughout both of his consecutive terms Justice has frequently used his power to promote his own corporate interests, while running the state. For example, his administration’s unwavering support for eco-tourism as the new “economic relief” project for the state is undoubtedly connected to the financial gains his resort and similar businesses will reap. The reality is that this project will create very few year-round employment opportunities and will keep wealth in the region circulating through the same pockets, including the governors.

There is model legislation that is gaining some traction at the local level. The American Anti-Corruption Act (AACA) was introduced to address issues of corruption and lack of transparency in the U.S. political system (Represent.US, 2024). The model law was designed to overhaul campaign finance, lobbying, and ethics laws, aiming to curb the influence of money in politics at the federal, state, and local level. The four-point model aims to dismantle political bribery, end “secret money,” fixing “broken elections,” and a focus on enforcement. Under each of these four points are several actionable items; some example include making it illegal for politicians to take money from lobbyists, ending gerrymandering, and cracking down on independent expenditure-only political action committees or Super PACs – like AIPAC (Represent.US, 2024). Since its inception, the AACA has seen several victories, including the

adoption of its provisions in various state and local laws; Tallahassee, Florida was the first city to pass a version of the legislation.

It is important to make actionable policy recommendations when conducting research that is feasible to implement within the current restraints of society. Although I make the recommendations mentioned above, I must note that it is challenging to envision these reforms as sustainable when the system responsible for implementing them is deeply entrenched in practices that often perpetuate harm. Although these reforms may keep some harms at bay, I acknowledge that such reforms may have limitations and may not fully address the systemic violence and oppression present within these institutions. This highlights the need for a more radical rethinking of these systems, moving beyond mere reform to potentially more transformative changes that align with abolitionist principles.

Shifting to Trauma-informed Communities

Legislative and enforcement changes that ensure government offices and actors are operating on behalf of the people and not for profit are only half the battle. These changes must be met with efforts to dismantle punitive responses and shift to more trauma-informed community responses. For an issue like concentrated substance misuse, this means defunding unnecessary law-enforcement practices that produce harm and reallocating funding to the community. It also involves shifting to health-centered approaches, investing in trauma-informed care, and implementing community-based programs.

Current law enforcement practices in the state of West Virginia that represent potential areas for defunding include the militarization of police, over-policing and surveillance, and drug enforcement and incarceration. The 2 million dollars the state approved for a law enforcement and military training facility in one of its most impoverished coalfield communities would be

better-spent funding education, harm reduction, and community services within the county. Services that are needed are those that reduce root causes of substance misuse and crime, such as poverty, lack of education, and insufficient social services. Significant resources are allocated to extensive surveillance programs and over-policing in certain neighborhoods, especially those with higher rates of poverty and minority populations. Shifting funds away from over-policing may decrease community tensions and foster a more cooperative relationship between residents and law enforcement.

West Virginia has invested heavily in the enforcement of drug laws, leading to high rates of incarceration for non-violent drug offenses. Reductions in budgets for drug task forces are necessary; the funds that are used for the incarceration of non-violent drug offenders can be appropriated to health-centered approaches to substance misuse. In West Virginia, as in many states, the proceeds from civil asset forfeiture are typically used to fund law enforcement activities. This includes purchasing equipment, funding operations, and sometimes even supporting salaries and bonuses for law enforcement personnel. These practices usually disproportionately affect low-income individuals and minority communities, exacerbating socioeconomic disparities (see Sherman, 2021). Redirected forfeiture funds can be used to bolster social services, including mental health support, housing assistance, and family services. These funds could also be used to bolster the infrastructure the state desperately lacks to comply with federal grant regulations and to establish transparent bodies to handle disbursements of state funding to local non-profits and social service organizations.

Replacing punitive measures with health-centered approaches for addressing substance misuse will lead to better outcomes. This involves focusing on treatment and rehabilitation rather than incarceration and recognizing substance misuse as a public health issue. Although it has

been met with some resistance, this is a change that is happening throughout some parts of West Virginia, and it could be expedited. Expanding access to trauma-informed care is essential for addressing the underlying causes of substance misuse, such as the mental health issues and social inequalities caused by historical trauma in the region. Investments in this area can provide comprehensive support to those in need. Supporting the development and implementation of trauma-informed, community-based programs can offer holistic support for individuals struggling with substance misuse. These programs should be tailored to the specific needs of communities and promote long-term recovery.

