OIL SPILL
6/2/2010 11:00A
BILOXI, MS

Disclaimer: This transcript begins with the first mention of the topic and introductions. The remarks regarding microphones, one-way mirror, and invitation to refreshments have not been included.

(AUDIO STARTS ABRUPTLY.)

(0:00:47.9)
MODERATOR: Unfolds and as we see what's going to happen, how it's going to impact Gulf Coast.

RESPONDENT: In extension, we have a little bit of different approach, but after Katrina, we went through a training called Triumph over Tragedy that came out of the University of Florida. Through that, we can talk to groups of people, for instance, in your office. That might help them to understand to recognize symptoms and people, coworkers for instance, that may not be at a stage where they're ready to reach out to a mental health facility. They may just need you to talk to. It helps you to recognize what you see in other people and vice versa because sometimes, they recognize you having stress that you may not recognize. It takes you through steps of just being able to talk to them and give them a chance to open up.

JOHN: I have been handed here a resource that's available that has Dr. Picou's information on it, his website and other information. If you like that, they'll be up here after the session or before you leave. I will say that another big resource that our state has is this State VOAD, Voluntary Organizations Active in Disaster and the South Mississippi VOAD. The South Mississippi VOAD is active in trying to prepare and get information for something that a lot of us really don't understand. The technological disaster, the first you heard that, you probably have to go Google it or something to find out what it was. It's a different disaster than a hurricane. We're used to hurricanes in a sense they come ashore, they do their damage, and people get busy and they start recovery. With this, there's no end in sight, really for a lot of people in. It has been said already that the anxiety levels and the stress, a lot of that is also compounded with Katrina not being so long ago. You have a double whammy or a re-traumatization dealing with, hey I just got my house back. It's not like the oil's going to take your house away again, but it could take the economy to such a level that you're not able to survive. I don't know if there's any other questions out here, this broad vast audience we have.

(0:03:36.4)
AUDIENCE: We keep hearing about Dr. Picou, is he going to present in the Mobile session tonight? Is there a way we can find that out this morning?

RESPONDENT: Yes, he's going to…

(0:03:44.6)
MODERATOR2: Because we thought he was going to be here this morning.

JOHM: Yes. I talked to him this weekend. I know he said he couldn't be here today, but he would be in Mobile. He will be there and he's spoken. We had the community wellness conference last week. He's been speaking at our conferences over the year, because he also has stats from the peer-to-peer listening that he's used in Jackson County in Mississippi and Harrison County with groups. It doesn't replace mental health services, and I don't want to come across tas saying that people should not, if they need help, shouldn't pursue mental health professionals because mental professionals are necessary part of people's recovery in many instances. Like we heard here, the group from Florida and there's many different ways, even non-traditional ways that people seek help for emotional and spiritual pain. It's a good thing to stay open about those things and to realize there's a lot of options. That no one option is the option for people. It depends basically on that person, individual and what care and what kind of need they have.

(0:05:00.8)
AUDIENCE: I'll ask a quick question. You already mentioned this, but I was wondering if all of you could maybe clarify in terms of the differences between what you experience after Katrina in terms of helping people and what you expect as far as this goes with the oil spill and in terms of differences and similarities, and how you'd respond and what people might be going through in the next couple of years.

JOHN: I know that Kaye and I have worked on several different grants, together resiliency grants and stuff. Like I said earlier, this disaster is not a disaster that comes ashore that people know in 72 hours, we're going to have an impact. People are not even sure on Mississippi Gulf Coast that if it's going to impact us directly or not at any time soon. We don't have any reason to believe that it won't, but when? If you're like me, you looked at the maps the first several days and you said, oh it's coming, it's coming, where's it at? It just hasn't come yet, which is a good thing. I'm not complaining.

(Chuckle) The differences between Katrina, which Katrina gave large scale of challenges for the health community, mental health community because many of the people who were living here that were professionals were displaced. You're not going to have that large displacement here of professionals, I don't think. You may have some because of the economy that have to move to find a job perhaps. It's not like you have to get back into your home and you have to put up sheetrock again and have to do all this. It's more of the drain on the economy. My sister works in tourism, many of you know people that work as shrimpers or fishers, they work in the fisheries on some capacity or they make their living on the Gulf Coast in some way that will be impacted. All of those people that work are going to have to be trained perhaps to work in a different field or move away. There's a lot of uncertainties. I wish we had all the answers to it, but we really don't know. We don't know what to expect and what recovery really looks like as far as mental health issues go, okay?

