OIL SPILL
6/3/10 11:00A
OCEAN SPRINGS, 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.

(0:00:09.2)
MODERATOR: If we could start with each of you introducing yourselves, please.

STEVE: Good morning. (Laughter) My name is Steve Picou and I'm an environmental sociologist. A person that studies disasters. Been studying these events for 30 years. Actually, the major disaster that I've worked on for 21 years is the Exxon Valdez oil spill. Over a period of time I've probably lived up in Alaska over the last 15, 18, years for about 2 years collecting data in small commercial fishing communities. Very isolated communities with no roads to them, Alaska native villages and looked at the community impacts. In addition to all of that, in 1995, I received funding to try to develop a mitigation program that could be distributed to communities. These events, technological disasters as opposed to natural disasters, are characteristically noted for chronic community impacts. In Alaska, we had the first suicide in a fishing community four years after the spill. That was followed by a rash of suicides as people lost income and as fisheries were experiencing long-term impact. The impacts in Alaska were latent in terms of the significance of fisheries. In other words, you have oil bergs and you have immediate impacts. It took about two or three years before the ecological impacts begin to manifest themselves. So, unlike natural disasters, technological disasters, those that involve contamination, tend to slowly reveal their consequences over time. Human communities are in a chronic manner constantly battling to cope with this. I'll never forget when I went to Cordova in 1989 town of 2,000 people, no roads to it, beautiful little Alaskan community. I walked with my Ph.D. student Dwayne Gill and we walked down Main Street. Never been to Alaska before and I looked at him and I said, this town may not be here in 25 years. Of course, it was like everything going on now: bustling angry people, fisherman in gyms listening to Exxon saying, we'll make you whole again, and BP is using the same words. The scenario, the initial play out, is very similar. Hopefully, for this event, the fisheries will not be seriously impacted, and the tourism will not be seriously impacted and the economic effects will be short term. But, we do know from the Exxon Valdez that this is, this is not what happened. The stage is set and hopefully we can be ahead of the game for community preservation and to help people develop

coping skills and to be able to manage their livelihoods and protect the integrity of their communities as well as their traditions.

(0:04:26.5)
JOHN: Good morning. My name is John Hosey. I'm with the Mississippi Interfaith Disaster Network in Biloxi, Mississippi. We've been around since 1979. Typically, our response has been to hurricanes, tornadoes, floods and even sometimes community disasters like large house fires or community crisis. We work with a number of partners, about 72 partners, on the Coast who are mental health professionals, clergy, hospitals and other organizations we meet bi-monthly since Katrina so that we could continue to build a collaborative effort. I have about 19 to 20 years experience in crisis intervention and several years experience in direct mental health services. And, since Katrina, we've learned some lessons. Some of the lessons we've learned was, number one, is that during the disaster -- and the differences of these disasters really play this whole thing differently. A hurricane, you got 72-hours usually before landfall to prepare. The hurricane comes aboard, leaves a lot of damage typically, and then you begin to clean up, and you somewhere down the road know, maybe even if it's 10 years like Katrina, you know that you're going to have recovery. With this situation, people don't have to evacuate, but they have to sit and wait for something to occur. What we are trying to do is get ahead of what Dr. Picou was talking about. Things that will happen 18 months, two years, three years, five years down the road. Even with Katrina, we saw PTSD symptoms not really kick-in until 18 months to 36 months after the event. A lot this was due to the crisis, the immediate crisis of losing your home and being in the storm and experiencing that trauma. A lot of the trauma was secondary trauma. What I mean by that is that people who lived in communities came back to the communities and didn't stay during the storm but they begun to see the impact and effects of the storm on the economy and on people without resources. So, what we're trying to do is to bring groups together. We're working with Tulane University in New Orleans, Dr. Picou from South Alabama and also Mississippi State and University of Southern Mississippi and several other organizations trying to get ahead of this. Louisiana has already been impacted and already, we have seen incidents of people seeking crisis intervention trying to determine what they're going to do, very anxious about the threat not knowing what it's going to mean for them. And all the unknowns is really what cause a lot of the anxiety. The anxiety disorders, people that are already suffering from mental health disorders. Even if they're slight anxiety disorders, incidents like this tend to heighten that and make it even a more difficult situation. We have other people here from

the Mobile area, also, that are going to share about some of their resources and what they're going to be able to offer.