In a rural area like the coalfields, this would mean funding social services that assist families with basic needs such as food, education, housing, and transportation. Enhancing the capabilities of local food banks, building public housing, and enhancing and establishing agencies that provide various forms of public transportation are better ways to reduce substance misuse and recidivism in the region. The implementation of these services should prioritize rural areas as these are the communities that are most underserved due to most services that are currently available being concentrated in more densely populated areas. Support for the development of community centers that offer recreational and educational activities for both youth and adults is desperately needed in the coalfields. These services should be free to community members. Funding job training workshops and apprenticeship programs that focus on high-demand industries and remote employment would help with job insecurity. This would also provide pathways to alternate employment for individuals in the coalfields.

Channeling funds into comprehensive substance misuse treatment programs, including inpatient and outpatient services, recovery support and outreach programs, and harm reduction initiatives are other ways to support coalfield communities. The rural coalfields and the state lack

dual-diagnosis treatment centers and facilities that offer the levels of care necessary to establish a continuum of care for those with substance misuse problems who are seeking treatment.

Increased funding for mental health services, incentives, state scholarships for residents interested in entering this field, and educational programs that bring aspiring mental health professionals into the area should be established. This could help with the mental health provider shortage in the state and increase access to accessible and affordable care for all residents.

We do not have to recreate the wheel or start from scratch. As mentioned in the last chapter, there are several programs in the state that are already being implemented that need additional support or that should be expanded to address other needs. Modivcare is a state-funded organization that provides transportation to medical appointments for community members that are on Medicaid or Medicare. Increasing funding and expanding this program to meet other transportation needs could be a feasible and effective intervention, especially for rural populations that are far from the grassroots organizations providing these services. For example, Faith in Action is a faith-based organization that provides similar services and operates out of some more metropolitan areas in the state. In addition to transportation to medical appointments, they also provide monthly grocery shopping assistance and will assist with minor home repairs and maintenance. Expanding Modivcare to include grocery assistance and transportation to other appointments, like job interviews, could reduce reliance on these faith-based organizations and increase access to individuals who may avoid religious institutions.

Reallocating funds from unnecessary law enforcement practices to trauma-informed, community-based practices in West Virginia can address systemic issues and promote long-term community well-being. By defunding unnecessary punitive measures in health-centered, supportive, and trauma-informed approaches, the state can foster safer, healthier, and more

equitable communities. This strategic reallocation not only addresses immediate needs but also builds a foundation for sustainable growth and resilience that would address the ripple effects of historical trauma. However, it is crucial to remain vigilant due to the increasing prevalence of recovery capitalism spreading across the state, region, and country. This trend can lead to the commodification of care, as well as prioritizing financial gain over effective and compassionate treatment. As a result, recovery services may become more about generating revenue than providing meaningful support, potentially reinforcing dehumanizing practices and further marginalizing those in need. It is essential to critically examine and address the implications of recovery capitalism to ensure that recovery efforts remain focused on humane, patient-centered care.

LIMITATIONS

This study, which employed ethnographic observations and photo-elicitation interviews, has several limitations that warrant consideration. One significant limitation of this research is the demographic homogeneity of the sample, which consisted predominantly of middle-aged white males. Although this sample accurately represents the majority population in treatment within coalfield communities and across the state, the experiences and perspectives of underrepresented groups, such as women and people of color, may differ significantly. This could lead to different conclusions about the impact of historical trauma and substance misuse across subgroups.

The purposive snowball sampling method used in this research unexpectedly resulted in a homogenous sample. For example, during one recruitment session at a men's treatment facility, over 40 men signed up to participate in interviews. It was anticipated that at least half of these potential participants would drop out before completing the interview process, but this did not

occur. At the time of data collection, most of the men at this facility were middle-aged white males. Two Black men who signed up to participate in the research were either not present for their interview due to medical reasons or were rearrested before their interview could be completed, further contributing to the sample's homogeneity.

Future research should aim for a more diverse sample to capture a broader spectrum of experiences and to account for differences and nuances between subgroups in the coalfields. This approach would also facilitate a more intersectional analysis of the impact of historical trauma on this population. The current research was conducted with a small and specific subset of people residing in the coalfields. To gain a more comprehensive understanding of the phenomena studied, it is essential to conduct additional observations and interviews across other subsets of the population, including those in different geographic regions, socioeconomic statuses, and cultural backgrounds. This broader approach would enhance the diversity and representativeness of the findings, providing a more holistic view of the community's experiences and challenges.

