Testimony of David A. Pollack, MD, in support of SB1037 to establish a Transformational Resilience Task Force

My name is David Pollack. I received my psychiatric residency training at OHSU from 1973-76 and worked my entire career in the public and community systems in the metropolitan area of Portland, as well as at the state and national levels. I am Professor Emeritus for Public Policy at OHSU. I am a member of the Sustainability Committee for OHSU. I am a founding member of a national organization, the Climate Psychiatry Alliance. I represent the American Psychiatric Association and the American Association of Community Psychiatrists on the Steering Committee of the Medical Society Consortium on Climate and Health. I represent the Oregon Psychiatric Physicians Association for the matter under discussion. I am also on the steering committee for ITRC.

I have extensive history and experience with the mental health consequences of disasters. I happened to be in Annapolis, Maryland, at a professional meeting on 9-11. Being unable to return to Oregon in the aftermath of the attack on New York and the Pentagon, I went to New York City to volunteer to provide mental health expertise for those who were involved in the immediate response to the terrorist attack. We screened and interviewed a number of survivors and relatives who tried to find out whether their loved ones were still alive and how to cope with loss of the direct victims. Most of the people we encountered had sustained significant psychological trauma from their exposure to the events as well as any personal losses they experienced. After 4 days of working in this volunteer capacity, I was able to return home, profoundly impacted by the experience and determined to help others to prevent, respond and recover from the psychological impacts of disasters.

I served as the Medical Director for the Office of Mental Health and Addiction Services within the Oregon Department of Human Services from late 2001-2006. During that time, I was the point person for behavioral health disaster response for the office, collaborating and coordinating with public health and emergency management officials, as well as the myriad of non-governmental entities involved in disaster response. At that time there was a dramatic increase in federal and state planning and preparation for all manner of disaster events, including terrorist attacks as well as natural disasters. I worked with personnel within our office and from the Red Cross to develop protocols and field manuals for the behavioral health responses to disasters. We developed training materials and conducted training for many of the mental health crisis workers throughout the state. We devised communication protocols for recruiting potential volunteer mental health professionals on an ad hoc basis for disasters. Our planning efforts were brought to bear in the response to the aftermath of Hurricane Katrina in 2005, when over 1000 victims of that tragic event ended evacuating from New Orleans and Houston to the Portland area.

My experiences with disaster mental health issues led me to recognize that we must be better prepared to not only respond to various disaster events, but to more effectively prevent psychological trauma. We must educate the general public to have the skills to be psychologically prepared to adapt and constructively respond to events that may occur in their

communities and to prevent the despair, resignation, and hopelessness that may precede or follow such events.

Without debating the causes, there is no question that we are seeing an increase in the incidence and severity of extreme weather events in this country and throughout the rest of the world. To respond to these changes, which include increased heat waves, air pollution, increased precipitation events, and rising sea levels, we must anticipate and prepare for their impacts. The mental health impacts of such events include anxiety, trauma, worsening of psychosis, suicide, violence, and cognitive impairment, not to mention the personal losses and dramatic changes to economical and interpersonal well-being that shake up people's lives.

Oregon is a leading state in the development of climate and health resilience planning, which primarily addresses the ways to prepare communities for the infrastructure, environmental, and physical health impacts of these disasters. In order to make those preparations more effective, we must simultaneously prepare the public to develop the psychological and psychosocial skills to enable them to be personally prepared and to help others who are negatively impacted by these events.