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The COVID-19 crisis: How rural Appalachia is handling the pandemic?

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The novel coronavirus (COVID-19) pandemic is placing unique demands on America's entire health care system. It is causing a humanitarian crisis of global proportions, with hundreds of thousands of lives disrupted. Alongside these gloomy sentiments, however, images of solidarity have emerged. Health workers have shown incredible commitment to their communities and have responded with compassion and resolve to tackle the COVID-19 despite challenging and sometimes dangerous conditions.

This pandemic could take a crushing toll on rural areas that are less prepared than many of their urban counterparts¹. Rural areas may be among the hardest-hit regions due to their demographics and lack of resources. Many people in rural areas live thirty or more miles away from the nearest hospital. The Appalachian Region, as defined in the Appalachian Regional Commission² is a 205,000-square-mile region that follows the spine of the Appalachian Mountains from southern New York to northern Mississippi. Forty-two percent of the region's population is rural, compared with twenty percent of the national population. Nearly twenty percent of people in entirely rural counties are 65 and older, according to U.S. Census data², compared with around fifteen percent in most urban centers. Americans living in rural areas also tend to have higher rates of cigarette smoking, high blood pressure, and obesity, when compared with their urban counterparts.³ The people in the United States who live in rural areas are mostly a higher-risk population who are particularly vulnerable to the severe outcomes of COVID-19. The entirety of West Virginia is in the heart of rural Appalachia.

This issue of the *Marshall Journal of Medicine* highlights diverse perspectives on how rural Appalachia is handling the pandemic. It looks at what makes Appalachia unique: our strengths, our weaknesses, and our resolve to emerge from this crisis stronger than we went into it. We look at how COVID-19 is affecting rural health, dentistry, and hospitals, and examine solutions for continuing to deliver quality and necessary health services while adhering to new mandates and standards of care. We also focus on the particular make up of West Virginian and Appalachian people and life, and how our shared history and experiences may have prepared us for this pandemic better than we expected. More than ever, it is important to understand the unique needs of our region and ban together to offer workable solutions for our patients, neighbors, and families.

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