In addition to the homogeneity of the sample, this research did not achieve its intended sample composition. The initial research design aimed to include two subsamples of approximately 20 participants each: one subsample comprising individuals at various stages of treatment or recovery and another subsample consisting of individuals working in the field of recovery. However, during the recruitment process, it became evident that a higher number of individuals in various stages of treatment and recovery were being recruited compared to those working in treatment and recovery. Given the time constraints of this dissertation, the decision was made to focus this phase of research on participants in various stages of treatment and recovery. There were four participants who were not only in recovery but also employed by organizations providing treatment services within the state. These individuals occupied a unique

position, offering valuable insights into the phenomenon under investigation, as they regularly interact with and learn from people throughout the region, gaining knowledge of their stories and experiences. The decision to not include them may have limited the richness of the data. Future research should aim to interview individuals working at organizations offering treatment services throughout the coalfields.

Regarding the photo-elicitation methodology, only 6 out of 30 participants brought photos to their interviews. This low response rate was primarily because the majority of participants were in residential treatment programs, and many were diverted directly from jail, severely limiting their access to personal photos or devices capable of storing and sharing images. This limitation restricted the richness and variety of visual data available for analysis and may have impacted the depth of insights obtained through photo-elicitation.

Some may read this section and feel it is missing some limitations, for instance, those related to generalizability, subjectivity and bias of the researcher, and/or inter-coder reliability. However, I agree with Small (2008), who emphasizes that the unique strengths of qualitative research lie in its ability to capture the complexities of social phenomena, which cannot always be quantified or measured with numerical data or standards. One of the key points Small makes is that the logic and language of qualitative methodologies often get "lost in translation" when they are integrated into predominantly quantitative frameworks, such as the ones that have historically dominated criminological research (Small, 2008, p. 2). He warns that imposing quantitative principles, such as the use of multiple coders to ensure inter-coder reliability, may detract from the interpretative insights and nuanced understandings that qualitative methods are designed to uncover. Qualitative methods provide deep, contextual insights; the results are specific to the participants and settings studied.

Small advocates for maintaining the distinct epistemological and methodological foundations of qualitative research rather than diluting them by attempting to make them more "scientific" in a quantitative sense. This perspective encourages a broader appreciation of the diverse contributions that qualitative research can make to scientific knowledge. Furthermore, Small discusses the importance of reflexivity and the role of the researcher's positionality in qualitative research. He cautions against adopting a purely positivist approach that seeks to eliminate subjectivity, arguing that this can obscure the valuable perspectives and insights that qualitative researchers bring to their work.

FUTURE RESEARCH

This research explored the impact of historical trauma on the population-specific disparity of concentrated substance misuse, which represents a psycho-social trauma response in the coalfields. Future research should also investigate population-specific physical health disparities and their connection to historical trauma in the region, such as cancer clusters and Black Lung/COPD. These conditions, prevalent in the coalfields, may have roots in the same historical and socio-economic factors driving substance misuse, providing a more holistic understanding of its impact.

The exploratory nature of this research focused on a small subset of the population. To truly grasp the context of historical trauma and its mechanisms impacting individual experiences with trauma and substance misuse, additional studies with larger and more diverse subsamples are needed. Future research should include interviews with a broader spectrum of individuals, such as more people in treatment, their family members, those working in recovery, community leaders, and other stakeholders like teachers, first responders, and business owners. This will

provide a more nuanced understanding of how historical trauma permeates different facets of the community.

A comprehensive understanding of historical trauma in the coalfields requires observations and interviews across various generations. Most participants in this study were close in age, limiting the generational perspective on trauma and substance misuse in some ways. Future research should ensure a more diverse age range among participants to capture the intergenerational transmission of trauma and its effects on different age groups. This approach will help elucidate how historical trauma influences community dynamics and individual experiences across generations.

While conducting this research, a major concern emerged regarding the potential for the next wave of community trauma being driven by the exploitation of the "for-profit rehab" industry. It became evident that some recovery facilities are not viewed as legitimate by community members and participants, raising concerns about the quality and intent of care. The potential for "recovery capitalism" to profit from pain and addiction in coalfield communities is high and already happening. This was highlighted in formal and informal conversations with employees at recovery facilities. For instance, an executive director referred to those seeking treatment as "customers" instead of "patients" or "clients." Based on narratives from previous employees of the facility and other community members, this is indicative of the "profit over patient" mindset that exists among higher-level employees at this facility and other facilities throughout the state. Future research and regulatory bodies should investigate recovery facilities in the region for insurance exploitation, maltreatment of patients, and improper discharges – exploring the ethical implications and effectiveness of these institutions in providing genuine recovery support.