(0:07:28.0)
SUSAN: Good morning. I'm Susan Wingard with the Alabama Cooperative Extension System, and I'm in the Baldwin County office as a coordinator. I do educational programs relating to family, child development and different family issues. Some of the things that I have done is worked with child care providers particularly after Katrina in looking and recognizing symptoms, stress signs and all with children and talk with them about things that they can with the children in their care.

(0:08:03.0)
MEGAN: I'm Megan Griggs from AltaPointe Health Systems. AltaPointe Health Systems is the local community mental health center. We are the largest community mental health center in the state of Alabama. We do serve Mobile and Washington County. We provide both psychiatric and substance abuse services. We have approximately 650 employees to include psychiatrists, nurse practitioners, licensed counselors, nurses, case management and behavioral staff. We provide a wide variety of services. We do have an in-patient hospital that serves both voluntary and involuntary adults and adolescents. We do have seven outpatient offices throughout our continuum that serves primarily indigent Medicaid and Medicare. Then we do have a private practice office that also serves more insurance-based and EAP consumers. Within the outpatient continuum, we provide a huge variety of services. Some in the office, some out of the office. We have day treatment programs, just regular clinic where you see a nurse and doctor, individual, group therapy. We also have a large continuum of residential services. We serve probably around 400 consumers in the adult arena for residential. That goes from apartments, support of housing all the way to group homes and foster homes. Then we do have our children's residential program that is located at our Baypointe Hospital. We also have substance abuse programs, we have five of those. It includes a medication-assisted treatment program. We specialize in women's and children's program that serves women who are pregnant or her dependent children that have substance abuse issues. We have intensive outpatient program. An HIV program for testing and counseling and then a dually diagnose program which serve people that have a severe mental illness and substance abuse issues. I'll be here to answer any questions as far as accessing services or any services that we have.

(0:10:10.8)
AUDIENCE: I'm interested in the mental health of the individuals and the community. When I came down here I didn't know what to expect. I came in here because I saw the word health basically. I was looking more for answers to health issues in general of the community.

(0:10:36.7)
STEVE: They're intimately related.

AUDIENCE: I know they are. Right now, my concern is the impact on our health within each of us. We're not directly...

(0:10:49.1)
STEVE: Smelling the fumes and stuff like that?

AUDIENCE: Yes.

(0:10:53.8)
STEVE: Let me comment on that. It starts with the community. I'm not a psychologist. What we observed happening in Alaska was, the communities lost social capital. By social capital I mean, agencies, trust, social networks, family networks, etcetera. So, this is collective trauma. What happened in the communities is that this event caused so much anger and so much heartache that people quit participating in the community. They self-isolated as the primary coping mechanism. They self-medicated. The rates of alcoholism shot up. The domestic violence got so bad that the Cordova Family Resource Center was created. It was created by local people so battered women could have shelter. Never before, this town had been there since 1907, never before had they had that problem. Certainly, as people languished in a community that we call the corrosive community, they quit going to church because everybody would be griping about the Exxon oil spill. The bars in the town were more like pubs in Ireland they were social places. People would be there in the bar at 9:00, 10:00 in the morning drinking coffee, playing checkers etcetera. The bars became empty. Three to four, five new liquor stores opened in the town. People started buying liquor, taking it home and self-medicating because they didn't want to go up to the fisherman union shop because everybody was still angry and upset over Exxon, over the spill, over the lack of any damage payments, because the litigation was dragging on for 16...actually, it was 20 years. 20 years. Physical health in the town rapidly deteriorated. I have no data on this. But if you go to Cordova and you talk to people they'll say, where is all these cancer coming from? People are dying of cancer left and

right. I went there one time in 1996, and they called it the Cordova crud. Everybody was sick. It wasn't from the oil because no oil ever came on their shores. It was that the breakdown of the social capital in the community led to the corrosive community which in turn led to serious family problems which led to serious mental health problems which led to serious physical problems. When I say it's all interrelated, we may not be aware of how significantly these things are related particular for small communities that are heavily dependent on commercial fishing.

AUDIENCE: ***[0:14:19.2 inaudible]***.

