

- Good morning. Good morning, Virgin Islands. You're listening to Ability Radio, You and Your Life. This program is sponsored by VI Lottery, "Making a difference." My name is Amelia Headley LaMont, I'm the executive director of the Disability Rights Center on the Virgin Islands and we are very privileged this morning to have a very special guest. He is Dr. Chester Copeman PhD, psychologist, St. Croix native and extraordinary contributor to the mental health community here in the Virgin Islands. Dr. Copeman, good morning.

- Good morning to you and good morning to my friend behind the board and good morning to the listening audience.

- Well, I am so delighted that you've agreed to appear on our radio show. Let excuse me just give, for those of you who aren't familiar with Dr. Copeman's background, he is, as I said before, is a native of St. Croix, he attended Howard University, graduating with double majors in psychology and zoology. Who knew? Who knew? And a minor in botany. Okay. And you went on to achieve your Doctorate in Psychology from the University of New York at State University of New York, SUNY, at Stony Brook and you received your PhD in Clinical Psychology in 1973. You also had a short stint of active of duty where you, and you also were involved in the VI National Guard and you left the VI National Guard as a major.

- Uh-hmm.

- You've held many positions throughout your career, including Director of the Division of Mental Health, and I'm sure you'll have a lot to say about that. And you've also been engaged in private practice, you were the owner of Caribbean Behavioral Institute and so, as I'm sure you know, Dr. Copeman, psychiatric issues for our office has been considered the number one need in the US Virgin Islands, so I'm hoping we can have a little conversation about that this morning.

- Sure.

- Okay, very good. One thing I'd like to bring to the public's attention before I forget is next Saturday is VI Special Olympics in St. Croix, it will be held on March 25th at the Renaissance Park field. So if you are able to cheer on your favorite athletes, I encourage you to attend the VI Special Olympics next Saturday. Dr. Copeman, first of all, I'm very curious how were you introduced to psychology, what made you want to pursue this discipline?

- That's an interesting question. I was essentially a pre-med major. I got caught up in the military because at Howard, you had to take ROTC for your first two years, it was a requirement. No student at Howard, undergraduate could be in Howard and not take ROTC for the first two years unless you had some kind of exemption.

- Hmm. That sounds like a sinister plan.

- Like a medical exemption. But then ROTC was, you know, a major program and a lot of, especially state institutions so, you know, state educational institutions. ROTC was a major function, a major program on campuses and so then after your first two years, they then, you know, if you stayed in, they gave you a small monthly stipend.

- ROTC did or Howard?

- ROTC, not Howard.

- Okay.

- Howard didn't give me anything.

- Okay.

- Unfortunately. Other than the education that I got.
- Okay. Yes, they gave you that, okay.
- Which I paid for, right?
- Got you.
- But ROTC gave you a small stipend. That was a hook.
- Yeah.
- And when you're working your way through school...
- Right.
- ...every dime, every penny, every nickel helps.
- Sure.
- So I continued. If I did two years for nothing, I continued with the other two years where I got some dollars in my pocket.
- Okay.
- And that's how I got roped into to the military and, but, you know, I've always had a pension from the military because my big brother, who is someone that I admired, spent the majority of his life, young life in the military. He went away, made a career and he was in the military. Then my next older brother, he got drafted and he was in the military, did his term, came back, was part of the reserves in the Virgin Islands. At that time, they didn't have a National Guard system, they were members of the reserves and my little brother who's after me also got drafted and was in the military, so...
- You're surrounded.
- And did his time.
- Right.
- Yes. My father has a history of a policeman, so, you know, I always had a pension, you know, for folks matching in uniform and carrying guns and...
- It's a guy of kind of thing I guess.
- You know, it was always kind of exciting.
- Yeah.
- So, you know...
- Were any of your family members then drafted and had to serve in Vietnam for example?
- Absolutely.
- Okay.

- All right. I'm a Vietnam era veteran, my brother is a Vietnam veteran, he, my little brother. My oldest brother, he is, he was in Germany at the time that Vietnam really got to be raging.

- Uh-hmm.