This dissertation represents an exploratory wave of data collection in what has grown to be a larger project. After applying for review board approval, future waves of this research aim to address study limitations and expand the sample. The second and third waves of this research are in the early planning stages, with additional waves to be planned soon. The second wave will essentially replicate the first, however, there will be minor improvements and the sampling criteria will exclude white men in an effort diversify this subsample of participants. The third wave of research will be with individuals working in the substance misuse and mental health fields in the coalfields.

FINAL REMARKS

The pathway from state and corporate violence – to – historical trauma – to – concentrated physical, psychological, and social disparities is not a phenomenon that is specific to coalfield populations. This pathway exists globally and especially in ecologically and minerally rich regions. In regions rich in land and natural resources such as minerals, oil, and gas, the potential for substantial profits often leads to significant state and corporate interventions. These interventions can manifest as forced land acquisition, suppression of local resistance, and exploitation of labor. The violence inflicted upon these communities creates a legacy of trauma that transcends generations. This historical trauma leads to significant disparities in health, economic status, and social well-being. Populations affected by such trauma often experience higher rates of chronic diseases, mental health issues, and social disintegration.

The potential for profit drives both State and corporate entities to exert control over valuable resources, often leading to conflict and violence. The way in which this violence and pathway manifest is different depending on the value of resources in a specific geographical location and the demographics of the majority. The demographics of affected populations—such

as indigeneity, ethnicity/race, religion, and/or social status —often dictate the severity and nature of the violence.

The coalfields, and all communities in the U.S., benefit from the imperialist powers of the United States and its allies. Land, resource extraction, and labor exploitation in the U.S. does not reach the severity of places like Palestine, Democratic Republic of the Congo (DRC), and Ghana because its citizens are protected by the country's dominance in the global arena. U.S. communities, indirectly benefit from the country's global dominance. This dominance allows the U.S. to secure resources and labor from other countries, often under conditions that would be unacceptable within its borders. The economic stability and infrastructure in the U.S. are partly maintained by exploiting global labor markets and resource pools. U.S. citizens enjoy a degree of protection and privilege that insulates them from the extreme conditions seen in less powerful nations. For example, U.S. citizens are afforded privileges that provide a level of safety and compensation not afforded to workers in mines in the DRC, where child labor and dangerous working conditions are rampant (Amnesty International, 2016)

The pursuit of profit often leads to severe human rights abuses and environmental degradation. Corporate and political elites in the U.S. and around the world are able to get away with more in these areas of the world due to the value of their resources and group demographics that make them disposable in the eyes of the global ruling class. For example, in Ghana, gold mining operations have led to extensive human rights violations, land degradation, and water pollution, impacting local communities disproportionately (Emmanuel et al., 2018).

Demographic factors play a significant role in how and why certain populations are exploited. Groups perceived as marginalized or less powerful, such as indigenous tribes in the Amazon or ethnic minorities in conflict zones, are often deemed disposable. Their lack of political power

and representation makes it easier for elites to exploit their land and labor with minimal repercussions.

The disparity between the protections afforded to citizens in powerful nations versus those in exploited regions highlights a significant global inequity. International legal and economic systems often favor powerful states and their corporate allies, perpetuating cycles of exploitation and violence in vulnerable regions. As this dissertation is being written armed resistance fighters around the world are taking up arms to resist and fight for their rights. Like the miners who engaged in armed resistance against the egregious exploitation of mine operators and their own government; resistance fighters like the Palestinian Resistance fight an even harder battle. To accept miners' resistance but to condemn the resistance of other groups facing even worse conditions is not only hypocritical; it is immoral. To condemn the armed resistance of people fighting for their basic human rights is to betray the fundamental ideals of those who ignited the miner rebellion. The criminalization and demonization of trauma responses from substance misuse to armed resistance only further entrench the pathway.

The historical trauma framework, when coupled with critical criminological perspectives, offers a robust model for understanding the mechanisms through which state and corporate violence subjugate communities and inflict harm. This integrated framework facilitates an exploration of the interconnectedness of power, place, and identity, fostering a sense of solidarity in addressing these complex issues. For too long, criminological scholarship has disproportionately focused on crime and related issues within underserved communities, often neglecting the underlying prevalence of historical trauma and its resultant physical, psychological, and social trauma responses.