(0:14:20.0)
STEVE: Bayou La Batre, you could go right down to, I don't know, Pass Christian and down to South Louisiana, Apalachicola, Karabell. One final comment. The thing that's critical here is that because you have a more complex and diverse occupational structure that's going to be impacted, I would think that long-term economic stress for people who own restaurants, marinas, rent Sea-Doo's and all of that, that it doesn't matter who you are if all of a sudden you're engaged in what we determine to be economic loss spirals over five or six year period due to the consequences of the spill. Then we would expect the same results for other occupations. That really is what's mind boggling about this situation. You have such an increased population density and increased, a more diverse occupational structure that's going to be impacted. Rather than talking about communities of 2,500, we're talking about communities of 40,000 people etcetera.

(0:15:50.5)
JOHN: I don't know if you lived here during Katrina or after Katrina. But, you know, some of the physical illnesses that came, after that we had a high increase of staph infections. We had a high increase of respiratory problems. Then we had the formaldehyde issue with some of the FEMA trailers. Every disaster carries with it some danger. Physical, medical dangers with it because of toxins, because of things in the air. The EPA is monitoring this, and so probably around health issues and how those affect you, I know that you can go online and our website has...I'm with the South Mississippi VOAD as well. Our website has links to the EPA but also to other studies that's been done about what the chemicals are in oil and also the chemicals mixed with the dispersants and how that becomes almost, could become a toxic soup. But, nobody really knows to what degree that that will be. To try to answer the physical aspects of the effects or the long-term impacts of the oil

spill would be difficult for us to do. It may even be difficult for the EPA or anybody else to do at this point. I fear that it's going to be that long-term thing, and the Exxon situation was 30 years ago, and they're still trying to come back. And, I don't want that here. What Dr. Picou was talking about is very important. We've seen this after Katrina. Initially, there is this large influx, increase in incomes. People were making money doing the rebuilding, and they were cleaning, and they were doing, they were active and they had things to do, and they had to do it. Pretty soon, the work went away and we begun to see an increase in suicide and increase in physical illness and increase in intakes into treatment facilities for alcohol and drug addiction. Methamphetamine got really out of control and it's still out of control. You can almost...if you looked at the spikes of where it's the highest and the levels that are the highest, it's almost all 36 months after Katrina. This room is empty right now but in 36 moths, perhaps five years, this will be the primary topic of discussion because people will be struggling with their marriages because they've lost their incomes. Their children will be struggling because of domestic situations at home. What we're trying to do, I know that Steven and others from Mobile, all across the Coast are trying to get ahead of this thing as much as possible with trying to determine what kind of services we can make available. Job retraining, it may be a big thing. But when you get a Vietnamese fishermen who's done that his whole life and his father's done that his whole life and he planned on his son doing that his whole life, that is gone. That language barrier and the culture itself really doesn't allow for job retraining. They've lost their way of life, they've lost their stability, they've lost their place in the community. Inevitably, if those communities don't get specialized help, that’s specific for their culture then you're going to see a lot of physical ramifications. That's going to come further down the road. I've smelled the smoke from the fires burning, and I wonder sometimes what are we breathing. The EPA tells us we're okay but who knows. (Chuckle) I don't know. I don't know if...any other questions or not but...

(0:19:40.7)
AUDIENCE: I was wondering, I'm assuming that you're trying to get information to people. Is that correct? As far as people needing jobs and financial hardships, do you have any information on where to send them when they're looking for, maybe some of these oil spill jobs or things like that? I've gotten some calls like that, and I don't know what to tell them.

(0:20:03.6)

