

# **Citizen Perspectives on Environmental Health Hazards in “Cancer Alley”**

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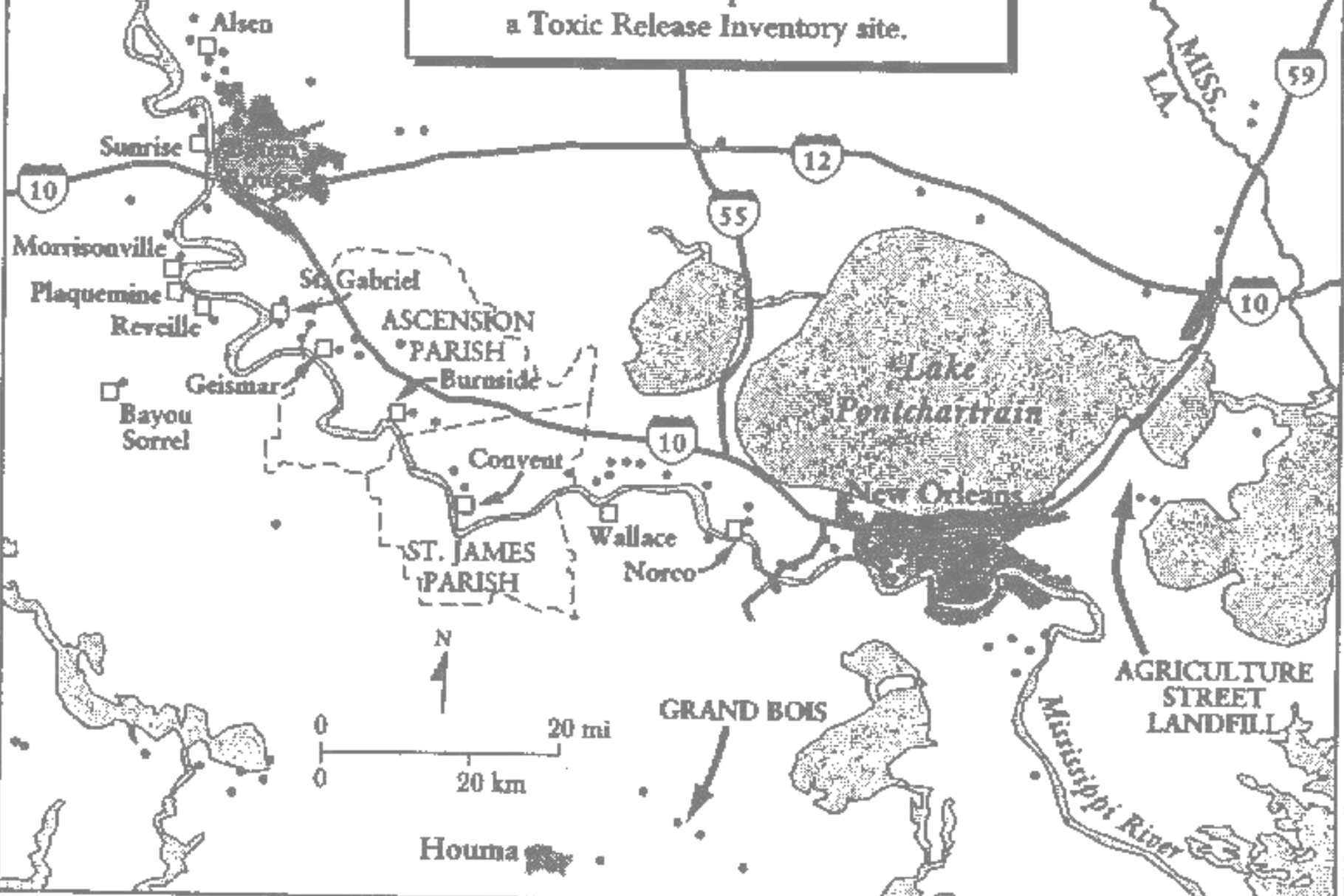
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# What is “Cancer Alley”?



# Detail: The Chemical Corridor

Each dot represents  
a Toxic Release Inventory site.