KAY: Elizabeth talked about this some more, but long term is probably going to be a word that we hear more often. With Katrina, there are still people who are suffering from that. Right now, it's probably more anxiety of, like John said, the unknown and worry wondering what's going to happen. Once people's lives start becoming impacted financially, those things start to drain on your mental health. Definitely I think an idea that we need to remember is that, just because it's not affecting you directly, does not mean that the person that you're talking to or your family or friend is not being affected in some way and that what they're feeling is real. It's real for them. It's going to be in so many different levels and capacities depending on what your situation is here on the Coast. If you're directly working in an industry that's impacted by the waters or we're already hearing things that people don't want to come to the Coast because they think that are beaches are covered in oil already. Those things are obviously going to impact the tourism and hospitality industry, which trickles down to so many different levels. It's going to be very real, the mental health issues for so many people. If we can recognize that and try to help people and encourage someone if you feel that they're in that situation to seek help. It's okay to seek help; it doesn't mean that you're not strong or less of a person. Everybody needs some help sometimes. If we can encourage each other and empower each other to look for those things that can help us, that will be great.

LIZ: I don't know what else there is to say other than what they've already said. It's going to be a long term. It's still just so

unpredictable that we have to be able to be ready to respond in whatever ways that we can and what the people down here, for what they need to meet their needs as we can.

(0:10:14.6)
AUDIENCE: I apologize if you all have already addressed this before I came in the session. With LaDon's this whole gathering is so well organized and it's hitting on such important topic. I'm interested in every group. I was curious to know if there are different approaches we take to responding to those that are reacting to natural forces like hurricanes versus these man-made problems. We have some we can point at and blame and really bring our anger together against certain entities, BPs catching it, the government's catching it. If that has a different approach to mental healthcare.

LIZ: That's a good point that anger is anger. (Chuckle) From a treatment standpoint, I would pretty much handle it the same way. That's a really good point, that they have a place to put their anger and someone to blame. Every person, every individual has their own way of dealing with their anger and working through it. That's what's important, is figuring out for that person, how do I help you through this? They have positive ways to deal with coping with that anger and the stress and anxiety. That's my opinion.

AUDIENCE: Can I do a follow up? I would say, I don't know that you had anger at Mother Nature.

AUDIENCE: You had anger at Mother Nature did you?

LIZ: Yes. At Katrina, I certainly do. Yes.

Oh, okay. I was angry at Alstag, but I wasn't necessarily angry at the forces. (Chuckle)

(0:12:23.7)
LADON: You may have answered this. The folks from Alaska, honestly I didn't know Steve had worked in Alaska. I should have known Steve a long time. They also use the term that, I hate to say I coined, but it's a real possibility with something like an oil spill. The term corrosive communities versus what we're used to, resilient communities where people come together after a natural hazard like a storm versus a corrosive community where some people fair better than others. There's a protest going on in Bayou La Batre over the vessels of opportunity program. Those sorts of events, I understand how you could get this corrosiveness within

the communities. My question is what can we do differently, how do we need to treat a natural event, the resilience that's developed versus what we may see with a corrosive community? Is that something you all have experience with? Is my question clear? Probably it's not.

JOHN: Yes. One of the points you're talking about is that, the Exxon situation, what happened was many of the fishermen were paid to work the oil spill. Some of them were paid even if they didn't work because they lost their industry. What happened, whether you had a large number of people who were getting incomes by not working. A lot of the employers of the businesses in town couldn't find people to work for them. Some of the businesses closed because they didn't have anyone, like McDonald's couldn't find anyone to work there. It was a rippling effect, what they created when people were out of work for so long, and they didn't have to work. They filled their time with alcohol and with drugs. The corrosive impact, there was nothing there. The resilient community is one that puts itself, invests itself back into the community. As a part of the process of healing, a part of their process of recovery. The Gulf Coast is very resilient because the people here, by nature, love helping out. Their volunteers and they work for recovery. After Katrina, everybody grabbed their chainsaws and everybody worked together regardless of who you were or what color you were, it didn't really matter. Sometimes the anger that's going to be created out of some people getting money from BP and others not getting money from BP is definitely going to cause some hostilities. To what degree that will affect overall community resilience, I'm not sure. I think that it's something to look at as opposed to just giving someone money, you give them something to do is always a better way to go about it. In my conversations with Steven or Dr. Picou, that's what we have discussed. The differences in the communities of Alaska and of South Mississippi or South Alabama. There are some stark differences in how we would deal with that. As far as the previous question about anger, I think that's why they name storms and so we give the storm a personality. I like to think that because I was very angry at Katrina, too. (Chuckle) Katrina damaged my tool shed or whatever and caused so much havoc and pain. I think that there is a sense that we identify with the storm as a person. I don't know how many people have been named Katrina after Katrina and that kind of thing. The big difference in technological disaster from what I'm not learning and the natural disaster is most natural disaster occurs quickly. There's a set protocol for recovery. For technological disaster, that's not the case because recovery could mean a lot of different things. If it was a

nuclear situation, in other words a nuclear power plant, it would definitely even be different than the oil spill that we're experiencing. There's a lot of factors that change things. I think that's why there's such uncertainty right now anyway.