JOHN: Sure. I could recommend that you go to the Deep Horizon site itself. They have some information there. South Mississippi AD's, voluntary organizations active in disaster, it's national a organization and it's all typically non-profit organization like the Red Cross, Salvation Army, Lutheran Episcopal Services in Mississippi, all these different groups, about 90 different groups come together when a disaster happens. We had a good bit of tornadoes that came to the central part of our state. We collaborate and coordinate and communicate to take care of that disaster. Our website, South Mississippi, it's smvoad.com. If you go there, we have information about volunteer opportunities but also job opportunities. The vessels of opportunities for people who own boats, that's going to be limited. What we were told is about 33 percent of fisherman across the Gulf Coast will be utilized. That leaves another 60 something percent or so that may not be used. They may take turns. I don't really know how that's going to go. The links to those situations, usually, your state department of economic development...in Mississippi we have the employment agencies and that kind of thing, they're the ones that are hiring people for BP. BP is the only company that's going, right now at least, is going to do the actual clean up of the oil. They will not allow volunteers to do that. It's toxic, it's bad. They are using volunteers to clean up the beaches, to prepare for the oil to come and that's something that anybody can do. Last night we talked about the importance of using the energy that you have, the anxiety that you have to actually get involved and do something. That in itself can be a big mental health cure for a lot of people. Instead of sitting in front of the TV and watching the oil flow out of the ground constantly, that's not good for you. It's not good for your kids, it's not good for anybody. I do this update. I was doing it every day for the first two weeks, and I had to stop because I was constantly in that. The guys and lady and then all the people that are working the actual spill are coming back, fisherman who aren't used to that are coming back in need of someone to talk to, crisis intervention because they're seeing the effects. This is going to grow. There are opportunities for other employment as well. Right now, it's all wait and see, and that's what makes it so tough. I don't know about opportunities in Alabama or Mobile as far as that goes. Maybe you can speak on that.

MEGAN: We've been told mostly to contact the Alabama Career Center and there's one in both counties.

(0:23:01.5)
MODERATOR: Is it...?

MEGAN: It used to be called the employment office but it's Alabama Career Center.

AUDIENCE: In Mississippi, it's WIN Job Center.

JOHN: WIN Job Center.

(0:23:15.0)
STEVE: Sociologists look at things in different perspectives. You've touched on something because the first stake that's driven in the heart of the community is the inequitable manner in which some people are hired and some are not hired. In Alaska, they call them spillionaires or Exxon blank. (Chuckle) Exxon prostitutes. That wasn't the way it was said. It was said with anger because some fisherman made a lot of money. They leased their boats for $2,000 a day. Maybe two boats for $2,000 a day for 90 days. Hit your calculator. They were spillionaires whereas others couldn't get their boats leased if they got on their knees and begged. This divides the community, seriously divides the community. It's the first step in the corrosive community because you got some people...we documented brother against brother, sister against father. It was not talking, I'm not talking to those people. They got the new truck, they got a new boat, where I'm starving. I've got to sell my husband's hunting guns just so we can eat next month. That's the first thing that happens. Whether it's done purposefully, I don't know. Whether it's done strategically to divide and conquer with the litigation that's coming down the road, I don't know. There's no equitable manner in which some people get employed by the principal responsible party and others don't. It'd be better if they had a lottery. They put every fisherman's name in a big bin and pick names out. Maybe a lottery every month or something like that. Of course, I don't know if they have time for that. That's an important thing, getting employment. What you're going to see is that yes, some people are going to get employed. They may even sign that waivers saying I'm not going to sue or they may even not want to talk about getting sick out there cleaning up because they're BP employees and they know that they'll be cut loose. I had a person in Cordova who is very perceptive, and she told me, we're like a third-world country, and Exxon is throwing money all around, throwing money everywhere. Some people catch it, and some people don't. We are the worst for it as the community. The corrosive community notion. After natural disasters, you have, as John pointed out, therapeutic community. People quit blaming God after a week or two and they hold hands and they rebuild and they

build everything back better. But no one is rescued from a technological disaster. You can't inventory the damage because they'll be inventorying the damage for 20 years. That's the unique characteristics that essentially make the viability and integrity and traditions of communities important to maintain. If you maintain that, then you maintain the families and the mental health of residents.

AUDIENCE: What about the kids?