# Selection of Topic

- Worked in the region before and became interested in community perspectives on environmental health hazards
- Developed project based on Louisiana groups' feedback

# Environmental Justice (EJ) Movement

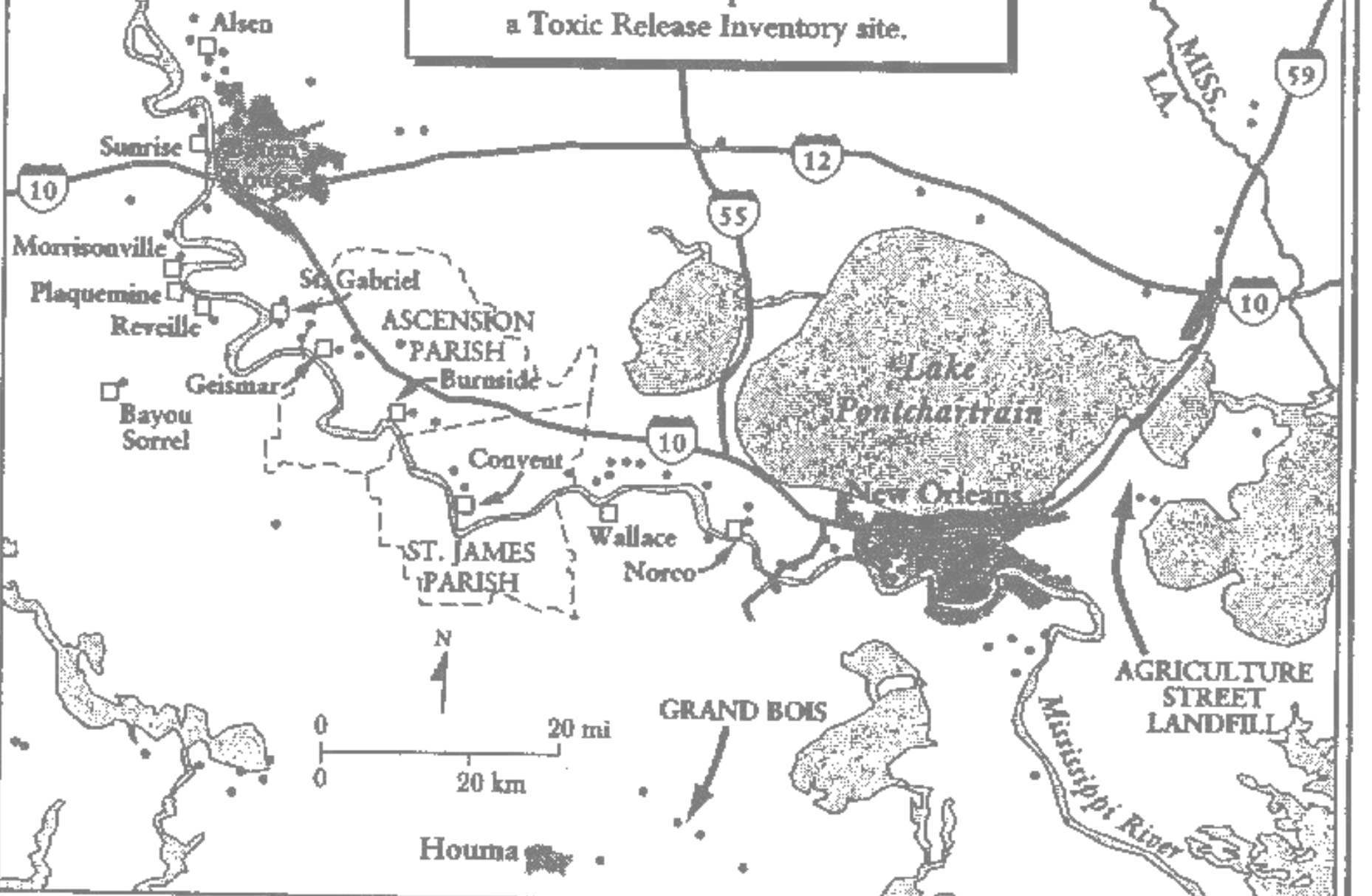
*“In the real world, all communities are not created equal. If a community happens to be poor, black, or located on the ‘wrong side of the tracks,’ it receives less protection than affluent white suburbs.”*