This narrow focus tends to reinforce the status quo, overlooking the broader systemic influences at play. It is imperative that more scholarly effort and attention be directed toward understanding how crimes and harms perpetrated by "the powerful" influence these issues within communities globally. By broadening the scope of criminological research to include the impact of state and corporate violence on community "problems", we can better comprehend and address the multifaceted nature of issues like concentrated substance misuse and its profound effects on marginalized populations.

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APPENDIX A

RECRUITMENT FLYER



Trauma, Substance Misuse, and Harm in the Coalfields.

The purpose of this research study to gain an understanding of the impact of trauma within our community. If you are someone with personal and/or professional connections to substance misuse you may be eligible. This interview will take up to 1-2 hours of your time. If you choose to be in the study, you will be asked several open-ended questions – you will be expected to answer them to the best of your ability and based on your knowledge/lived experience. The Old Dominion University Institutional Review Board has approved this study.

There are minimal risks associated with this study. The risks that are associated with this research are listed below.

Risks:

- Invasion of privacy, confidentiality, and depending on your experiences the risk of re-traumatization.

Benefits:

- Participants may be eligible to receive monetary compensation for participation.
- Inform policy, research, and services within the region.

Location & Details

- The location of the interview will be decided by the researcher and the participant but will occur in a safe and comfortable environment.
- Interview Duration: 1-2 hour(s)
- Interview instructions and questions provided to participant at least one week before interview.

Are you eligible?

- Must be 18 years or older.
- Must be an individual in recovery, a public service provider, and/or a recovery specialist.
- Must live and/or work in one of the following WV counties: Cabell, Wayne, McDowell, Raleigh, Logan, Kanawha, Wyoming, Boone, Mercer, Mingo, Lincoln, Fayette, Mason, Summers, & Putnam

If you're unsure if you meet the requirements call or email the contact below:

Brooke Baker M.S.
bdbaker@odu.edu
304-994-1668

APPENDIX B
INTERVIEW PROTOCOL

Verbal Consent to Participate in Research

You are being asked to participate in a study about trauma, substance misuse, and harm in the rural, central Appalachian coalfields. This study involves research. The purpose of this research study is to gain a better insight into the concentration of substance misuse and harm in the coalfields through the eyes of the individuals closest to it and most affected by it. This will take up to 1-2 hours of your time, depending on how much you would like to share. The Old Dominion University Institutional Review Board has approved this study – meaning that this research has been evaluated for ethical treatment of human subjects and approved by a panel of experts. If you choose to be in the study, you will be asked a number of open-ended questions and you will be expected to answer them to the best of your ability and based on your knowledge and lived experience. All interviews will be recorded and then transcribed using pseudonyms to ensure confidentiality. All recordings will be destroyed following transcription and analysis, and the master list as well as adapted transcriptions will be properly secured with research team.

There are minimal risks associated with this study. The risks that are associated with this research involve the invasion of your privacy, breaches of confidentiality, and depending on your experiences the risk of re-traumatization. This research has potential to inform policy and service at the intersection of criminal justice, recovery, and public health. There are direct benefits to you for participating in this study. There is a \$25 payment for completing the interview and payment will occur once you have completed the interview. If you have questions while taking

part, please stop me and ask. Your responses will remain confidential, and the research team has taken the steps necessary to minimize the risks associated with this research.

If you have questions about this research, or study related problems, you may call me at 304-994-1668. If you feel as if you were not treated well during this study or have questions concerning your rights as a research participant call the Old Dominion University Office of Research Integrity (ORI) at 757-683-6509 (office) or ypearson@odu.edu.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. Is it okay that I continue?

Verbal Consent to Store Copies of Photos for Future Research

You were asked to bring 3-5 photos to the interview that may facilitate/reinforce your answers to the open-ended interview questions and/or contribute to the interview in some way. None of the photos you provide will be published or reprinted these are strictly for research purposes. Your consent to store photos is voluntary, and you will not be penalized or lose benefits if you refuse. Do you consent to the storage of the photos you have provided?

Demographic/Background Questions

1. What is your name?
2. Gender Identity?
3. Age?
4. Race/Ethnicity?

5. Highest Level of Education?
6. Marital status?
7. Children?
8. Do you consider yourself fully or partially disabled?
9. If you are comfortable sharing, do you have any mental health conditions (anxiety, depression, PTSD, etc.)
10. Are you a military veteran?
11. Do you have prior contact with the criminal justice system? Or are you currently under supervision?
12. Are you employed?
13. What is your job title?
14. Which WV county do you work in? Which WV county do you live in? Where did you grow up?
15. Do you live in a rural area of the county?
16. Do you have a history of substance misuse?
17. Is there a history of substance misuse in your family?