(0:27:32.1)
STEVE: Real quick, children of the oil spill. When we did our intervention program in Cordova six, seven years after the spill, we talked to teachers, because they saw it in the classroom. We talked to clergy, because they saw it in their congregations and we talked to law enforcement, because they saw it on the streets and 911 calls to homes. We tried to explain to them that what you're observing is not a bad student, not a bad kid, not a drunk, unemployed fisherman, not people in your congregation who have left the church because they don't (Chuckle) believe in God anymore. You're looking at victims of a technological disaster. You have to understand that because they don't understand that. They don't understand why all of this is happening to me and to my family. The children could be scarred for life. After 21 years of researching Alaska, I can tell you there are people who are still seriously wounded after the 20 years of litigation. It's kind of like two other major events. The Great Depression and my grandparents used to always (Chuckle) talk about the Depression. World War II. My father and my uncle would sit on the back porch when we were children and rocking the rocking chair and tell the same stories over and over and over, but we loved to hear them. The kids love to hear them. We'd sit there real attentive. My father fought in the South Pacific theater and my uncle was in North Africa and they would tell the same story. It was therapy for them. They were suffering from post traumatic stress disorder. And, on the back porch after sunset in South Louisiana rocking after they'd had a couple of beers, these stories would come back again. I know my grandfather used to talk about the Depression all the time. You could buy a steak for five cents. You'd have to work three days to make 10 cents. He was always fearful, always had his money in the house. He did not want to put it in the bank because he lost money in the bank, because he was worried that it's going to happen again. Post traumatic stress disorder. I look back and I see that now. When I say people are still wounded in Alaska, and the whole town

is not learning them up. Do not get me wrong. It's a significant minority, 30% to 40% when we did our last study in 2009. One of the strongest predictors of stress and depression was how long you had lived in that community. People that lived in the community for more than 20 years from the time of the spill were more stressed than people who had come in 10 years ago, 12 years ago, 15 years ago. So, there is recovery almost by displacement. I can tell you there are people in that fishing community, there are fisherman and Alaska natives that will suffer until they die. They'll take that 20 years with them until they pass on.

(0:31:24.4)
JOHN: With the kids, it's important to remember the community services that are available to kids. The Boys and Girls Clubs, the other events in school. Kessler, who did a study, he's with the Duke University did a study following Katrina in New Orleans and some parts of Mississippi and found that, this is five-year olds, kindergartners. 63% of five-year olds suffered traumatic injury as a result of Katrina. As you read the study some more, and you do some more digging around, you'd find out that most of that trauma was not suffered during the storm but following the storm in their own home. Drug addiction increased, domestic violence and these kind of things. It's important for the children to be educated as much as possible about what this disaster means. But it's even more important when you're talking about children's health and responding to children's need during disaster, you need to start with the people who are on the frontlines who are able to help them when their parents are falling apart. A lot of the times it could be a boys and girls club, it could be a health fair, it could be that somebody in town is offering a special pizza night at a church to bring the kids in and care for them and love them and give them an opportunity to voice that through music, through poems, through coloring, through whatever activities they can. The children are always significant. In every disaster, they look at some survivors of Camille. I was 6 years old when Camille came through. See how messed up I am? (Laughter) They looked at survivors of Camille and the one thing they said that's different from Camille to Katrina was the family structure during Camille in the ’60s, even the late ’60s was much stronger. You had many more two-parent homes, many more...if you would say the resiliency was stronger or the people themselves, the character, they were some of the World War II people, that generation that we're losing, that strong generation. Whereas when Katrina hit, you had so many families...Katrina did not necessarily cause a lot of problems. It just made a lot of problems that were bad, worse. Problems with facilities, mental

health, there was not enough mental health professionals living in certain areas especially Mississippi. I think they graduate in Mississippi and then move to Alabama. There's a need to constantly think of creative ways to have opportunities for children to debrief essentially. To talk about what's going on at home more than anywhere else. You know as well as I do, when the turtles show up, and there are turtles that have died whether it's the oil spill that caused it or not. The porpoises start having problems, the pictures of the pelicans and all these start happening, that's going to affect the kids. That image is going to be burnt in their mind forever. So, they need a place to talk about it. I don't know, maybe Alabama has some services or some other recommendations for that.

(0:34:41.0)
MEGAN: I'm over our adult programs, so I know very little about the children programs that we offer. I do know that we do have a huge outpatient office but because of Katrina, we did build an office in Bayou La Batre to serve the consumers that were...because of the hurricane. We also did a lot of programs inside the school because of the stigma in parents not wanting to bring their kids in. We'd also provide summer programs, and we'd go out to the community center and then have the children come to us. We did more of a lot of education going in and talking to the kids about what their feelings were, how they felt about it. I would assume that we probably would do the same type of thing in regards to this at least in that area if not in other areas of Mobile.