- Robert Bullard

- EJ Movement came out of Civil Rights Movement
- Louisiana is home to a number of groundbreaking EJ cases

# Detail: The Chemical Corridor

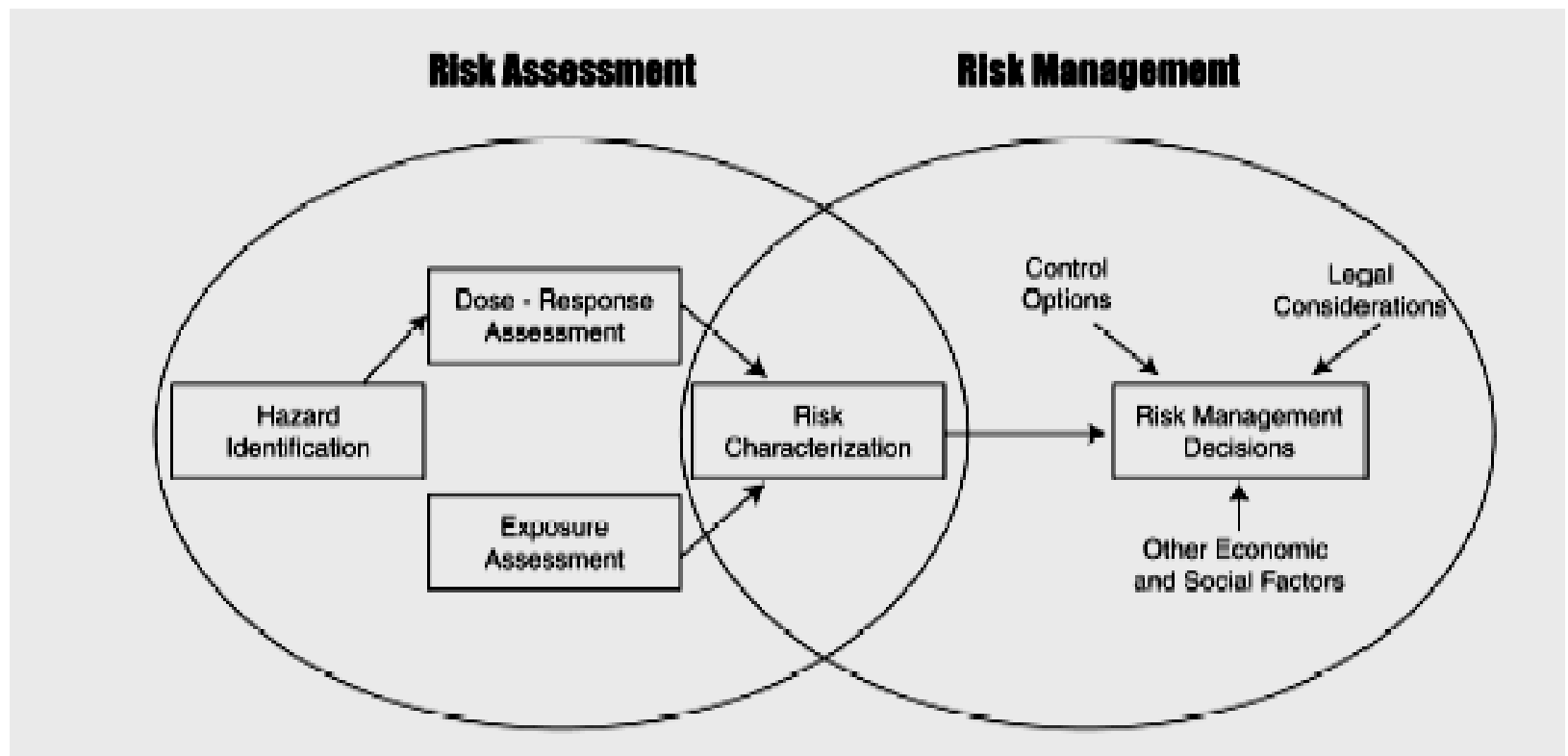
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# Health Studies

