

**National Alliance for the Mentally Ill**  
**Moderator: Ramiro Guevara**  
**January 24, 2006**  
**7:00p.m. EST**

**OPERATOR:** Good evening, ladies and gentlemen, and welcome to today's STAR Center cultural perspective on healing after disaster conference call. All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a brief question-and-answer period. If you would like to ask a question during this time, please press the star key followed by the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key.

It is now my pleasure to turn the floor over to your host, Ramiro Guevara, sir, you may begin.

**RAMIRO GUEVARA, DIRECTOR, STAR CENTER:** Thank you, Operator. Good evening everyone, my name is Ramiro Guevara. I am the Director of the STAR Center, which is sponsoring the call this evening. The STAR Center is one of five national consumer supporter and technical assistance centers, funded by the Center for Mental Health Services, Substance Abuse, Mental Health Service Administration, US Department of Health and Human Services.

I'd like to welcome everyone to the STAR Center's national teleconference Cultural Perspectives on Healing after a Disaster. This call is scheduled to run about one hour until eight p.m. Eastern Standard Time. Twenty minutes will be allocated for speaker presentations, with the last 20 minutes for Q&A.

The STAR Center offer support, technical assistance and resources to enhance self help in diverse communities, and promote recovery. We seek to improve and increase the capacity of consumer operator programs, to meet the needs of persons living with mental illness. Please note that the STAR Center national teleconference call is being recorded for the purposes of transcription and for the creation of an MP3 audio file. Because this call is being recorded, we kindly ask you during the Q&A portion of the call, to please identify yourself by your first name only. Both the audio file, and the call transcript will be archived and made available to the public on our Web site, at [www.consumerstar.org](http://www.consumerstar.org).

The STAR Center has a wonderful expert panel of guest speakers joining us this evening to share their insight, experience, and knowledge. David Luna from Texas, and Frances Priester from Washington, DC, thank you both for joining us tonight. It is a great pleasure to have you.

David Luna is currently the Director of Border Affairs for the Texas Health and Human Service Commission. In this position, which he has held for the past six years, he is responsible for the planning and coordination of health and human services for the Texas Mexico boarder region. Mr. Luna also has experience in crisis, disaster response, and assessing victims of trauma.

Frances Priester our second panelist was raised in the segregated south, and received her law degree from the University of Buckingham, in Buckingham, England in 1984. Misdiagnosed

with paranoid schizophrenia for seven years, until finding appropriate treatment for bipolar disorder, she now advocates for over 12,000 mental health consumers and their families as the Director of the DC Department of Mental Health's Office of Consumer Affairs.

And once again, my name is Ramiro, I'm the Director of the STAR Center, and the focus is perspectives – Cultural Perspectives on Healing after a Disaster.

In the public imagination, natural disaster does not discriminate. For instance, hurricanes may not single out victims by their race, class or gender. But neither do such disasters occur in historical, political or social economic vacuums. Instead, the consequences of such catastrophes replicate and exacerbate the effects of some of these all ready existing inequalities. Just to give you kind of some of the perceptions, the disproportionate perception, or a lot higher perception, rather, from African Americans and Hispanics on the response to Hurricane Katrina. Out of the victims bodies that were discovered, 42 percent were black, three percent were Hispanic, and 18 percent were not identified by any race or ethnicity. We're not going to talk specifically on Hurricane Katrina, but that just kind of gives you an example of some of the people that were effected by the one of the largest disasters our country has known.

With that, that's enough of my introduction, I'd like to open it up with Mr. Luna.

**DAVID LUNA, DIRECTOR OF BORDER AFFAIRS, TEXAS HEALTH AND HUMAN SERVICE COMMISSION:** Thank you, Ramiro and good evening and buenas tardes (ph), to all of the listeners. I'm calling here from the Rio Grande Valley, South Texas. And it is my pleasure to speak to you this evening on these issues which are very important to me, those particular being cultural competency, cultural sensitivity, and certainly how they relate to another critical area, which is certainly disaster response. And are we – look at the most recent situation with Hurricane Katrina and other type of disasters, I think it's just very timely that we talk about the importance that culture effects these types of situations.

Here in Texas, we are plagued, quite often, with tornadoes. And we also had, of course, occasionally we all have hurricanes that his us here on the coast. As a matter of fact, I have been fortunate that my home has not been effected, but I only live about 40 minutes from the coast. And so I can – you can imagine there's a lot of anxiety whenever there's word that a hurricane is coming. But nonetheless, just want I want to do in my next – in my time allotted is talk to you a little bit about my experience as a mental health professional, that being – my experience working in mental health services, as both a clinician and as an administrators.