Pre-Interview Questions

1. What motivated you to participate in this study?
2. How are you feeling today? Are you nervous about the interview?
3. How would you describe your community? How would you describe this region (southern WV/the coalfields)?

4. Is there anything that you would like to ask me before we get started?

Substantive Questions

R1: What collective traumas do practitioners and **individuals with a history of substance misuse** perceive as being the leading drivers of substance misuse within the region?

R2: (2a) What is the context of trauma in the prevalence of substance misuse and related harms within the Appalachian region? (2b) What are the mechanisms through which collective trauma impacts individual-level traumas within the region?

Questions	Possible Probes (Likely to change based on answers provided by respondent)
Would you feel comfortable sharing a personal experience or event that you feel influenced your substance misuse in some way?	<ul style="list-style-type: none"> • Are there any events or memories you feel contribute(ed) to your substance misuse that you are willing to share? • Any significant losses that contributed to your substance misuse (loss of employment, death of a family member, divorce, etc.)?

	<ul style="list-style-type: none"> • From literature - a work-related injury, history of substance misuse in your family, personal experiences, etc.
<p>Based on your personal experiences what do you think are the main reasons people initiate and continue substance misuse in this region?</p>	<ul style="list-style-type: none"> • Do you feel comfortable sharing when you initiated substance use? And when you felt that use morphed into misuse? • Were there experiences in your youth that you feel contributed to your substance misuse?
<p>Do you have family members or close friends with a history of substance misuse?</p>	<ul style="list-style-type: none"> • Do you feel their substance misuse influenced you in any way? • Have you lost a family member or friend to substance misuse? • If so, can you elaborate on how their use affects you?
<p>Can you elaborate on how you think being in this region (facts, events, and histories particular this area) has affected</p>	<ul style="list-style-type: none"> • How do you think they are linked/shape peoples' experiences with trauma?

(or have shaped) your experience with substance misuse?	
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R3: (3a) What trauma-informed practices are already being implemented within the region and (3b) How do they account for the impact of collective trauma?

Questions	Possible Probes
Have you received any services or support that are trauma-informed and/or had a focus on mental health during your recovery journey?	<ul style="list-style-type: none"> • What was the name/type of service? • If so, can you describe your experience? • How important do you think these services were for your short-term or long-term recovery?
How do you feel that your identity (race, gender, status, etc.) has affected your access to treatment or your experiences in treatment programs?	<ul style="list-style-type: none"> • Have you encountered any challenges in accessing trauma-informed care or support in your region, and if so, what were they and why?

	<ul style="list-style-type: none"> • Are people treated differently depending on their identity within treatment programs? By the other people in treatment? By the staff?
<p>Do the services and supports accessible to you extend beyond the individual being treated? To your children, family, etc.</p>	<ul style="list-style-type: none"> • Are there barriers to extending services and supports...? • How have you seen the impact of extending services and supports...?
<p>In your opinion, how can services focused on substance misuse and trauma promote long-term recovery and resilience?</p>	<ul style="list-style-type: none"> • Can you think of examples where you have seen services focused on long-term recovery...? • What are some practices or policies that get in the way of long-term recovery...? • What do you think is needed to in this program or in the region generally to help people maintain long-term recovery?

Post Interview Questions/Procedure

Questions:

- Now that the interview has concluded would you mind sharing how your feeling?
- Was this experience different than you thought it would be? Overall, how would you describe this experience in your own words?
- Would you so this again?
- Would you suggest participating in this research to a friend or family member?
- Do you feel that you need to speak to a counselor or peer mentor now that the interview as included?

Procedures:

- Provide participant with informational document of location specific resources.
- Link with recovery counselor or peer-mentor (if necessary). All participants currently enrolled in a recovery program will be linked with a counselor or peer-mentor for 5-min debriefing.

APPENDIX C

WV CARES APPLICATION



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF-DISCLOSURE APPLICATION AND CONSENT FORM

(This application must be completed in blue ink)

PART I

I, the below-named applicant, understand that this form cannot be completed until an offer of employment is made. The offer of employment is made pending the results of the investigation of registries and a fingerprint-based background check. I understand that refusal to complete Parts I, II, and III of this form constitutes my rejection of the employment offer.

