

*Audio Podcast about the Symposium on the Science of Disproportionate Environmental Health Impacts*

CHRISTINE GUITAR: And now to discuss the paper on psychosocial stressors, we have Mark Mitchell. Hi, Mark.

MARK MITCHELL: Hello.

CHRISTINE GUITAR: Mark, can you tell us a little bit about your background and who you represent?

MARK MITCHELL: Yes, I am a Public Health Physician and I decided to go into grassroots organizing because I thought that I could get a lot more done. As a public, government official, I was finding that I was receiving a lot of pressure from businesses not to regulate them, when, in fact, I knew that the issue was that the environmental laws weren't strict enough, that industries weren't being regulated tightly enough, and that the public didn't know about it. And that the public could do a lot more if they did know. So I decided to create a non-profit, the Connecticut Coalition for Environmental Justice.

CHRISTINE GUITAR: Great—and now, Dr. Mitchell, could you tell us a little bit about how the panel discussion on psychosocial Stressors is going to have an impact on the communities that you work in?

MARK MITCHELL: I think that looking at psychosocial stress is very, very important. In fact, I prefer the term socioeconomic vulnerability. Because it makes a big difference both on an individual level and people's susceptibility to environmental hazards, the health effects of environmental hazards, as well as on the community level, in determining what are, what communities are more at risk and the effects of pollution on the community and how the community can respond, can or cannot respond. So I think that what they consider these vulnerabilities can be addressed once you document what the issues are that they can be addressed. For example, I was in one of our Brownfield sites, there was Chromium 6 at one of the Brownfield sites, and...

CHRISTINE GUITAR: And Chromium 6 is an issue why?

MARK MITCHELL: Chromium 6 is a toxicant it both has immediately it causes rashes that don't heal and also is a carcinogen when people are exposed.

CHRISTINE GUITAR: And carcinogens are typically thought to be cancer-causing?

MARK MITCHELL: Yes, it causes cancer.

CHRISTINE GUITAR: Okay.

MARK MITCHELL: When people are exposed over a longer period of time.

CHRISTINE GUITAR: Great—Thank you.

MARK MITCHELL: And, the issue was that this facility is next to a homeless shelter and a residential neighborhood. The Chromium 6 leaked and went throughout the block. And, people weren't told about it for months. The neighborhood thought they had a new playground where this building had been knocked down and now there is a slab that had this green liquid on it. So, people congregated on the site and were exposed to this toxic substance.

Now, when I talked to the state health department folks they said the levels of the substance weren't nearly high enough to cause illness. But we found 5 people who were ill and, within a year, 3 of those people had died. I'm very much convinced that they were sick and I'm convinced that even though the exposure levels may not be what the literature says are high enough. That the symptoms that they had were consistent with that exposure to the Chromium 6 and I think that it really did affect their health. But, I think that it's because there were other pre-existing conditions—malnutrition, you know, their age as children, and other things that contributed to them having worse health outcomes than you would expect.

So I think that looking at the psychosocial vulnerabilities, or socioeconomic vulnerabilities, as I like to call them, will help us to understand the differences in health outcomes for people being exposed to different toxins in low-income communities and communities of color versus the average white working male.

CHRISTINE GUITAR: Dr. Mitchell, can you tell us about how this affects the community level?

MARK MITCHELL: Yes, some of the things that are talked about in the paper talk about how the community is more vulnerable, some of the factors that go into making the community more vulnerable. And, in my experiences these are right on; they're exactly the kinds of things that happen in communities. And, how lack of resources, how lack of knowledge can lead to people feeling more vulnerable and helpless. And, that providing the kinds of information that they talk about, providing the kinds of social, health information, as well as information about what can be done does, in fact, help to empower the community and can, in fact, help the community to change their exposures, to reduce their exposures to toxic chemicals through changing policy.

CHRISTINE GUITAR: Dr. Mitchell, thank you very much.