I'm a social worker by background and haven't done that for over 25 years. I've had the opportunity to do research, and look at how culture impacts those elemental health systems. And again, I had the opportunity while I was working at the state mental health office in Austin to – while I was the multicultural director focusing on culture competency, again, I had the opportunity to work in the area of disaster response, and work – particularly focus in on mental health issues, with consumers, family members, and with even it participated on the state disaster response team. Very interesting, particularly when you look at the – when you include the impact that culture has in those areas.

As you all know, for those of you familiar with the DSM IV (ph), it's interesting how in the area of psychiatry and others how it – this whole issue of cultural – of culture and the impact to services came to a point when where in the DSM IV (ph) it is now acknowledge in one of the appendix there's a section called the culture Down Syndrome. And again, for the second time I don't want to get into all of that detail, but I do refer you to that section. And for those persons who may be surprised, be aware, that psychiatry, and I'm not a psychiatrist does speak to the impacts, and how it is important for clinicians to be aware of. This might not have much to do with disaster response, but again, for us to see how important culture is in the area and the field of mental health.

But just quickly, some of the examples of culture bound relief systems of some of which I'm going to lead to –allude to here in my presentation, are similar to these. For example, AMAC (ph) commonly – it's common among some Asian groups, and that refers basically to an outburst of violence, aggressive, homicidal behavior prevalent among males, often accompanied by persecutory (ph) ideas, and leads to exhaustion. Again that is referred in the culture in some of the Asian groups, that kind of behavior may be referred to AMAC (ph), instead of something else that if the clinician is not aware, may need to know.

In the Native American Indian tribes, there's another example of another believe system which is important to know, there's one called Ghost Sickness. This has to do with a preoccupation with death, sometimes associated with witchcraft. Systems include nightmares, weakness, fainting, anxiety, hallucinations, et cetera, cetera.

Another example, (INAUDIBLE), common with Hispanics is mal de ojo, commonly known as the “evil eye.” And I'll probably (ph) allude to some of that as we go through – as I talk later on, particularly, I'm going to try to focus on Hispanics. The evil eye, by the way, symptoms include crying, and vomit, and fever, et cetera.

Root warts (ph), common among some African Americans, Caribbean Groups, and again, these relate to witchcraft, evil. Symptoms include anxiety, nausea, vomiting, et cetera, et cetera.

And the last one that I wanted to mention common among Middle Eastern and Northern Africa societies is ZAR, again, relates to possession of a person by a spirit.

So these are – I just wanted to star off with examples of how even in the DSM IV (ph) that culture is acknowledged and is important for clinicians to be aware of, particularly if you're working with individuals from another culture. And as you're looking at an diagnosis and trying to figure out what is going on. The issue – the point I want to make is that if a person believes that they are suffering from, for example, one of these conditions, it may be difficult for the clinicians to use the basic – the usual type of therapy and another type of assistance that we may be used to.

I wanted to now talk a little bit about disaster response. Let me look at my time here. Ramiro, I want to ask you to keep me on track here. Let me tell you a story about this young couple that I knew, back in the late '70s, this young couple had gotten married. And he had been working – he was probably (ph) working at a mental health facility. His wife was working across town in

an part time position. Nonetheless, back in '78 in the city of Wichita Falls, which is in north Texas, a major hurricane – a tornado rather hit the area. It devastated the city. The tornado's path was fettered (ph) at a half mile line. It crossed the city and killed 50 plus people.

This – the young lady worked at a building which was right in the path of this tornado and fortunately, survived. As a matter of fact, the building in which she and others were – they were working when the tornado was over, they opened the door – the actually hid inside a vault right in the middle of the building. When they came out the building was gone. All that was left was this vault and (INAUDIBLE) apparently there were very traumatized, very frightened and were victims of this natural disaster.

It was real interesting after, that situation that happened, the young lady was very, very anxious. Had a hard time sleeping, a hard time concentrating. Was very fearful, particular of loud noises, anything that's not like an alarm or like the sirens that were very common here in Texas, when they would sound to advertise (ph) when there was a warning, a tornado warning. This went on for a number of years, and it really puzzled the family. And it was real interesting, that the family, the parents of this young leading would never acknowledge so much that there was any sort of a mental health situation at hand, or even that there was anything dealing to do with fear or anxiety. But instead, referred to the situation, to the condition that this young lady had as susto. Susto is spelled S-U-S-T-O in Spanish, and that mans fright.

And the reason I start off with that story as an example, is because, and I'll allude to it a little bit more later, susto, was, again, the explanation to the family of the symptoms that this young lady was exhibiting. And none the less, the young man who happened to be working at the state hospital, was not aware of these kinds of situations. Had never heard of susto. Had – was – had not been in a disaster situation, et cetera, et cetera, but he learned. And let me cut the story short by telling you that that young couple at that time that went through this solution, because obviously although it effected the young lady, and the family and the person had was actually my wife. My wife was – is a survivor of the tornado, and even to this day it's almost 30 years later, she is still very frightened when it comes to bad weather, to noises that sound like the weather sirens, at times, still – when that happens has difficulties sleeping and concentrating. So these kinds of things can go on.