I, the below-named applicant, swear/affirm, that the information contained within this application is true and correct to the best of my knowledge.

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Clearly answer truthfully YES or NO to the following questions:

	Yes	No
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?		
2. Have you ever been convicted of, pled guilty or nolo contendere (no contest) to a <u>misdemeanor</u> or <u>felony</u> ?		
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?		
4. Are you under indictment or do you have any criminal charges pending against you?		
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?		
6. Are you the subject of a restraining order as a result of a domestic violence act or subject to a verified petition of domestic violence or subject to a protective order?		

NOTE: If any questions 1-6 listed above are answered YES, a brief letter of explanation by the applicant must accompany this form. Failure to provide explanations could result in disqualification.

PART II

Consent for Investigation for Employment Purposes

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and fingerprint-based background checks, into information contained in this application. I understand that my fingerprints will be retained by the West Virginia State Police for the purpose of Rap Back services during my employment in a long-term care facility. **Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is an excluding act under the fitness determination process being conducted by DHHR.**

Signature of Applicant: _____ Date: _____

(Signature must be completed in blue ink)



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF DISCLOSURE APPLICATION AND CONSENT FORM

(This application must be completed in blue ink)

PART III

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Gov't Issued ID Number/Expiration: _____ State of Issue: _____ Type of ID: _____

Gender: Male ___ Female ___ Race: _____ Height: _____ ft. _____ in. Weight: _____ lbs.

Hair Color: Brown Blonde Bald Eye Color: Blue Hazel Brown
 Black Gray Other Red Black Other
 Red White Green Gray

Social Security Number: _____ - _____ - _____

Date of Birth: ___/___/___ Place of Birth (City & State): _____ Citizenship: _____

Current Mailing Address: _____ County: _____

Current Physical Address: _____ County: _____

List all cities and states (outside of WV) where you have lived within the past 5 years and provide approximate dates:

List all cities and states (outside of WV) where you have worked within the past 5 years and provide approximate dates:

List all names and aliases you have used formally and informally (Include maiden names, married names, nicknames, and any other name used or known as):

*****This form expires 60 days after the date of the signature in Part II*****

For Office Use Only:

I affirm that I have compared the government issued identification presented by the applicant.

Signature: _____ Date: _____
(Signature must be completed in blue ink)

Printed Name: _____ Position: _____

APPENDIX D
EXAMPLE FIELDNOTES

Location: Recovery Point Cafe

Date: 08/18/2023

Hours: 9:00am – 12:30pm 1:30 - 2pm

Fieldnote(s): 005 -006

Fieldnote 005: “Café Membership”

A. Jottings

- New Member Intake - fill out paperwork, provide resources, pick recovery circle days, art therapy.
 - New Intakes – (3 total); 1 white female and 2 white males
 - New Member Intake - White Female – pulls out organizer to record dates and times, Lauren assists with intake, helps with intake forms, membership requirements, picks circle meeting date/time, sets up transportation, resources and classes – she chose art therapy and financial wellness, assigns recovery coach.
 - New Member Intake – White male, heard of the café through “guys at the house” same process.
- Membership Requirements – sober, circle meeting, give back to the café/attend programming.

B. Full Fieldnote

The café is a members-only resource; there are three requirements in order to obtain/maintain membership at the café giving individuals access to the point café services. Membership requirements include having 24-hours sober, attending a weekly 1-hr circle meeting, and giving back to the café. This last requirement can be completed by simply taking part in the meetings, resources, and events offered by the café but can also include donating to the clothing closet and/or providing time to café meetings and events.

During my time at the café, I witnessed three new member intakes, 1 white female and 2 white males. The intake process includes filling out paperwork and obtaining personal information, providing resources to the new member, and informing them of the opportunities available to them through the café, picking a circle meeting and day/time to attend, signing up for any classes/programs the individual would like to take part in.

During this intake if the individual needs transportation to café meetings those forms are also filled out. The first intake I witnessed provides a decent illustration of this process.

The new member, a white woman casually dressed in jeans and a tank top, starts with filling out intake forms and documents, Lauren spends time explaining the process to them and what is expected of them as a member. The new member picked out the day/time they would attend their circle meeting, was assigned a recovery/life coach and signed up for two classes/sessions – art therapy and a financial literacy class. Two other new members were signed up today, but their intakes were done out of sight. At the end of the day, I asked Lauren if she would do a mock intake with me my next day in the café

and she agreed. This will give me an opportunity to see exactly what this process looks like.