- I don't think he ever went. I think at that point, he had some disagreements because the military has been a difficult place for people of color and he developed his sense of voice and militarism in terms of social activism and I think at some point where I'm in Germany after many years and then so he resigned and my next, my second oldest brother, he was sent into, I think it was Lebanon but, you know, somewhere back when the military had been encouraging me. So, you know, they've had time working and being in conflicts. My time during the Vietnam War was spent working with soldiers coming back from Vietnam, a lot of young and especially a lot of young African-American [ inaudible ] you know, I mean, they were not the only people that I saw but it impacted me because I was at Howard and I was there during the riots of Martin Luther King, so, I was there when King and the civil rights movement was raging and so, you know, anyhow

- So that's what got you into psychology? I mean, what did you see when you were a student in Howard?

- No [ laugh ].

- What, okay. No. All right. So give me the progression. How did you, how did you come to this?

- So I left from the Virgin Islands, went to Howard with the intention of ultimately becoming a pathologist. My big sister, they had started a nursing program on the campus of Christiansted High School. It was being taught by a woman named Mrs. Augustine Gettins and my sister who had been a nurse's aid had gone into that program and so I used to peek at her books. And I loved biology in school, right?

- Okay. Uh-huh.

- I love biology. My couple of friends and I, when they're talking about looking at water under the microscope, ooh, busy pulling apart frogs and looking, trying to look at frog cells. So I used to look at her book and there was a book she had on pathology and, you know, with all these diseases and slides of diseases and diseased tissues and that excited the hell out of me.

- Uh-hmm. Okay.

- So that was it for me.

- Uh-hmm.

- I spent six years in agriculture in high school, the Future Farmers of America, people thought I was going into farming but I knew I wasn't going into farming. I did not like getting up early in the morning, you know, so...

- But you did today. Thank you.

- [ laugh ] You're very lucky. So, you know, that's what I wanted to do and I went to Howard and I started pursuing getting a graduate major that would get me there, which at Howard was zoology and botany as a minor.

- Right.

- And in my third year at Howard, the second semester of my third year, I realized, my advisor pointed out to me that I had not completed my psychology requirement and that was another requirement that Howard had. As an undergraduate, you had to take two semesters of General Psychology.

- Interesting.

- 101 and 102.

- Uh-hmm.

- So I started scrambling because, you know, there's not a lot of time.

- Right.

- So I managed to get into one of the first part of the psychology class and it was being taught by the chairman, Dr. Hicks, who was the chairman of the Department of Psychology and he was such a dynamic teacher, it was incredible, it was an eye-opener and he started talking about stuff and I sat there and I said I know people like that.

- Uh-huh. Yeah.

- The first thing that caught my attention was that, you know, when, you know, you see people walking around and they're talking to themselves, you know. Well, I saw that, I'm not in my community, right?

- Right, right.

- I never thought anything of it, people just talk to themselves. So now they're hearing voices inside their heads.

- Uh-huh.

- I said whoa [ laugh ]. And on that, I went on, and I changed my major.

- Wow.

-. And so from the second semester, my junior year to my senior year, all I took were psychology classes.

- Interesting. See the impact of a teacher. That says a lot.

- Absolutely, absolutely. And how I got to Stony Brook was that, it was a time when universities, major universities, you know, that were predominantly white were being, they were receiving federal assistance, federal grants, federal what-have-you, federal monies and the federal government was beginning to push them to add some diversity to the student population. So I happen to be in statistics class one afternoon, a course that some parts of it I liked, most parts of it I didn't like.

- Right.

- And I remember this tall white guy came into the class and he and a short little white guy with a French accent and turned out he was Canadian and, which was odd because we didn't see many white instructors types, you know, presenters at Howard and they started saying, "Listen, we're looking to get students to come to Stony Brook." And Stony was the last major university center that Rockefeller was building. Rockefeller built the university centers in New York and they, so...

- This is former governor Nelson Rockefeller?

- Nelson, yes.

- Uh-hmm.

- These were major centers, the, you know, "And we've got some money and we'd like you to consider coming to Stony Brook to go to graduate school."

- Wow.

- You know me, free money.

- Because by then the ROTC, I don't know if the ROTC funding was still...

- Yeah, was still going.

- It was still going?

- It was gonna end at graduation, right?

- Got you. Got you. Got you.