After all of the – after my years of working in the mental health system, and becoming more experienced in the clinical area, it was a, in my opinion, it was obvious that what was going on at this time were issues of certainly of anxiety, of fear, and much of what it has led to these days is now what I would call, or a clinician one might call post traumatic stress disorder because of these emotions and these feelings come back when the environment – these kinds of situations.

So, you know, what I did after working in the mental health field, I – actually in graduate school I became much more interested in the impact of culture. So I had the opportunity to study the areas, to talk to different people and study the impact again, particularly in the area of folk healing, because that really tied into some of their cultural perspectives. And I went and talked to different types of healers, community leaders, did – when I was working in the state facility, I had the opportunity to read cases, to do actual interviews, clients. And it was real interesting to

be able to communicate with them, and to find out what they felt was the cause of the situation. And I can – I'll share some of that as we go along.

But the – it leads me to – it reminds me of another situation that I'd like to share with you. We talked a little bit about susto, fright, and I'll elaborate in just a minute. But it also – and I had shared this with Frances and Ramiro, the situation. When I was a child out in West Texas, near the Lubbock area, also very common to have tornadoes and tornado weather in that area. Well my grandmother lived in the center of the neighborhood. And she happened to have a cellar in her backyard. So whenever the weather would get bad, and we'd see the clouds that started to form, my mother – my grandmother (INAUDIBLE) what seemed to be the protector of our family, and many of our family members happen to live in the same area, would all go to my grandmother's house and we'd all try to do a – fit into this crowded cellar. But my grandmother took a step further, and what she would do, she would pull one of the – one of my cousins, one of the kids, out of the cellar, and she always chose one of my cousins. And she had this belief, actually it was a ritual where she would with one of the kids at her side, she'd go right out into the middle of the street, right in the path of what could have looked like a tornado cloud or dark cloud that was coming in, and you can imagine how fearful that was to the children and to the others but just with all of the wind and rain and hail and so forth.

But my grandmother stood her ground. And she would take with her a butter knife and stand right there, again, with one of the children at her side, and would then use the butter knife point to the cloud and make a cross – make a symbol of the cross with the knife, and accompanied by prayer of course, she actually believed that she would cut that cloud. Cut the tornado and make it go away. Now if you're not aware of that ritual which can be familiar to some Hispanics, I've asked a number of Hispanics here in the Texas area that have heard of that type of ritual called "cortando la nube (ph)," cutting the cloud. And for one to believe that you can actually stop the tornado or cut it and make it go away, might be to some seen as a delusion. But to my grandmother, she was protecting her family, her neighborhood, her home. And the fact that the tornado never hit Knot Street (ph), there in Clayton, Texas where we live, who do you took the credit? Well of course, grandma, la abuela. So in her mind she had a cultural belief that she made it go away.

The reason I'm telling this story is as I was talking to clinicians a year later, and I used that example when I did a cultural competency training around the – in state hospitals, and state facilities, and mental health facilities here in Texas. One of the facilities and some staff shared with us that there was this situation where an elderly female was observed going, walking around the waiting room and she was observed making cross type symbols in the air. She would go from window to window. She was also observed mumbling to herself. Well the clinician did not know what she was doing. They checked with a physician and it was thought that the female was probably compensating (ph). She was hallucinating doing gestures in the air. She was mumbling to herself, and subsequently she was medicated. It's unfortunate that those type of things happen, but later on when the staff members confessed that they actually talked to her afterwards, and guess what the little old lady told them. If you would have asked me what I was doing, I was protecting all of you here in the unit by cutting the clouds.

**RAMIRO GUEVARA:** David – Mr. Luna, I really appreciate that. And unfortunately, we're running a little behind on time. So I'd like to give Frances a chance and then open it up for questions for our people.

**DAVID LUNA:** You bet.

**RAMIRO GUEVARA:** (INAUDIBLE) the issue was misdiagnosed. And I really liked your stories. My family coming from West Texas, I could relate to north Texas, all over Texas, I could really relate to a lot of your stories.

Now Frances, especially, you know, once again, even though no one's even asking anyone to specifically talk about Katrina, but it's pretty obvious looking at the news that a good portion of the people that survived and were effected by the horrible disaster were African Americans. And I'd just like you to share, you know, your thoughts on, you know, from a consumer's perspective, from a recovery perspective. If I'm someone who's walking into this community, and I'm trying to provide some sort of service, whether it's peer support, or support groups or a mental health system, a little on what are things I need to be aware of.

**FRANCES PRIESTER, DIRECTOR OF THE DC DEPARTMENT OF MENTAL HEALTH'S OFFICE OF CONSUMER AFFAIRS:** Well good evening. May I say thanks to you, Ramiro and the STAR Center, and my friends at NAMI (ph) as well as SAMSA (ph) and the Center for Mental Health Services who is your funding agency.