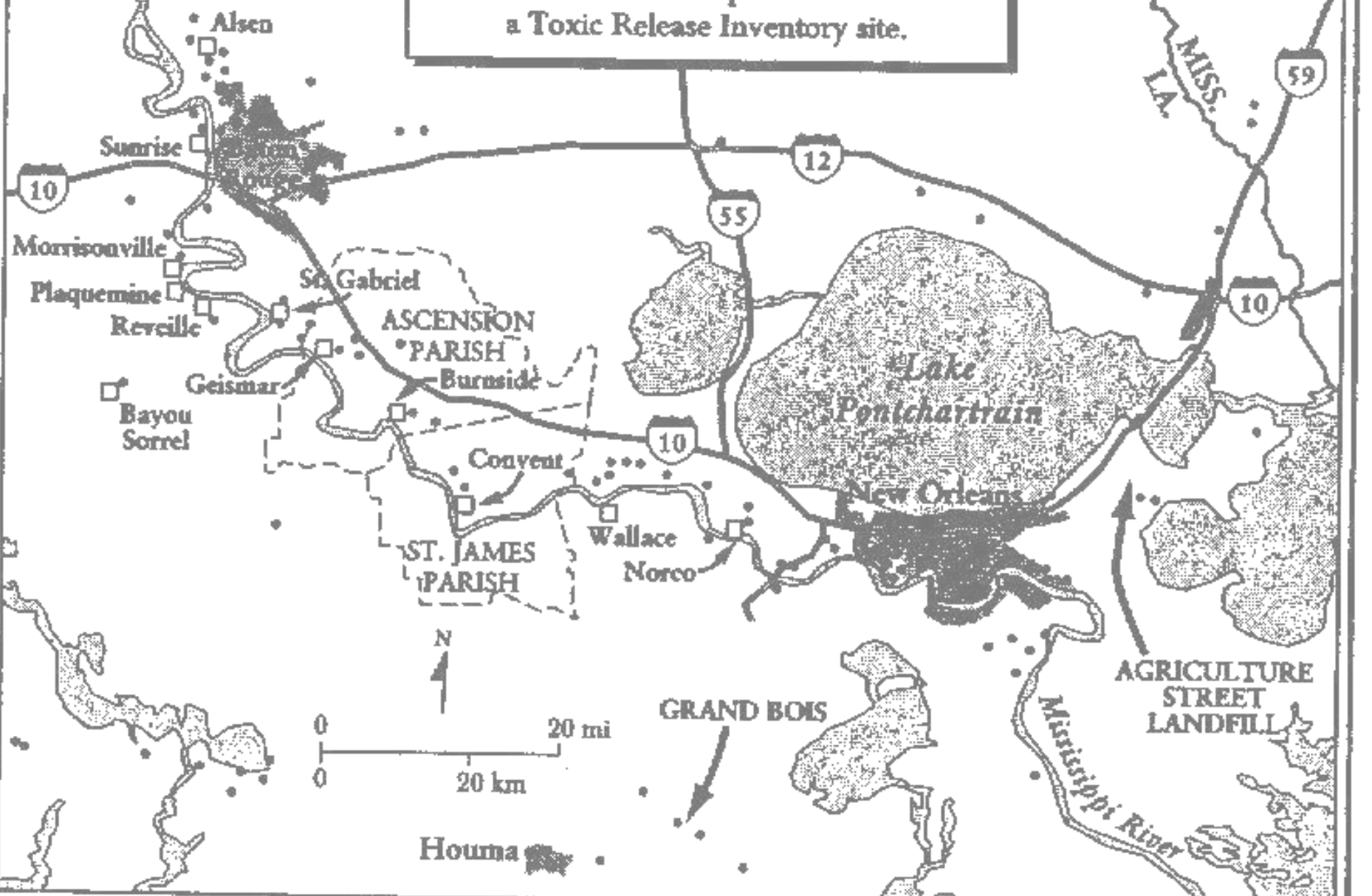
- Conducted by the Agency for Toxic Substance Disease Registry (ATSDR), Louisiana Department of Health and Hospitals (DHH) and universities
- Performed using traditional risk assessment methods

# Context of Risk Assessment



# Detail: The Chemical Corridor

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a Toxic Release Inventory site.