- And at that point, I actually would've gone into the military. In fact, when I graduated, they had already [ inaudible ] orders for me to go to Fort Knox. They were gonna send me into the Armor School to, you know, command tanks and other armored equipment and then I got my acceptance from Stony Brook and so I had to notify the military that, you know, they said "Any changes in your status, you let us know." And they sent back and said, "Okay, we're deferring you from entering active duty, I'm putting you on active duty for training to go to the State University of New York at Stony Brook to pursue the doctorate degree in Psychology."

- Excellent. Wow. Okay. We're gonna continue in this very interesting history, we'll be right back. You're listening to Ability Radio, You and Your Life.

- We're back. You're listening to Ability Radio, You and Your Life. My name is Amelia Headley LaMont, this program is brought to you by VI Lottery, "Making a Difference". Our guest this morning is Dr. Chester Copeman and we were talking about this evolution so to speak as a student in psychology, as it turned out, at Howard University and Dr. Copeman, we were talking about your entrance into Stony Brook.

- Yeah.

- And there, you continued with psychology, is that correct?

- I did and I had to because that's what I was deferred to study [ laugh ].

- Yeah, they won't let you go so easily. So it was deferment, that's what they mean by that, right?

- Yeah.

- Okay. So tell us about your experience at Stony Brook, how was it as an institution of learning, what did you think you got out of that?

- It was an excellent institution of learning. It wasn't much in the way, you know, of culture. It a whole different culture and, yeah, you know, it took adapting to, you know, an environment. I came from an environment that was, you know, predominantly black, not just on the campus but in the entire city of Washington, DC. I went to an environment that was predominantly and overwhelmingly white, all right? And black people on Long Island where Stony Brook is located lived in [ inaudible ] little enclaves on Long Island and all these enclaves tended to be south of the railroad track. I don't really understand, you know, the particulars of that but, you know, that's [ inaudible ] community quorum, you know. I found a little place up in, next to the big institution, the, I don't remember the name now but this was a predominantly Hispanic place.

- Uh-hmm.

- You know, it's really, was really interesting. But as an institution of learning, Stony Brook had, at that time was one of the top, the top three universities, the top three, not university, psychology departments around the country.

- Oh.

- And Stony Brook was known for its cutting edge research, researchers and it specialized in a behavioral approach to psychology.

- Hmm. Okay.

- So...

- Now what does that mean?

- It meant that what psychology was typically thought of, that was known to the public, which was sort of an analytical, for want of a better word, a Freudian analytic type of approach like ids and egos and unconscious and subconscious motives and all of that and there were some other guys, like, you know, Rogers and some other folks. That's the psychology that was in the public's eye but there was a whole different approach to psychology that was, had been developing, which is the hard science of psychology, the hard behavioral science, like Pavlovian conditioning for example. Everybody knows about Pavlov and the dog.

- Right.

- Well, you know, people's behavior, a lot of what we do is conditioned behavior and so people started, you know, bringing that element, that scientific or science-based element of psychology to the human condition, most prominent among those was B.F. Skinner who was just a brilliant person and really translated, you know, and started a whole new element, a branch of psychology called operant conditioning psychology. A good example of Skinner, Skinner tried to explain superstitious behavior, why do we have superstitious behavior? Well, he put a pigeon in a cage, right? There's a lever in the cage, there's a light in the cage, right? The lever, the pigeon and just outside the cage is a food bowl and a water bowl, right? Now, the pigeon doesn't know how to get to the food bowl, right? It's kind of blocked out. The pigeon walks around the cage and, you know, tweets and, you know, pecks here and pecks there and all of that and somehow he brushes against the lever that opens the chute to get the food, all right? Okay, so the pigeon figures out, "Aha, what I got to do is I've got to walk around the cage 10 times, I've got to spin around and, you know, bob my head and weave and somehow this cage will open." right? And he keeps doing that, right? Because this is what has gotten the pellet.

- To the food, uh-huh.

- But it, but it has nothing to do with the fact that he's really brushing against the lever and if he figures out that if he pecks on this lever, right?

- He could do away with...

- The cage will open. He can open the cage, the food chute any time he wants, right? Well, that is the essence of superstitious behavior. Superstitious behavior really, you know, has no evidence. In fact, it's just that people do things because they believe this is what gets them something, right?

- I like that example.

- So, you know, these are the kinds, this is how he showed this is a systematic process that you can teach, just like how, you know, there's accidental learning, you can teach, use the same principles to teach very specific learning skills, right?