It's a pleasure to be with you tonight. First of all, I'd like to give you a little on my background, and then answer the question you've posed. As my bio says, I grew up in the segregated south. And growing up in that community meant that we were a very close knit community. And we relied on each other and that gave us strength.

I was thinking as I was sitting here, that even though I'm 58 years old, I've never met officer friendly. In many communities when the officer comes, he comes on various occasions, and is not always in the disaster. In my community when the police come, there's something wrong. And so we've never made friends. And they're not really easily welcomed. And that historically because of the way we've been treated when you talk about disparities in cultural competence.

And, you know, when you talk about cultural competence I know that that is politically the correct terminology to use. But, you know, being an old Southern girl from my perspective, you're talking about race. Disparities in services to various ethnic and racial minorities. And I was just recently at a conference on disparities in women's health, and I'm just going to identify a couple of them, and Ramiro if I'm getting of the path just stop me.

**RAMIRO GUEVARA:** OK.

**FRANCES PRIESTER:** I'm reading something from one of the fact sheets that I received at the conference. About 30 percent of Hispanics, and 20 percent of black Americans lack a usual source of healthcare compared with 16 percent of whites. So where do I usually go, I go to a clinic. Hispanic children are nearly three times as likely as non Hispanic children to have no

usual source of healthcare. African Americans and Hispanic Americans are more likely to rely on hospitals and clinics for their source of services.

This whole arena of cultural competence, I think it really indicates that don't have a basic understanding and a basic appreciation and respect for each other's culture, and by that I mean each other's values, beliefs. And, in fact, I believe that that is an area that could very easily be eradicated if we were serious about it, and if we devoted the resources to eliminating those disparities and the issues that separate us.

I'd like to get to the point in my life where I don't identify my friends as black or white. I'd rather say Ray (ph) is my friend, or Dave (ph) is my friend. And not engage in conversations when we're out in public in one way, and when I'm in my home, I'm referring to you in another way.

That is to me, a life long process, but certainly it is, where I think we need to be. So a healthy understanding and a respect for our differences is what we really need to cultivate. In my mind's eye, we are – when we say culture competence, we're saying understanding and respect for the differences, as well as the similarities.

In answering your question about responses to disasters in the African American community, in my office, there are several families who's loved ones were devastated by Katrina. And just as recent as yesterday, we were talking about how those with mental health needs are in a precarious position in that their needs are not being met. And while the federal bureaucracy in the state and the city point fingers, many of our survivors, as I am of mental health services, are just living in this – in a very difficult circumstances. Their needs are not being met.

Responding to their needs would be to have some semblance of permanency as to where you can go to one source, and get everything taken care of, rather than having several places to go, because you're all ready frustrated. You've all ready lost everything that you own. And so in keeping with – we normally look to the government to provide these services. But in this particular instance I believe the government has let us down. Are you there Ray (ph)?

**RAMIRO GUEVARA:** Yes, ma'am.

**FRANCES PRIESTER:** Am I on track?

**RAMIRO GUEVARA:** You're OK.

**FRANCES PRIESTER:** OK. So my experience with – in my own life, after I received my degree in law, one of the cultural things in my culture, if you leave home and you're the first to graduate, and you're the first to have an education, it is expected that you will come back and serve, and uplift your community. Those were the norms within my community. Now how does that play on me, who in many ways was devastated by my illness and could not return to say bring the family up. And so those experiences are still with me, still, and we haven't event touched on the poverty which exists in the African American community.

I have spent basically 58 years of my life trying to get out of poverty. It's a lifelong process. Because getting – an my ambition as a young lady graduating from a segregated facility was to get a degree in business administration and open a business. Even as young as 18, 19 my thoughts were that the African American community just needed income, they needed money to uplift themselves. What has happened is that agencies and programs have been created but we do not, as a people, run the programs. Someone else runs the programs, 10 years hence, the program is refunded or out of service, and we're still there looking for services.

To give you an example, many of us who have psychiatric facilities were in day treatment. I spent two or three years going to day treatment. Now if you were to measure what did you get as a result of my being in day treatment, in the Washington area, you're talking about \$144 a day that is going to be expended by the Department of Mental Health on the day treatment service that at the end of the people have been in for five, six, seven years, and at the end of seven years, I'm still in day treatment. What do I have for myself? And what do I have for my community? And what does the community have for its dollars, tax dollars, you know? So I'm a person who believes that there should be alternates to day service, like psychosocial rehab, like internship opportunities funded by the Fortune 500 companies with a tax write off. If we're going to write off and give the big companies tax incentives we might as well get something for our buck. I know this is off the subject, but it's one of my pet peeves. I would like to see consumers that work in occupations of their choice.