(0:17:14.7)
AUDIENCE: I'm not sure this is really direct question, but just one thing I wanted to mention was, I think I was talking to you both about this just a little while ago. For about the last two months, I've been working on a project actually around Meridian in South Central Mississippi, and it was actually an oral history project on offshore oil work there. Doing interviews with those people before the oil spill ever happened. The question I had was, geographically, when you talk about mental health and it impacts mental health. Speaking with these people definitely the last couple weeks, you feel like a lot of them have lots of anxiety and tension too about what's going to happen to their work given what's happening on the Gulf now, but in communities three hours away from the Gulf. Geographically, do you see forming any partnerships with people in the other parts of the state that aren't directly on the Gulf versus; are you really focusing directly on this area? What do you see the geographic extent of this being?

JOHN: Just real quickly and I'll pass the mic because I know that others are working in partnerships with people. The South Mississippi VOAD is working in partnership with the USM, University of Southern Mississippi and Tulane. I'm sure other agencies and organizations are going to join. What we're trying to do is to bring together, like we did in Katrina, Kay what you were talking about earlier, the collaboratives that we built the networks that were developed, is to reactivate some of those but to build new networks that are regional. South Alabama, University of Southern Alabama, Tulane University and University of Southern Mississippi are three universities, but also a lot of non-government agencies or organizations like the Red Cross, Salvation Army, those are well known organizations. There's many, many more that are working together and that will work together as partners to collaborate together to make sure that everybody's needs are addressed. Not just the people that we think that need help, but to hear from people from the communities about what they need as opposed to us trying to design something and forcing it on them. It's a regional issue, so I think it'll be a regional collaborative that's going to be built.

KAY: We're already working with Louisiana, Alabama and Mississippi together as a group to put together some ideas and programs that might help people. As far as reaching farther than the Coast, there will be people who will experience anxiety, a loss of income are the results of that because the Gulf oil drilling will affected not just the oil spill. Then an anticipation that they may no longer have those jobs offshore. Typically, they're very well paying jobs and they cannot find other work that pays them with the same qualifications in other parts of the state.

PANELIST: The group that's formed this today is a great opportunity because it's so far reaching and there's already so many people that are involved with that. Maybe if that can be a forum along with some of these other things. Open communication is going to be key, figuring out what do we need to do. Let's try to keep people involved. Also one thing that as you guys were speaking, I thought of was sometimes too the different organizations maybe are collaborating. Sometimes we forget that it's the people from the community that really need to be the ones that are speaking. This room may not be that full today because some of the other issues are more prevalent at this moment. As things develop and as it becomes closer here and starts to affect more people, then a couple of weeks or a couple of months or however long this room may be full. If we can keep in mind and stay focused on the fact that people will need help. When you say mental health, that usually scares people. They don't want to talk about it, there's stigma attached to it. The message that we always try to convey to people is that mental health is part of your overall health. Get help in some way. As things develop, if we can keep that in the forefront so that folks aren't afraid to ask for help or look for some educational things or different support groups that are out there. That's going to be more and more prevalent as things go along. Maybe this'll happen again in the near future and we'll have a jam-packed room. We'll have more people here and some more discussion. Thank you all for being here. We appreciate that we're not the only ones here. (Chuckle)

(0:23:51.5) ***(AUDIO STOPS ABRUPTLY.)***

(0:23:51.5) ***(AUDIO STARTS ABRUPTLY.)***

With my neighbor.

LIZ: You're trying to keep everybody together.

AUDIENCE: Yes.

LIZ: Even though you have those kinds of pressures, it's okay to take time for yourself because if you're the glue that's holding all that together, you have to stay strong for them as well and for yourself. I would encourage you to at least go one time and see. Take that initial step and see. If you don't like it, you don't have to go back. It sounds to me like you're under an amazing amount of stress to the point where you're using the word frozen. That's a lot.

AUDIENCE: Getting here was hard, but I feel better that I did get here and I am going to try a couple of things. I'm not optimistic, but I'm going to try them.

LIZ: As long as you have the energy to try, I think that's a good first step.

AUDIENCE: Thank you.

LIZ: Okay.

AUDIENCE: Okay, yes. Please do because I'll forget. I can't hold a thought.

LIZ: Anxiety and stress will do that to your memory.

KAY: What I did was I wrote down the names of other organizations that we talked about, but we're with Mental Health Association of Mississippi. I have our phone number here. We can give you all sorts of different pieces of information for referral. Then of course, we have the senior program that I talked about. Maybe some of your tenants and things, we can help them as well.

AUDIENCE: Thank you for doing that. I appreciate all of you being here.

KAY: You have a lot on your plate.

END OF AUDIO.