

A Century of Culture Clash - The Enduring American Frontier: The Intersection of Myth, History, and the Nine Million People Still Living There

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EDITOR'S NOTE

Over the past year, the Albuquerque Tribune has published a series of articles about the enduring American frontier and the metaphor of a "Buffalo Commons." This series is important and has presented the work of Charles Little of the American Land Publishing Project in Placitas, Peter Letherby of Writers on the Range, *High Country News*, and the work of Deborah Popper (City University of New York) and Frank Popper (Rutgers), professors who for more than twenty years have laid out the statistical reality of the continuing de-population of the plains.

Earlier work by the Poppers inspired another movement, less well known - some might say less controversial - one dedicated to improving the lives of people in frontier communities and led by the Frontier Education Center, National Clearinghouse for Frontier Communities (the Center) a national organization based in New Mexico.

Frontier as myth

Buried deep in the American consciousness is the idea of an American frontier; loved by some, loathed by others. From the first storytelling versions taught in elementary school, every student learns the fundamental concepts. Myths blur with facts; Manifest Destiny, movies showing gunslingers and the occasional native person, and Frederick Jackson Turner. Turner, a history professor at the University of Wisconsin, made a speech in 1893 declaring that after the 1890 census, the frontier had ended -- after which it miraculously disappeared from the national consciousness.

Native Americans and later Mexican settlers never recognized the concept of a frontier - a line of settlement; this was a line marking their serial conquests by a new nation. Separating myths from facts, we now recognize the rich diversity of native peoples, languages, and cultures, the wildlife, and natural history of this continent before it was conquered, colonized and the indigenous people nearly eliminated. Layered on this is the ongoing legacy of slavery, the stories, trials and tribulations of numerous waves of immigrants, first from Europe and then as the years passed, this continent absorbed people from all over the world.

Community land grants formed a very large commons across much of what is now New Mexico, given as incentives to settle areas distant from the colonial capitols usually in areas still at war with the tribes, and they contrasted with the individual land grants given to rich and powerful people. Community land grants were also made to pueblos as early as the 1600's, in effect giving them back a small part of their own land. These lands are still in dispute and are being studied by the congressional General Accounting Office (GAO).

A national voice for frontier communities

There is a hidden region in the United States, the enduring American frontier, a term as volatile as the myths that still surround it. Using the Center's Consensus Definition, this region is 56 percent of the land area and fewer than 4 percent of the population of the U.S., sharing only a sparse population and an isolation of more than an hour travel time, from the cities, suburbs and small towns where the remaining ninety-six percent of Americans live. While Turner used only

population density to describe frontier, the Consensus Definition takes modern life into account using a matrix that weights population density with travel time and distance to services or a market center as a more accurate reflection of isolation in contemporary times.

A brief history of the Center begins soon after the 1980 census, when Rutgers University Land Use Professor Frank Popper began publishing academic articles observing that although a frontier line no longer existed, huge tracts of the United States were still very sparsely populated and many areas were continuing to lose population.

By 1984, Popper's academic work was being written up by the popular media. A newspaper article about Frank Popper and the frontier caught the eye of a clinic director in Mullen, Nebraska, the heart of the barely populated Sand Hills region of northwest Nebraska. The article was sent to the federal government's Regional Health Administrator for Nebraska with a request for a meeting to look at the special needs of sparsely populated communities. People in Mullen, located in Hooker County, knew that they faced unique barriers in struggling to maintain a health care system. Hooker County today has a total population of only 783 and a density of 1 person per square mile (<http://www.frontierus.org/2000countiesM.html> Census 2000).

In December of 1984, the first meeting of what became the Frontier Healthcare Task Force was held. By 1986, the federal government, the American Public Health Association, and the National Rural Health Association all had formal policies recognizing the unique circumstances of frontier communities and the need for special consideration to help these communities receive the kinds of health services the rest of the country takes for granted.

By 1997, it was obvious that a national frontier voice was needed and the Frontier Education Center incorporated. The focus of the Center expanded as it became apparent that in the smallest communities healthcare can not be studied in isolation from other services and economic sectors. The Center uses the holistic Healthy Communities model, which includes physical, emotional, economic, cultural, spiritual, and environmental health as all necessary to the health of a community.

People who live and work in the frontier know that the only commonalities are sparse population and a long distance to the city. Almost everything else about these communities reflects their unique nature. Large parts of the frontier are under the control of the United States: military, forest service, national parks, bureau of land management, and other agencies; other tracts of land are Indian reservations and trust lands, and the Great Plains is primarily privately owned but in many ways economically controlled by federal agriculture policy.

The geography is as diverse as the people but the one thing frontier people share is a wary relationship with the federal government.

Creativity on the frontier

While some people see the story of the contemporary frontier as a problem to be solved, the Center sees great solutions coming from frontier communities and filtering upward to affect state and national policy.

Services providers in the smallest communities know that they cannot survive if they are not creative. One of the goals of the Center is to identify and highlight creative community problem solving and spread the news through its National Clearinghouse so that communities can learn from each other.

Last year the Center began the *Innovations* series, case studies highlighting a community working on health care and economic health in a new way. The first case study was HMS, Inc in Lordsburg, New Mexico. HMS began as a county hospital closed in 1979 and then became an on-again, off-again medical practice. When mining began to shut down in Grant and Hidalgo counties, HMS brought people together to dig in, support and expand its health care system and now HMS has evolved into a large, stable health care system in a brand new facility - as well as the county economic development agency, folding economic health into its healthcare mission.

The Center did another report last year on behavioral health problems in frontier communities, focusing the majority of the report on the many creative and innovative solutions being implemented around the country. From an Alaska program to train community members as Behavioral Health Aides, to a UNM program to give computers to isolated mental health patients so they can participate both in online support groups and communicate by email with their health providers; communities are doing a lot with very few resources.

One of the biggest challenges facing the smallest communities is what the Center has named Structural Barriers. These are intentional and unintentional barriers in federal law and regulations that make it impossible for small communities to access hundreds of programs. The Center provides information to policy makers to help them improve legislation and program designs which discriminate against small communities.

The Center helped create a new kind of health facility, the Frontier Extended Stay Clinic (FESC) that is smaller than a hospital, basically a clinic with limited in-patient capability. We first reported in 1998 that frontier clinics were holding patients for extended stays usually due to weather or quality of care decisions but that the clinics were not being reimbursed for these services. Now, only five years later, a national FESC demonstration, led by clinics in Alaska is underway. This is another example of local problem solving filtering up to the national level.

Building bridges

Returning to the issue of the demographic, land use, and ecological challenges faced by large frontier areas, the Center plays an important, bridge building role. As advocates for these communities, we understand their problems: right down to the individual country doctor trying to retire with no replacement in sight, 100 mile drives to the nearest pharmacist, the rancher seeking the perfect crop to help them stay on their land in the face of agriculture globalization, and the school district fighting another round of consolidation.

Above all, the frontier is a peopled landscape. It is not the empty wide, open spaces 'outsiders' see on maps, flyovers and drives through on the way to somewhere else. The challenge for the future is how to bring the myth face-to-face with the reality.

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http://www.abqtrib.com/archives/opinions03/101603_opinions_frontier.shtml