**RAMIRO GUEVARA:** But I mean, I think both of you, if you don't mind me interrupting a little bit, both of you have brought up, you know, some various points. I mean there's perspective, there's interpretation, you know, how I might deal if I think I'm about to be struck by a disaster. What I might do to keep my family, safe, my kind of cultural bound beliefs. The disparities in care and access to what's available whether that's mental health or resources. I guess, my questions for you Frances would be, is there anything specific, and I know you don't speak for all African Americans, but is there anything specific in your mind's eye, that you could think of that, you know, if I am a consumer operated program, and I am trying to provide some support to people in your community that I might want to ...

**FRANCES PRIESTER:** Well, you know, we are a very religious community so there should be, if there's going to be outreach and involvement of the community, then we need to reach out to the ministers, and to the churches, because that is where we are on Sunday morning.

**RAMIRO GUEVARA:** OK.

**FRANCES PRIESTER:** OK. So doing things in our community without enlisting the support and the involvement of the ministers and also to educate the ministers about mental health, you know. For a long time, I was an atheist, but I always said if you live long enough you begin to believe. And the reason I began to believe is because my mind was given back to me. And I know that it wasn't anything that I did so great but it was just by grace that I received my mind back in order to help myself and help others.

**RAMIRO GUEVARA:** Great. I really appreciate your comments, Frances. David, you kind of heard a little bit the line of questioning with Frances, is there anything you'd like to remind to? Any thoughts before I open it up to questions?

**DAVID LUNA:** Well one thing that I would like to just mention because I know that we had mentioned we were going to discuss as a part of the presentation, and again I don't want to go into too much detail, but when we talk about communications, with a – it's so important to be aware, that if you're going to be whether it's in a counseling situation, or a debriefing session that we have to be able to communicate with the individuals. And if you're going to be in a situation where an individual cannot speak English, for example, we need to be aware that we need to get in qualified interpreters and qualified translations of the materials that we're going to disseminate.

So I just wanted to make that point that that's so important to be sensitive to the language issues.

**RAMIRO GUEVARA:** Absolutely. Frances, any final thoughts before I open it up for questions?

**FRANCES PRIESTER:** Yes, just, you know, I'd like to restate what I said, and that is that when we talk about culture competence, we're talking about race. We're talking about having a healthy understanding and respect for different beliefs, values, and cultural norms, if we can just understand and respect them. I may not agree with them. That is not what we're seeing, but at least I respect that you have that opinion, or that you have that belief.

**DAVID LUNA:** That's a good point. And I think if nothing else on this issue, I do know that it's important to respect. You know, I have to agree with the kinds of issues, for example, I talked about some of the different belief systems. You don't have to believe in susto, or in bruja (ph), witchcraft, but you have to, I think, it's important for the clinician of the person who's working with someone who has a belief system, to at least have respect for those kind of belief systems.

And then, the challenge is how do you incorporate that into traditional treatment?

**RAMIRO GUEVARA:** Well, and I think that, you know, in that point, and I mean taking it even further, how do you incorporate that into recovery and the recovery movement? And using the example that you've alluded to several times, susto, that I'm a little bit familiar with, you know, from my family the belief in susto was – that you had experienced a trauma, and somehow lost your spirit.

**DAVID LUNA:** Yes.

**RAMIRO GUEVARA:** And so the ceremony was to get your spirit back. But one of the first things that I love about the ceremony is I'm going to sit down and talk to you for as long as it takes until a rapport is established. And then once a rapport is established, and, you know, whether that takes a day, a month, two or three months, there's other parts of the ceremony that, for lack of time, I'm not going to go into. But for me, when I hear (INAUDIBLE), doesn't that

sound like recovery? Shouldn't we sit down, and like what you're saying too Frances, it satisfied our belief systems, and at the very least respect each other and get to know each other and talk to each other.

**FRANCES PRIESTER:** I think – sorry to interrupt. I think it's also important that we have people from those cultures emerge in our service system. Do you see what I'm saying?

**RAMIRO GUEVARA:** Excellent point.

**FRANCES PRIESTER:** You know, so when I'm doing training, when I'm doing curriculum development, when I'm doing planning and evaluation, when I'm doing outreach, the Latino community, the Asian community, should be embraced and come on board with us so we can do this together. But when you isolate, and exclude me from the process, then that is where the void and the disparities begin.

**RAMIRO GUEVARA:** Excellent point. And I think on that note, that's an excellent, I appreciate that Frances. Operator, let's go ahead and open it up for questions.

**OPERATOR:** Thank you. The floor is now open for questions. If you do have a question, please press star one on your touch-tone telephones at this time. Once again, to ask a question, it is the star key followed by the number one on your touch-tone phones. Once again, as a reminder, if you do have a question, please press star one on your touch-tone phones. We do have our first coming from Nina (ph) of Addington (ph).

