

USA: One Year of the BP Blowout

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Contents

- [Multiple Manifestations \(...\)](#)
- [Where's the Urgency?](#)

IN THE YEARS after Hurricane Katrina, I saw New Orleanians suffer from lack of health care. The storm and subsequent flooding caused immediate illness, with infections from the foul flood water and debris. As time passed, ever-present mold exacerbated respiratory conditions and mental health deteriorated in the face of immense stress.

We are far from healed: a report in April 2011, well over five years out, shows hospitalization rates for heart attacks still above pre-Katrina levels.

After years building social justice projects in New Orleans, the health care crisis I witnessed moved me to reexamine my priorities. I enrolled in general science classes at the local community college, the first step in the long path to becoming a health care provider.

When the eyes of the world turned again to the Gulf of Mexico last spring, I was in my first semester of Physician Assistant school in Mobile, Alabama. PA school is like a med-school boot camp — we soldier through seven semesters with very few breaks — and I was still adjusting to long days in the cadaver lab. But with oil spewing in the Gulf just miles south, I couldn't keep my head in the books. I anticipated massive psychological fallout in communities still recovering from the hurricane, and I feared the uncertain health impacts from the spewing oil and, perhaps worse, the dispersants.

Cleanup workers entering the Gulf without a shred of protective gear bore too close a resemblance to post-Katrina recovery workers, and for that matter, 9/11 first responders and cleanup workers at "The Pile." Would these oil spill workers meet the same fate, lauded as heroes in the moment and disregarded as disposable when their health issues mounted?

In the fall of 2010, between cramming for tests, I started researching health impacts from BP's disaster. I also sought out providers caring for coastal residents and workers. I believed, naively, that a cadre of doctors in Alabama, Mississippi and Louisiana would step forward to connect the dots in the constellation of symptoms surfacing on the coast, and I envisioned sneaking away to volunteer with this outreach.

There seemed to be no organized effort. This was not exactly a surprise — I had lived through post-Katrina New Orleans — but I had not fully understood the sway the oil industry holds over healthcare delivery in the region.

Through my research, I stumbled on a group called Sciencecorps. They'd put out an excellent report outlining health issues connected to exposure to the array of chemicals now swamping the Gulf. This report was sound science, and was exactly what federal government agencies such as the EPA and OSHA should have been distributing to protect the public, especially those to whom the chemicals were most dangerous — pregnant women, children, and those already living with chronic illnesses.

Despite my wariness of outsiders (especially “smart” Northerners who claim to have the answers for us backward folk down here in the South) I contacted the Boston-based nonprofit, hoping they could lead me to Gulf Coast healthcare providers I was somehow missing.

I had a lengthy conversation with Sciencecorps toxicologist Kathy Burns about her efforts, including her collaboration with nationally renowned Occupational & Environmental Medicine doctor Michael Harbut. They had also hit a brick wall with the Gulf Coast medical community. They found most doctors unwilling to provide information to the public about the very serious health effects the spill could have.

Though Gulf Coast providers would treat patients’ symptoms, they were unwilling to draw any connection between the symptoms and the cause. In this atmosphere of evasion, one doctor from coastal Alabama actually sought Sciencecorps out. “My patients are getting really sick,” he said, and he felt sure it was linked to the oil and dispersants.

This doctor was eager to work with Sciencecorps but after a few weeks suddenly withdrew, saying he couldn’t be involved in the project. No more explanation was forthcoming, and thus no firm conclusions can be drawn as to why he quit.

Dr. Burns did share with me the chilling cautionary tale of Dr. Victor Alexander, a New Orleans Occupational Medicine specialist who spoke out against big oil. He was arrested in the late 1980s — many say framed — for bank robbery, a story I would hear again and again (for a more complete story, see www.ragingpelican.com).

Multiple Manifestations of Illness

Exposure to oil and dispersants does not constitute a contagion with one clear treatment. Individual cases will differ; variables such as amount and composition of exposure or a person’s pre-exposure state of health play heavily into the specific manifestations of illness. Any body system can be impacted, and pre-existing cardiovascular, liver, kidney, neurological or respiratory disease will likely be exacerbated.

As Sciencecorps points out in information designed for providers, the approach to treating these oil- and dispersant-exposed individuals is to treat their signs and symptoms. Thus, it is possible to treat patients sickened by the oil disaster without needing to link their sickness to the oil disaster.

Sciencecorps recommends general practitioners and others use an approach developed by Occupational Medicine doctors. In addition to a careful patient history and physical exam, Sciencecorps encourages a very detailed exposure history. They suggest a battery of blood tests and organ function tests directed at the patient’s symptom.

In the end, the clinical presentation and lab results will point to the patient’s treatment plan. Even without connecting illness to exposure history, a provider can treat the patient. This has been true in many acute cases of cleanup workers.