Fieldnote 006: “Members and Circle Meetings”

A. Jottings

- Several members come in for a circle meeting
 - Members – (5 total); 4 while males and 1 female - mixed race
- Circle meetings – general support group, facilitated by recovery professional, with more of a focus on life struggles rather than the substance misuse focus of other meetings/groups like AA/NA

B. Full Fieldnote

One of the many services that the Café offers is a weekly support group. Attendance to at least one “Circle Meetings” a week is also a requirement for membership at the Café.

There are two meetings a day one in the morning, and one in the afternoon. I am curious to see to see if they offer an evening meeting, considering that some individuals in the recovery community that may want to join are unable to attend day-time meetings. The first meeting starts at 10 AM, members of the café that were attending the meetings started to come in around 9:45. Shane spends a few minutes before the circle meeting rounding everyone up. I did not attend this circle meeting, at this stage and until I have some more conversations with administration, I felt it inappropriate, especially without

permission from staff and members of the café. This is something to clarify with Patrick. Meetings are informal – everyone comes in casual attire and meets at the scheduled time in the meeting room, door to meeting room is left open, and you hear people's voices out in the café but it is very hard to hear what they are saying. I could overhear someone with a louder voice in the room speaking of their life – messy divorce, death of parent, however there was not a clear line of hearing. The last circle meeting of the day did not happen because members of that circle switched days. This makes it seem like circle groups are assigned members and certain days to meet, they do not seem to be open door. This is something to clarify with staff.

The first two people to enter were white males, older (40-55 years) – the first male to enter was very outgoing referred to recovery point staff as his “friend” and seemed very at home. He was not attending the meeting, it seemed he was just dropping in to say hello to the café staff. He left as the circle meeting was still going and he made it a point to stop and tell me it was nice to meet me, slide in a joke about keeping Shane in line, and left but not before he told Shane (Café director) “I love you buddy” on his way out Shane replied “I love you too.” Members of the café seem very comfortable here, at least the ones that have been here before spent time here. They also seem very close to the café staff as illustrated in interaction above.

The second man to enter was more reserved and shared that this was his first circle meeting during small talk before the meeting started. When he come out of the circle meeting his energy had shifted as he seemed lighter, his nerves seemed nonexistent, and

he had a smile on his face that was not there when he entered the building. He thanked the staff, said it was nice to meet me, and left ensuring he would be back.

Two more people trickle in and signed in at the front both white males one middle aged and the other a bit older. The younger one – Michael - exchanges pleasantries and heads into the meeting room – I learn later that he is leading the group and is in the leadership program offered by RPWV that assists people in getting their peer-support certification. In order to be certified you must earn a certain amount of hours leading group support sessions among other things.

Heather is the last member to come into the café is a female of mixed race – she enters quietly, signs in, and head straight to the back room where the food and coffee station is. She comes out with a plate of food and some chips – all of the food and coffee is free to members. Shane informs her that the meeting is starting. She was the only female attending the meeting, her body language and interactions with people showed that she seemed pretty comfortable in the café and seemed to have attended meetings before.

VITA

Brooke Baker

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EDUCATION

- Expected August 2024 **Ph.D., Criminology and Criminal Justice**
 Old Dominion University, Norfolk, Virginia
- May 2020 **M.S., Criminal Justice**
 Marshall University, Huntington, West Virginia
- May 2018 **B.A., Criminal Justice & Psychology**
 Marshall University Huntington, West Virginia

TEACHING EXPERIENCE

- Fall 2020 – Current **Instructor of Record**, Old Dominion University,
 Department of Sociology and Criminal Justice
- Spring 2023 – Current **Adjunct Instructor**, Christopher Newport University,
 Department of Sociology, Social Work, & Anthropology
- January 2020 – May 2020 **Graduate Teaching Assistant**, Department of Criminal
 Justice & Criminology, Marshall University

PUBLICATIONS

- Ellison, J. Cain, C., **Baker, B.**, & Paige, B. (2022). The dangers of short-term confinement: Indicators of safety risks among individuals in jail. *International Journal of Offender Therapy and Comparative Criminology*. <https://doi.org/10.1177/0306624X221110808>
- Perrotti, A., Martinez, S., Chappell, A., **Baker, B.**, & Sampath, J. “Reimagining from Abroad: Speech-language pathologists as interprofessional partners supporting justice-involved youth in America.” *American Journal of Speech Language Pathology*