**NINA (ph):** Yes, I just have a question. Do you think that there was any cultural differences in Hurricane Katrina with the female community not getting the needs that they deserve, having babies, and what not, and not getting sued, and watching their children dehydrate, downtown in New Orleans and outside New Orleans. Do you think that they provide enough support for just the female community in general?

**FRANCES PRIESTER:** Is that – who is that question for?

**NINA (ph):** It could either way, Frances or David.

**RAMIRO GUEVARA:** It could go to either one.

**DAVID LUNA:** Frances, you take a shot at it. Frances, can you...

**FRANCES PRIESTER:** Go ahead. You want me to answer it?

**DAVID LUNA:** Yes, I'll defer to you.

**FRANCES PRIESTER:** OK. Well to having just attended a disparity – a conference on women's health issues, I would say, and that's without having documentation which is not very safe to do, that there definitely would be a disparity in the effect of the disaster on women. Did I answer your question?

**NINA (ph):** Can you hear me?

**FRANCES PRIESTER:** Yes.

**NINA (ph):** Yes, I think so. I think it was obvious that they didn't. Do you think that there should have been things in place all ready to, you know, prepare for this kind of disaster? It doesn't seem like there was any kind of special relief for the women whatsoever, so many children and babies went without food. And it just seems...

**FRANCES PRIESTER:** My response would be there was no plan for it, and there still is no plan. If I said to you I am still talking to FAMs (ph) who are telling me that especially people with disabilities, the services are not there. And I don't know who we can talk to to say something needs to be done. We all ready have a disability. So you don't need to compound that by not having sensitivity to the needs of that disabled community. I don't know what the STAR Center can do. I don't know what FAM's (ph) can do but the kinds of cries I'm getting are devastating to me. And I'm just at a loss as to what to do.

**RAMIRO GUEVARA:** Yes, I want to be very careful, and Operator, I'll be ready to move on to the next question. I want to be very careful though that, you know, the focus is on cultural perspectives on disaster. And although, I know, of course everybody wants to immediately talk about Katrina, in all fairness our panelists, as I briefed them, were not here to really talk about Katrina. I mean everybody has a right to their opinion but the call is really focused on precisely that perspective and culture. Next question, Operator.

**OPERATOR:** Thank you. Our next question is coming from Linda (ph) of Evington (ph).

**LINDA (ph):** Hi, both David and Frances. I believe that education really is the key here. And from what Frances said earlier about the cultural competence, I think it's a very good point. I think major cities, and areas where there's such diverse cultural groups, they tend to be clannish, and a lot of things tend to be kept within their culture, and it isn't really shared amongst other cultures, whether it be lack of interest to gain the knowledge or reluctance to share the knowledge. But I think it's important to have information disseminated, especially about certain rituals that Frances was describing earlier, and David was describing. Do you think that it would be worthwhile to have special training programs within health institutions to really explain these things, or to have Web access where these things are very much explained. I am not a Hispanic. I am African American. And I found it fascinating what David was talking about with some of the rituals, and I can understand from an outside perspective, that, you know, someone would be considered having a breakdown or some kind of disability.

So what can be offered to us to help educate us, since I know I'm sorely uneducated in this area.

**FRANCES PRIESTER:** I think that curriculum – before you get into direct care, it begins like you said, education. So when we develop the curriculum we need to include in that, the competencies for cultural competence, as we educate doctors, as we educate nurses, as we educate children. You see what I'm seeing.

**LINDA (ph):** Yes, I agree. You know, when...

**FRANCES PRIESTER:** But it starts before it gets to – we only began after the fact. We need to begin upfront.

**LINDA (ph):** That's true. In most hospitals, competencies are clinical competencies from a task oriented basis.

**FRANCES PRIESTER:** Right.

**LINDA (ph):** And a safety oriented basis, meaning institutional safety. But they really don't cover cultural diversity in the way that you both describe and I really think it's important.

**DAVID LUNA:** And I agree, let me just interject here. The way we did here in the Texas Mental Health system, and I must say, it was what I call a journey it took years. It doesn't-cultural competency doesn't happen overnight. It doesn't happen in one workshop. But I think if you get the commitment from leadership, whether it be the director of a facility or whether it be someone in policy that it's important. Particularly if you looked at your demographic, if you can show that you're serving a diverse clientele or consumers or whatever the service is, that your customers are diverse, you can look at different areas such as cost effectiveness, that you can be – get the information and provide the services early on. Again, it won't have to result in (INAUDIBLE) type services.

So if you can get the commitment from leadership, administration, my suggestion is to put together a multicultural advisory committee, a group, that then would look at the needs, issues, of that particular facility. And then look at, like Frances was saying there are all ready curriculums out there. One of the most popular ones is for (ph) the Cultural Competence System of Care by Harry Croft (ph) and others that gives you information.