A friend of mine, an ER nurse, works at one of the closest hospitals to the Louisiana coast, just across the Mississippi from New Orleans in Gretna, LA. She saw a number of respiratory cases she suspected were connected to the spill, often with the patients coming straight from the water. Their acute symptoms were treated and they were discharged back into the night, to shoulder the burdens of any chronic illness alone.

In February 2011, clinical training duties sent me to the oil-devastated coastal fishing village of Bayou La Batre, AL. The patients I saw there had the usual array of illnesses seen in primary care; no one specifically complained of oil-related symptoms. I asked one of the providers about what she had seen post-disaster. She said, "Oh, we refer all of that to the health department." But from what I had read, the health department was not treating them either.

Disasters of this scale have impacts going far beyond direct exposure. One patient came in with fasting blood sugar at nearly triple acceptable levels. In addition, her blood pressure had spiked despite taking her blood pressure medication. She was the wife of a now-unemployed fisherman, and since BP had ceased hiring locals to lay boom, there was no money coming into her household. With no health insurance and three kids to feed, she had at first divided in halves and then simply run out of her diabetes medication.

It is impossible to quantify the ways the people of the coast are suffering. Not just the oil and dispersants, but the destruction of a way of life and livelihood are killing the people of the Gulf Coast. Like that patient in Bayou la Batre, we often suffer as individuals in isolation the crimes that capitalism inflicts en masse.

As I write this, the Gulf Coast is observing the one-year anniversary of the disaster. This is our chance to tell the country that we are still suffering. Health issues are a bullet point in the obligatory national media coverage, which vacillates between crisis ("People say they are still struggling to recover their health, mental health, and livelihoods") and optimism ("Hey, it wasn't as bad as we thought. Let me take a bite of this shrimp po-boy.")

What's notable is the absence of doctors' voices. The media quotes individuals, not groups like the Louisiana Environmental Action Network (LEAN), the Louisiana Bucket Brigade, and Guardians of the Gulf, all of whom are working to organize the thousands of people who are sick along the coast. Unless they are placed in context, individuals' stories of persistent neurological, respiratory, and gastrointestinal issues, while important to hear, only reinforce that these are "individual" problems.

Where's the Urgency?

There are signs of hope. Recently Dr. Michael Robichaux, an Ear, Nose and Throat (ENT) specialist and former Louisiana state senator in Raceland, LA, connected with LEAN to share information about his patients. He is willing to treat people impacted by oil and dispersants; he does not hesitate to connect their symptoms to the spill, and he is speaking out on their behalf [\[1\]](#).

People are traveling hundreds of miles to see Dr. Robicheaux; why should this all fall to one private doctor? Why isn't the \$20 billion BP fund, far from tapped out, being used to address coastal residents' health? Why can't the federal government and state governments coordinate this care? What about the state health departments? Why aren't state governments advocating for their citizens?

For the anniversary, Mississippi's Attorney General organized town hall meetings along the coast and was surprised that people wanted to talk health issues more than the frustrating BP claims process. His surprise encapsulates the government response in impacted Gulf states: "We'll have to look into that." His ignorance is outrageous. Where's the urgency? Do states have no duty to protect their citizens?

The federal government certainly did not protect us from this atrocity, and in fact has made itself complicit throughout. We see this in the behavior of the Coast Guard, in the cozy relationship

between the regulators and the regulated (remember the Minerals Management Service cocaine parties?), in the slow reaction to the spill, in the unwillingness to enforce regulation, and in the National Institute of Environmental Health Services' belated, cutesily-named "GuLF" study of cleanup workers.

By waiting six months to start the data collection, NIEHS ensured that the results would be flawed, as the study's designers have already admitted. The study was designed to be defective. Of the tens of millions of dollars being spent on the study, not one single cent will go to actual health care treatment. NIEHS' years of periodic phone surveys will alleviate no suffering; they will only provide bullshit data, "inconclusive" results BP can then cite to exonerate itself.

Deepwater Horizon joins a shamefully long history of the oil industry and corporate interests putting their profits above our lives and health, and doing so with the government's blessing. For too long in South Louisiana and the Gulf Coast, we have been limited to treating the symptoms of this dynamic. It's time we traced these symptoms back to their source.

Just as it's possible to go on addressing piecemeal the problems caused by a drug addiction without ever engaging the addiction itself, we enable the petrochemical industry's ongoing abuse of the Gulf Coast when we limit ourselves to quietly, dutifully attempting to clean up after them.

Their pipelines eat into our wetlands; their toxins eat into our organs. They are the cancer in Cancer Alley, and until they are excised, no healing will be possible. A world that prioritizes human health above profit is the only cure, and only through collective struggle can we create this world.

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P.S.

* From Against the Current n° 153, July/August 2011.

Footnotes

[1] To see the compelling testimony of Dr. Robichaux and his patients visit <http://www.leanweb.org>