- Okay.

- A guy named Premack did the same thing.

- Uh-hmm.

- A mother came to him with a child. Child wouldn't do his homework, he's, you know, I don't know, nine, ten years old, right?

- Okay.

- He wouldn't do his homework. So, you know, Premack talked to him, Premack found out that he liked, you know, those Pong, well, these might be before your time but...

- Your kind.

- Kind, you know, the old, the Pong, the Pong machines with the flippers, he would...

- Oh, yeah.

- ...you know, the iron ball would go up and it bumps all around.

- Right, right. That's like a, what you call it, right.

- Okay, so he liked those, he liked that. He liked that game.

- Pinball machines.

- Yeah, pinball machines. So Premack says, "Okay. Here's a deal. You come home, right?"

- Uh-hmm.

- "You do your homework and when you do your homework, you'll get 45 minutes on the pinball machine." The kid did his homework.

- It was that simple, huh?

- It was that simple. And so there was a big thing in psychology called the Premack principle, right? Because, okay? But that principle was as old as time. I remember my mother saying to me, "When you come home, you take your clothes off, you take your school shoes off and do your homework. You don't go outside and play until you've done your homework."

- Right.

- So the principles exist, it was a way of how do we explain the principles. What is the, what are, what are the underlying functions of the principle and that we replicate this and do it over and over and over again, right? How do we make it happen in a systematic way? And that's the science of psychology, that you can make something happen at will. You know, you don't have to be like the pigeon and spin around 10 times and hoping that something will happen. There's a systematic way to make it happen.

- Hmm. So how, I mean, you're apparently practicing, I am told.

- I am.

- Okay.

- I'm not full time, in full time practice anymore but, yeah, I'm still practicing.

- Okay. And what kinds of, just from a general standpoint, what kind of issues are you seeing in this community as far as your line of work?

- Well, that's two different things, what I'm seeing and what I do, but so...

- Oh, okay. Okay. Let's talk about what you, let's do both. What are you seeing? Let's say, let's, what are you seeing?

- Well, I'm seeing what I see across the country, that there's a lot of stress in our community, there's a lot of people being pressured, you know, and it's like they're in this cylinder and the piston, you know, keeps coming down, you know, more and more and more and they're being compressed and the space is getting smaller and the pressure is building up. And I see that happening all over the country. And it's having its toll on people, it's having its toll on us in the Virgin Islands. I see for example, over the last few years, well, the last five to ten years, I've seen more cases than prior to that of young people who go to the mainland to go to school. Now, we've been doing this for years. I did it, my classmates, people before me did it, all right? And now, it might be that we don't have any data on what went on in those early years but it seems to me that I'm seeing more incidences of young Virgin Islanders going off to the mainland to school and having traumatic psychological dysfunction and parents are being called and say, "You need to come and get your son," or, "You need to come and get your daughter because they're, you know, they're seriously sick. And, you know, we're not, we're not, you know, we're, that's not our task to deal with them."

- What are you attributing this to though, that's...

- Don't know.

- Yeah.

- You know, we, I don't know. In some cases, you know, there have been, you know, there are cases where people wanted to party and maybe they drank something or smoked something that, you know, just wasn't good for them or the pressures of where they were, they got involved in relationships that were not good for them and they were not able to handle it and so they psychologically broke down, collapsed. We don't know, I don't know what it is. There might be somebody out there that does but, you know, I don't know, I don't have any data on it, I only know what has come through my office.

- Uh-hmm.

- Of course, you know, there seems to be more and more, locally there seems to be more and more people, it seems like every day, you go out, you see a new person, you know, walking the streets and doing the kind of stereotypic behavior that we associate with being psychologically dysfunctional.

- Right.