(0:35:28.4)
SUSAN: We also have a 4-H youth development program that has lots of different activities going on throughout the year. Many times, we have community activities going on in different locations. A lot of those are actually volunteer led. Many times it's people within the community that may identify some other types of programs that they may want us to be involved with, and we'll gladly do that. We are involved in a number of community health fairs throughout the year too. Those type things that we're aware of, we'll be glad to provide educational programs in that area.

(0:36:06.9)
JOHN: One thing I heard on the...this was on the news a couple of weeks ago. This little kid was saying to his mom, I want to go help clean up the oil spill, I want to help clean up the oil spill. She said, I tell you what, clean your room up first and clean the backyard up and

then we'll go and clean up the oil spill. (Laughter) Never mind. (Laughter)

(0:36:30.3)
STEVE: While I'm thinking about it, there are two documentaries I would recommend that you look at on the Exxon Valdez oil spill. One is called The Day the Water Died and it is a Sierra Club production. The Day the Water Died, and I think you could probably go online with the Sierra Club, the documentary and probably watch it on your computer. It's about 32 minutes long. A Sierra Club something. The Day the Water Died. The other and that was made 17 years after the spill. The other is an award-winning documentary that has just come out. It's called Black Wave. It's about an hour and 40 minutes long, and it goes from the beginning all the way to the Supreme Court decision in 2009. So, its starts in 1989 and is carried through. Both of these documentaries, the shorter, The Day the Water Died, 38 minutes and then the longer will give you many, many insights into what were the consequences of the oil up in Prince William Sound and in particular for people in communities and children.

(0:38:11.4)
MEGAN: One more note that is important. The Department of Mental Health from Alabama, the mental illness and the substance abuse side is paying a lot of attention to this oil spill. And really, asking questions of how it's going to impact Mobile and Baldwin County. It is important to know that they are on top of it, and I believe that they will assist us in providing any services that are needed in those two areas.

(0:38:40.7)
JOHN: That brings up another topic real quickly is the Stratford Act. Usually after a hurricane, they release federal dollars to take care of primary mental health care and some other recovery issues and it's case management, maybe, social work type situations. Right now, they're saying they're not going to do that. Talk to your senator, your congressman, your local...I'm working with Ben Springate at Tulane and Grayson Norquest who's at University of Mississippi Medical Center and several other people were putting a policy together and trying to send a delegation to Washington or to those states first and ask for them to release funds, because even the Department of Mental Health is limited in their budget. Many of our state budgets are already limited so much. They're closing schools and there's that and the other. Even though this is BP's responsibility and BP should pay for it, at the same time, we can't

sit back and wait when there are going to be people who need immediate services especially in case management and social work to redevelop and reestablish them in another area perhaps or whatever. The Stratford Act is very important. Dr. Picou, I don't know how much you know about that or not. It's something that needs to be done. Right now, Washington, the latest last week or this week is that, well, we don't see the need for that yet. We're not responsible, BP is responsible. The Federal Government is afraid from what I can tell. They're afraid to do anything because when they do, that's them saying they're also at fault, which doesn't make sense. I guess to attorneys and lawyers that makes sense, but to me it doesn't when people need the help. That's just another issue. If you have questions, concerns or know of families that don't have money for mental health services or for counseling, that's going to be a need. After Katrina, we served some 3,800 people in a 10-month period. The way we were able to do that was the Stratford Act, the funds that we got from that and grants we got from Red Cross and other people. We hired counselors to come down to the Coast and to do counseling for a long time. And some of those counseling sessions, believe it or not, are still going on today. People that have got into treatment and realized that they benefited from that are continuing.

(0:41:26.6)
AUDIENCE: As far as, I don't know if this is specific to natural or technological. Have there been any studies done or do you know anything, the difference, the long-term effect on people who leave as opposed to people who stay in the community?