You can get online, as a matter of fact, occasionally I get online, and put just – click on culture competency, and you'll find a number of different resources and references. You have speakers that are also known throughout the nation that can speak.

But I find that the best folks to teach you are right there in your community.

**FRANCES PRIESTER:** Yes, I agree.

**DAVID LUNA:** And in this case, it can be consumers. It can be staff. It can be folks from the searches, from the community. Those are folks that you can put a multicultural panel together, and provide you the kind of information I think that we're – similar to what we're alluding to tonight.

**LINDA (ph):** I think that's an excellent idea.

**RAMIRO GUEVARA:** And the other thing, this is Ramiro, at the STAR Center, we have a list of a lot of those resources and links to Web sites that we safely deal with a lot of what you're talking about, some of the national organizations like APAMA (ph), MELBA (ph), and so that will be available. And I'll make sure that we have the list updated regularly. OK. Operator, we're ready for the next question.

**OPERATOR:** Thank you. Our next question is coming from Sean (ph) of Austin, Texas.

**SEAN (ph):** Hi, this is Sean (ph) from Austin, Texas. And I just wanted to echo on what the presenters just said. I came into the conference kind of late, about 6:30, seven o'clock, but I just wanted to shed some light, not so much as have a question. But I am a New Orleanean (ph) and evacuee, and just to talk about New Orleans and its culture as far as the mental health is concerned, the mental health systems in New Orleans were a very poor system. Lots of the mental health agencies were mostly privatized. And of course, charity hospital was the public facility that a lot of the mental health patients, you know, who did not have insurance, what have you, would go to that particular facility. But unfortunately, Charity Hospital is not existence, will not be in existence for quite some time. I believe the facility may be forwarded to Baton Rouge. So currently, there's nothing in place, as far as mental health is concerned.

And just to kind of talk about the culture as it relates to New Orleans, as far as from a mental health perspective, New Orleanean (ph), African Americans of course, made up about 66 of 68 percent of New Orleans. And a lot of the New Orleanean (ph), they did not really use, per se, the services. They relied on their ministerial staff, at the local churches. Whatever church they belonged to, that's who they would get their counseling, or receive their counseling from.

So I think the problem is that in the mental health arena, we have to pretty much communicate with those ministers, and form some sort of alliance with them in order to get the necessary services. Because lots of times African Americans will not use the service, because they don't want to be labeled as crazy. So they're not going to use it.

**DAVID LUNA:** The stigma.

**SEAN (ph):** The stigma, that's a big, big issue. Coming from New Orleans (ph), the media played up the scene of everyone from the Ninth Ward being a looter, and being this and that. Well I'm a product of the Ninth Ward, and I have a Bachelor's and Master's degree. I had a business while I was down in New Orleans. So, you know, we were a little offended about that. And I think what has happened is a lot of the case workers do not know how to dialogue with the evacuees because of what they saw on TV. I just – I was a presenter at a cultural competency training in Austin, and I kind of had to talk to them about our culture and provided them with information in terms of our dictionary. I had to prepare a dictionary so they can understand New Orleans lingo, you know, that may be a problem. And there are certain things that certain cultures say that we don't say. We're a little different. We are unique. We have a kindred spirit. When you cross over into Louisiana, we consider you as a relative.

And we're kind of like a tribe, if you will. No one can actually get in the tribe, unless everyone accepts you, and that's just how it is, you know.

**DAVID LUNA:** And once you're in, you're in.

**SEAN (ph):** You know, so it's just a situation. And we're experiencing that here in Austin, Texas. They're trying to figure out ways on how to communicate with New Orleanians (ph) because they're not letting them in, unfortunately.

**RAMIRO GUEVARA:** I really appreciate your comments on the distinctive culture of New Orleanians (ph). And, you know, I think it's been alluded to a little bit, but, you know, discrimination and racism and stigma definitely play a role on where I go for help, on who I go to help for.

**SEAN (ph):** It's a trust.

**RAMIRO GUEVARA:** It's a trust issue. I mean on previous calls, we've talked about finding gatekeepers or people that can you provide you access and credibility to these communities. You don't show up to a community and say here's what I got for you if you're not known. David, any thoughts? Frances, any thoughts?

**DAVID LUNA:** Well I think that's so important. You can talk, in my mind, about culture competency without talking about the importance of community of family, family support, inclusion. All of those things that I think are – that people need me to be aware of. And all of the media can sometimes be unkind. If we can try to find those folks in the media that can be our friends that are sensitive to the issues, they might help with stories, and coverage of multicultural events that can help educate others.

**RAMIRO GUEVARA:** Frances, any thoughts.

**FRANCES PRIESTER:** Well, you know, as I'm thinking here, I discovered something when I went to this recent women's conference that I have several marks against me. One, I'm a female. One, I have – second, I have a disability. And third, I'm black. So, you know, say I'm going to be oppressed three fold, you know. And I never thought of myself that way, isn't that something.