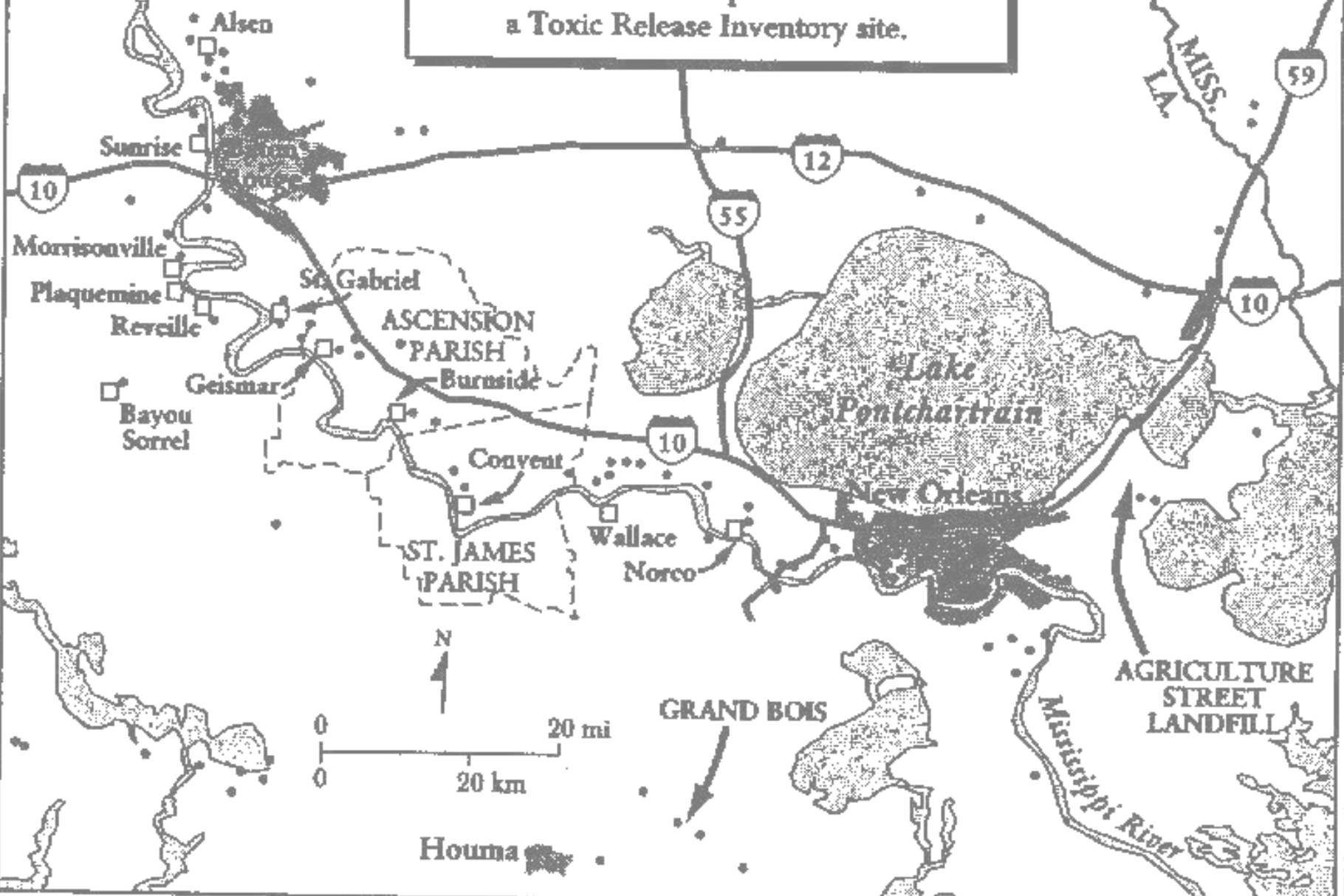


# Agriculture Street Landfill

- Health studies conducted by EPA, ATSDR, Dept. of Health, Deep South Center for Environmental Justice
- Average blood lead levels of 169 children was 12.5 (micrograms per deciliter)
- 40% of 186 adults reported chest pains and dizziness