- You see more and more of it and you see fewer and fewer resources to address, to address that. And then so, and those are the serious conditions. The bulk of psychology issues will occur in the general population that, you know, don't involve walking the streets and engaging in bizarre behaviors and, you know, and unless, there doesn't seem to be, you know, wide availability of services and support, you know, you, the system doesn't seem to have much of anything to offer. So outside, the majority of practitioners are in private practice and if you are fortunate, which is one of the good things that we do have now, you know, and have had for a while, to have health insurance coverage. You know, people can

get some services but without that, there would be no services and, you know, we still struggle with the issue of non-parity, although the law was passed but non-parity of, non-parity of benefits in terms of mental health benefits. So, you know, these are the kinds of things that will be affected by the destruction or the repeal of Obamacare. People don't really understand the extent to which this legislation, this legislation, Obamacare forced, right? The formation of integrated healthcare and that is requiring behavioral and physical health providers to merge. You can't be treating somebody for blood pressure, you can't for hypertension, you can't be treating somebody for diabetes and not have a behavioral health component. The ACA, you know, put in legislation to [ inaudible ] because health is a combination of physical care and behavioral care. The majority, once you give, first you diagnose the patient and you give them the appropriate medication, right? The biggest problem is compliance with medication.

- That's right.

- And that's a behavioral issue.

- Right. No, and I remember, for example, our cohost, Iris Bermudez, says it's patient centered, so, you know, right, a doctor can prescribe something but if you don't cooperate or there isn't an agreement to...

- Or you don't have the personnel or the person that you can say okay, now we've got this for her, you now need to be seeing my colleague over here, right?

- Right, right.

- Because we know that there's gonna be a problem with compliance, we know that you're not gonna wanna take this medication, we know that you're not going to want to make the lifestyle changes.

- Change, right. Okay.

- Right? That can bring this condition on the check, right?

- Uh-hmm.

- So you've got to now engage with this other person. And all of these things were put in place by Obamacare. Yeah, it's been slow getting it together but the legislation is there and people have been working towards it, you know, systems have been working towards it, providers have been working towards it and it's one of the best things to happen in healthcare because we cannot continue this separation of mind and body, right? Because the two things work together.

- They work together, right. You can't function without a mind and you need your body as well. So yeah, that makes total sense. Dr. Copeman, I do recall shortly after Hurricane Hugo and for those of us who lived in the Virgin Islands at that time, it was a very catastrophic and, you know, stressful period. I do recall seeing that there were these signs that said Neighborhood Support Network and you had a hand in doing that. Can you tell us a little bit about what that system was and how it was successful?

- Before Hugo, there were two tropical storms. I think it was David and Frederic that caused a lot of flooding and some wind damage. And this had been the most significant kind of storm wind event that I had been in since a child on the island, right? And I saw, I was then still the director of the Division of Mental Health Services. And so I started looking at the literature for, all right, because people started coming and calling the office, right? People who were affected by David and Frederic. A lot of people don't know that but people in the community were affected and they were calling the mental health clinics and so I started looking at, you know, what do you do for situations like this?

- Uh-hmm.

- I started calling the literature, I started, I started putting together essentially a package, a program that could be responsive to this kind of step. So when the, when Hugo hit, I was with the National Guard, I

was on duty with the National Guard. I was, I had gone home. At that time, the National Guard was at the airport. I had gone home and I was scheduled to return for my shift at 3:00 a.m. in the morning.

- Ooh.

- Yeah. Yeah.

- When it was at its height probably, yeah.

- Yeah, yeah. So...

- What did you do that night?

- Tried to survive.

- Yeah.

- Right? My home was destroyed with me and my wife and child in it.

- Oh, boy.

- It was real terrible but, you know, the days after, just trying to get out and recover and stuff like that. Just trying to get, create some sort of shelter, you know, that was the real task. We had food, we had, you know, dry goods, we had stuff, there were no freezers of course, you wanted to cook that as quickly as possible. I grew up in a home, we didn't have electric ranges for cooking. I would never have an electric range in the Virgin Islands. That was beaten into me, you know, just didn't make any sense.

- That's right.

- So, you know, we had bottled gas, we had plenty of bottled gas. We could cook, we could heat water, we could boil water, you know, we could do what we needed to do. Once we got, we got some kind of rig, some kind of shelter because the roof were gone, windows were gone and doors were gone, you know, it was, and then I had to report to the National Guard still.

- Wow. Yeah.

- So anyhow, along those lines, FEMA came in, they sent a guy from, a guy that was in charge of emergency mental health from the National Institute, National Institute of Mental Health and he, you know, I met him and we started talking, he wanted to know, you know, what was available, who was where, I started trying to connect him and, but I had a system because I had been developing a system since David and Frederic.

- Okay, okay.