**RAMIRO GUEVARA:** Yes, it is. OK, Operator, next question.

**OPERATOR:** Thank you. Once again, if you do have a question at this time, it is star one on your touch-tone phones. Our next question is coming from Melissa (ph) of Owings Mills, Maryland.

**MELISSA (ph):** Yes, hello. I'm wondering, can you speak at all to lobbying or legislation? I know, previously, I'm a nurse, and I've worked for the homeless, so I understand what you're talking about as far as, you know, trying to get things into place for members. But I know that in the past, I had to lobby for the homeless. Can you speak to any of this in regard to disaster victims? And the question is for anyone?

**FRANCES PRIESTER:** When you speak of lobbying, I guess the first thing is to make sure you have all of your facts and can get an audience with those who can make a difference. When we talk about meeting the needs of people does that – who have experienced a disaster, then in my mind’s eye, certainly it makes sense to a lobby. It makes sense for we who live with psychiatric disabilities. And I think, I’m right in saying that this is the group we’re talking about Ray (ph).

**RAMIRO GUEVARA:** Absolutely.

**FRANCES PRIESTER:** Setting forth the facts of what has happened and response, and how the response failed us, gives us the groundwork or the foundation to propose legislation and policy changes, at local, state, and federal levels. I’m a believer. I spent today down at the Council hearing on the Medicare Part D, where the CMS had failed us on implementation of that. And so what was interesting is that the facts about what has happened, and I don’t know if STAR Center could play a role, or we as advocates could play a role in gathering those factors and presenting them in some concise and very explicit manner, to paint a picture of the devastation and what it has caused to us as a community. And did you – does that answer your question?

**MELISSA (ph):** Yes. Thank you.

**RAMIRO GUEVARA:** I would also venture to say we have a lot of these organizations on the Web site. There are other –there are four other consumer technical assistance centers funded by SAMSA (ph) with difference focuses, but a lot of what they talk about is advocacy. And it seems to me, and I don’t know David, if you have any thoughts on this, but really finding out in your area, which committees, and which meetings you need to be present at, to have a voice in what’s going on, and how the pie is being cut, if you will. David, any thoughts?

**DAVID LUNA:** Well absolutely. I thought I would stay away from the term lobbying, I’m a state employee. We can’t do that. But you certainly can give advocacy groups and consumer groups and others certainly can go. And you’re absolutely right, I mean, you know, it’s a matter of giving those folks the information, it’s like what I call knowing how to play the game, the maze, how to connect with the right people, with the legislatures, with those people who are – who can help make those decisions, who have those resources. And that’s something that I think any of us can do, is educate those folks on how to do that.

**FRANCES PRIESTER:** I think in order also to make the question meaningful I don’t know if the STAR Center could take a lead or somebody could take a lead in, you know, getting this information to the Empowerment Center or other advocacy groups that, in fact, there is a need, and maybe convening a group to say well let’s how can we advocate this. How can we look at gather all of the facts and do a presentation to whomever is selected to make sure that the next disaster that there are things in place for women, that things are in place for diverse cultural groups. There are things in place for people who live beneath poverty.

**DAVID LUNA:** That’s a good point. And for example, I’m thinking like here in our state, the advocacy groups like NAMI (ph) or with the mental health consumers, they may have a contract with the state, for example. So by including those kinds of needs, and those kinds of issues and

their contracts, when they negotiate those contracts, I think that would be a good place to ensure that there will be funding and resources available for those kind of areas.

**RAMIRO GUEVARA:** Well I really appreciate both of you being on our panel and sharing your expertise. I think it's been a wonderful call and wonderful questions. And out of respect of time, we've gone a little over. I tried to give people a little bit more time to ask questions. And I'd just like to remind everyone who didn't get a chance to dial in that the transcript of the call and an audio file will be posted on the STAR Center National Web site, which is [www.consumerstar.org](http://www.consumerstar.org). And a lot of links, and resources all ready listed with organizations around the country, both consumer run organizations, organizations dealing in cultural competency can be accessed.

So Mr. Luna, David and Ms. Priester, I appreciate your time, and thank you so much. Good night everybody.

**FRANCES PRIESTER:** We appreciate you and the STAR Center.

**RAMIRO GUEVARA:** Yes, ma'am.

**DAVID LUNA:** Thank you all. And if anybody wants to give me a call in Texas, just give me a holler.

**RAMIRO GUEVARA:** Yes, sir.

**DAVID LUNA:** Thanks everybody. Good night.

**FRANCES PRIESTER:** Good night.

**RAMIRO GUEVARA:** Thank you, good night.

**OPERATOR:** Thank you. This concludes today's conference. You may disconnect all lines, and have a great day.

END