(0:41:48.2)
STEVEN: Actually for Katrina, we have an on-going series of studies. There's a group of sociologist including myself, including sociologist from UNO, Louisiana, Lafayette, Yale, UC Santa Barbara, Colorado State, etcetera. We actually have a series of projects that were funded by the Rockefeller Foundation and the Bill & Melinda Gates Foundation. These projects are looking, studying displaced New Orleanians in Colorado, displaced New Orleanians in Atlanta, Chicago, Houston. I have not seen a peer-reviewed publication yet, but we meet regularly once a year, the research team. From what I hear, a lot of people that flew out of New Orleans not knowing where they were going and landed in Denver and then went to Colorado Springs love it. It's wonderful there. (Laughter) You got small pockets. There's about 60 people in Colorado Springs. There are larger numbers of course in Houston, in Atlanta and Chicago. They found good school systems for their children, they got good

jobs, and they don't want to come back. Theoretically, these are not necessarily psychological profiles or family profiles, but sounds like that they're doing quite well. Then of course, there's always the latent fear. If you live in New Orleans, it happened once, you always have to have that lingering fear that it could happen again. But, you know, maybe sometimes the best thing to do is you sell your boat, go get another job, if you have other skills. I have one fisherman in Alaska tell me right after the Supreme Court verdict which if you're not familiar with, the original punitive damage was 5.3 billion dollars. The ninth circuit after six, seven, eight years of wrangling lowered it to 2.5 billion. Then Exxon appealed to the United States Supreme Court, went to the Supremes, and the Supremes reduced it to 500 million. They setup a 1:1 ratio between compensatory and punitive damages. In other words, the compensatory damages in the trial were about 500 million so they reduced the punitive to 1:1 ratio. That's the Supreme Court. Like I said, I had one fisherman tell me, if I would have taken a job as a bartender in off-fishing season in the winter here in town, I would have made a lot more money than waiting 20 years for this jury verdict. The actual monies that the fisherman were projected to get. That was projected two, three years in advance. They really thought they had this money because they had people coming down telling them how to invest, how to minimize your taxes and all this stuff. So, they almost had it in their back pocket. If you thought you were going to get a million dollars, that was reduced by 80% so you got $200,000. If you thought you're going to get 100, you got 20. The average payout for those 30,000 plaintiffs was $15,000 apiece. So, don't count on the litigation.

(0:46:09.0)
JOHN: One of the things about displacement is it affects the elderly more than anybody because many of the elderly grew up in that community. They have their sense of community. If they're not able to continue to live in the community, they almost lose the sense of living. That's difficult for them. The thing about unemployment, I don't know what BP is going to do. They already are paying some people $5,000 a month that had fishing boats and they average it out. Your claim is getting paid. That may last another month, that may last another year, may last another day. I don't know. The people that are going to have to think about 30 years down the road, a lot of them that I've talked to in Biloxi, Pass Christian and Long Beach, Gulfport that are shrimpers are fearful if they sell their boats and try to retrain in a job and move away that they won't get any compensation, they won't get any claim because hey, they moved away. They're almost forced to stay and

to endure whatever it is they have to endure in order to stay in line with BP. That's emotionally exhausting in itself. If you've ever dealt with an insurance company even about paying a hospital bill or something, when they say they pay 100% and you get a bill for whatever and then you call and they send you this person. Your blood pressure goes up and you get angry. Imagine that with all of these families. They're afraid to leave even though maybe they should or maybe they could. They're afraid to do that. These are just like a domino effect of issues that once you get one thing started, I wish that it was a hurricane. (Chuckle) Hurricane is bad, and we don't want no one to die. But like I've heard Dr. Picou say, what about now, an oil-i-cane. How is that going to...how do you recover from that? Then people will probably be displaced because of the contamination. I don't know. I'm not an expert in that area. I only listen to other people that I've talked to. Here we are in the storm season where they're predicting Colorado and NOAA and everybody else in national weather hurricane center and all of these are predicting 28 named storms, 26 something like that. Five major hurricanes. You can't stay out there fixing the problem when a hurricane comes, the rig that they had drilling the oil now or drilling the new holes has to stop. Everything stops, who knows? I've been asking where's Superman? Why can't he show up and fly down or (Laughter) go down there and plug it up. That's about the only thing. Men and all of their technology and all of their ability to go to the moon and to destroy the world, we have the ability to destroy the world three times over, and we can't stop an oil spill 5,000 feet under the sea. I know, I realize that. It's disheartening to everybody. Displacement, I hope not. I hope people stick around. I'm wondering if I'm going to be able to five years from now get a shrimp po' boy. (Laughter) Stuff like that, silly stuff. I don't know if there's any more questions. We can probably go ahead and end our session. Is that okay to do that? Thank you ladies for coming.

END OF AUDIO.