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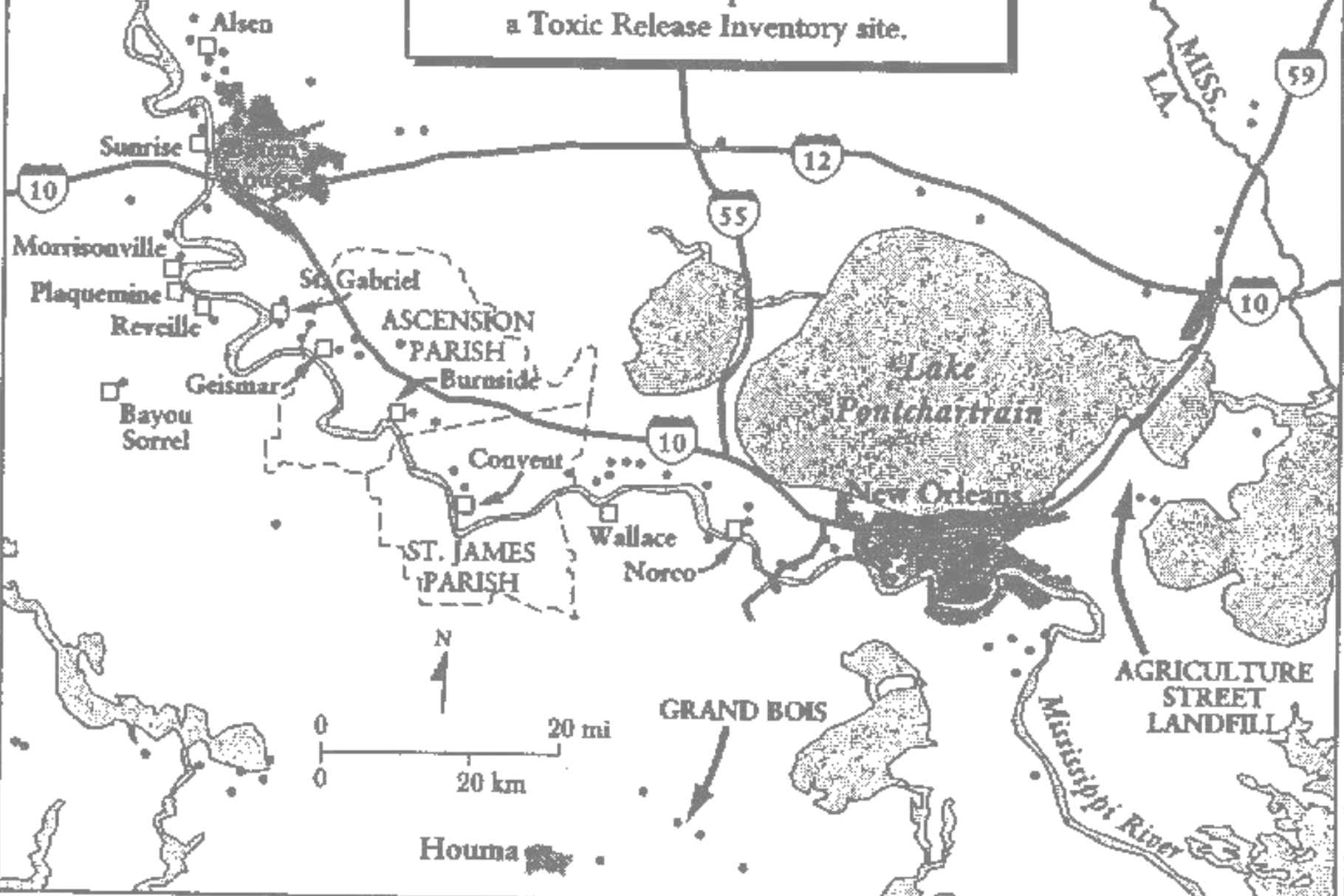


# Grand Bois

- Study done by Dr. Patricia Williams of LSU found high rates of gastrointestinal and neurological disorders, muscle and joint pain, and fatigue
- 7 out of 17 children/pregnant women tested had high blood levels
- Debate over lead tests

# Detail: The Chemical Corridor

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# Norco

- Took six years to get a health study conducted
- Studies conducted by the Deep South Center for Environmental Justice, the Department of Health and Hospitals, ATSDR
- 42% of those pulled had respiratory problems, 35% of children had asthma

# Research Questions

1. How do residents describe the impacts on the natural environment and on the quality of their environmental health as a result of living in close proximity to industry?
2. How do community members feel about health studies conducted in the region?

# Access and Collaborators

- Collaborated with Boston University's School of Public Health, Department of Environmental Health
- Worked with the Southeast Community Research Center (SCRC) based in Atlanta, Georgia
- Accessed community groups through the Louisiana Environmental Justice Community Organization Coalition (LEJCOC) and its president Albertha Hasten

# Literature Consulted

- Uneasy Alchemy (Allen)
- Diamond: A Struggle for Environmental Justice in Louisiana's Chemical Corridor (Lerner)
- Chronicles from the Environmental Justice Frontline (Roberts and Toffolon- Weiss)
- Community-Based Participatory Research for Health (Eds. Minkler and Wallerstein)
- Contaminated Communities (Edelstein)
- Corrosive Communities (Kroll-Smith and Couch)

# Fieldwork

- Lived in the community of White Castle, Louisiana (3 weeks July 2005)
- Focused research on the parishes (counties) of: Iberville, East Baton Rouge, St. James, Ascension, and St. Charles
- Conducted 12 formal interviews and an input group on the health studies guide
- Assisted in Alternative Dispute Resolution (ADR) trainings with SCRC
- Attended community, school board, Department of Environmental Quality, and other meetings and social gatherings
- Went back to Louisiana (New Orleans in December of 2005)

# Noticed declines in the natural environment

- Residents have linked the decline in the natural environment to the industries in their communities

*“I am concerned about the air quality, the water quality... We have plants along the river that dump chemicals in the water, we have polymers they spray sugar cane and the ditches with chemicals and you can smell them in the air. The families that work with the polymers they have breathing problems as well as the chemical plants the families... There is a lot of chemical spills, that go unreported and so on you know.”*

- a community activist who lives near a sugarcane farm

# Linking environmental hazards to negative health outcomes

- Community members assert that their adverse health outcomes are a result of industrial processes

*“In a lot of areas because of the pollution and because of the chemicals we know in the long run, this will, being a nurse, knowing that it can cause a lot of hazard, in the area you see a lot of abortions with pregnant women. You just see sickness that can’t be explained.”*

-a resident

# Impacts of Existing Poverty

- Existing poverty has impacted people's ability to care for their health

*“Trying to deal with your asthma, trying to deal with the boils, or trying to deal because the doctor's medicine will be so high you can't afford it. Because it will stop you from eating, it will stop you from paying your bills. You have problems of poverty you have problems of senior citizens trying to provide. Because they are trying to survive in an expensive world in an expensive country. That's going into a third world county because of health problems. And no one wants to look at the environment as some of the costs.”*

**- a community leader**

# Psychological impacts

1. Fears associated with living next to a plant
2. Feelings of being trapped and powerless

*“People became traumatized, concerned, and fear set in never to leave.”*

*-a community leader*

*“The trap is the first one when you wake up in the morning you see the big structure. When you get ready to go to bed at night you can’t sleep you hear the noise, things people don’t even see as a nuisance you hear the intercom system around the clock, every little thing [that] happen[s] you hear it.”*

*-a community environmental leader*

# Economic blackmail

1. False promises of employment
2. Forced to choose between jobs or health

*“Granted the plants give jobs and that’s good for finance but then it is not good for health.”*

-a resident

3. Fear of speaking out against plants

*“A lot of people around here work in plants, and they fear for their jobs. If the plant finds out that so and so’s wife is in an environmental group and is against the plant that he is working in, well it will cost him his job. And that is how it works in this town.”*

-a community activist

# Social Inequalities

## 1. Awareness of unequal burdens of environmental degradation

*“It is social. You have your poor people. Whenever you see these plants or farmers there is a lot of poor people living in those areas. Whether they’re black, they’re white, or they’re Hispanic it doesn’t matter...they’re poor.”*

- a community member

## 2. Divisions within society

*“According to those doing the study always win by dealing with those who are complete allies of industry [interviewee was referring to the white section of town] who won’t see the full picture. So no you have an off balance there.”*

-a community environmental leader

# Political Barriers

- Political barriers in bringing about justice (poli-tricks)

*“Because you see all these plants that get their big hi-fallutin lawyers and the judge sways on their side. Cause, I mean we go in groups, like we go to court against Dow, there might be two or three...against these big lawyers for this big plant, so who do you think the judge is going to take for, he is going to say well these environmental people are against it, there is nothing...nobody wants to show you know their face.”*

- a community activist

# Controls on Media and Health Care System

- Local media and health care professionals cover up the truth

*“Watching television stories and everything and we seen how much cover up is been done, people cover up everything..”*

-a resident

*“There is a lack of trust. There is doctors telling you how you feel and telling your heredity and you are showing him your disease and you’re showing him the hospital bills...”*

-a community leader

# Community Perspectives on Health Studies

1. Health studies conducted in their areas have not yielded the results that community members desired
2. People's opinions were ignored and not validated by those conducting health studies
3. Results of studies were not brought back to communities
4. Residents were not educated about results and were not given suggestions on what to do once findings were released

# Community Reactions to Health Studies

*“They came in with the attitude that this is just another rip off. This is just make my people say that something is wrong. They came in with an attitude that this is not truth. And so there was a division right there from day one. They don’t believe that community people are sick. They don’t believe that community people have problems.”*

-A community activist

*“Because ATSDR did not do anything, their hands were tied. It came from Congress and they did not like you to be talking about any industry. Whether it was industrial, chemical industrial, waste industrial, whether it is sugar refineries or treatment plants, sewage treatment plants, that’s a large problem. They did not want to hear it. They took a deaf ear to it.”*

-A community activist

# Community Recommendations

1. Validate opinions and concerns
2. Educate (basic language) community members
3. Include cumulative risk into risk assessment process
4. Incorporate community members into the process through community-based participatory research techniques
5. Allow residents to have a say in how grant monies are allocated
6. Enforcement of environmental regulations/create laws that are protective of human health

# Community Reactions

***“Educate people on cumulative risk and the risk that they have coming from the issues of the environment, education, economics, social justice, social economic injustice... Look at industry look at waste treatment plants look at the refineries. ...And look at it truthfully, bring truth back, it’s truth telling time...Communities have always been first. Put it em [them] back first and stop being too scientific.”***

***-a community activist***

***“And I call it as my little grandson would say they talk at people instead of talking to people. And that makes a difference because people feel that they have been walked on, left out, and when they give input there are people who want to make community people feel that you are uneducated but the most uneducated person who learned skills from just being near by is important and can give input. Those were the people who were being left out for years the people who were affected the most were being left out.”***

***-a community leader***

# Personal Recommendations

1. Validate lay opinions
2. Incorporate CBPR practices into future research methods and take into account community feedback about past research
3. Outside researchers need to spend time in communities
4. The burden of proof should be switched from the communities responsibility to that of industries; precaution should be employed
5. Industries and funding agencies should work with communities to help increase their capacity
6. Relocation and providing adequate health care is needed

# Conclusions

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- Post-Hurricane Katrina dynamics make it difficult for positive reform in the studied communities
- Change requires that industry is held accountable for environmental degradation and adverse health outcomes reported

# Thank You

- **Phil Brown**
- **Rachel Morello-Frosch**
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- **LEJCOC**
- **Margie Richard**
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- **Willie Fontenot**
- **UEL (Betsy and Patti)**
- **ES/Sociology grad students**
- **Dissertation Writing Group at Brown University**
- **My friends/co-workers**
- **My family**

# Questions???