- So that essentially became, that became, that system was what became the Neighborhood Support Network and it was a system based on, you know, because we are isolated, you know, there's only but so many people that, and professionals that you're gonna be able to bring in to the island to address the needs of the people but one of the things that you can do, if you can mobilize the people to get involved and in their own recovery, right? You begin to heal folks, right? And...

- That's a good thing.

- Yeah. And...

- That's a good thing and this is very innovative.

- Yeah. So, and they thought so.
- They thought so.
- FEMA thought so.
- And so they hooked on to that idea.
- Yeah, and so that's how the Neighborhood Support Network came into being.
- Well, I understand we have a phone call. Let's see who's having a question. Good morning, you're on Ability Radio.
- Yeah, good morning. I want to ask about [ inaudible ] in here Saint Croix because I have a friend that [ inaudible ] a little from the Vietnam War.
- Yeah.
- And he needs, he needs a doctor.
- [ laugh ]
- So I would like to have a number so I can take him to see if he can [ inaudible ] to make an appointment [ inaudible ]
- Okay. I do have an office and the number...
- The number?
- ...the number for that office is 718...
- 718
- ...51...
- 51.
- ...13.
- 13.
- And I'm right, I'm sort of next door to Channel 12.
- Okay.
- And I'm only there Tuesdays, Wednesdays and Thursdays.
- Okay. Thank you very much.
- Okay.
- And thanks for calling.
- I like the program. It's a wonderful program.
- Thank you very much.

- Okay. Okay.

- We appreciate it.

- Thank you. Have a good day.

- You too. Thank you. This is Ability Radio, You and Your Life. This program is brought to you by VI Lottery, "Making a Difference". We'll be back after a brief break. We're back. You're listening to Ability Radio, You and Your Life. My name is Amelia Headley LaMont and my guest this morning is Dr. Chester Copeman. Let me say this, that this has been obviously a very interesting program and if you've missed any portion of this show, this show will be recorded and it will appear on our website which is located at drcvi.org. Dr. Copeman, we were talking about your experience in a very traumatic event for all of us who were here, Hurricane Hugo and its aftermath, and we were talking about an entity called the Neighborhood Support Network. Can you tell us a little bit about that and the model for service? Because that I think is very important.

- Neighborhood Support Network was easy to implement because you had some good people involved in the Department of Health. First of all, you had Dr. Heath, right? And then you had Dr. Rita Dudley-Grant who was the assisting commissioner and the Division of Mental Health fell onto her and, but she's a great psychologist. You know, she was able to see what was going on and so when the program was outlined to her and laid out to her, you know, you know, she supported it, you know, greatly but the whole idea was to get people from neighborhoods that were affected and you set up, you know, outreach units basically, outreach cells. And the outreach cells were to go out into the community and you can see, you know, things, cars didn't have enough fuel, you know, there was still debris on the road and, you know, but you created a presence in communities and you went and you knocked on doors and basically said I'm from the government and I'm here to help you.

- Okay. And really mean it.

- And really mean it, you know. I ask people, you know, how are you doing, how are you getting by, what are your needs, what are the problems you're having, talk about your experience during the storm, the actual storm itself and this is the first time anybody was doing, had ever done this kind of stuff. Getting people to talk about their psychological reaction to that event, you know. And so we, that began opening up the doors, we had instant, a, you know, the interesting thing, there were a number of cases, tuberculosis, picked up during Hugo.

- Oh, my goodness.

- We found people on the side of the road and people who, that lost their medication, didn't know where to go, didn't know what to do, you know. The, well, the Immigration and Naturalization Services, their offices got destroyed, they, nobody knew where they were.

- Okay.

- People's papers, right?

- Were lost.

- Their naturalization papers were lost, right? And people couldn't get services because, you know, yeah. So, you know, well, that, a number of the federal agencies in the territory did not coordinate with, you know, the body, Territorial Emergency Response System, they operate as entities onto themselves but, you know, so it was tracking down where the resources were, identifying the resources, creating maps and having people out there to help members of the community. If you needed to get to a FEMA center to apply for assistance, good, we'll take you, we'll, you know, we'll work with you, we'll help you, you know, read the papers if you have problems or anything and, you know, and all of that but, and the whole thing

was to do some immediate psychological debriefing. Now, I know in the literature, there is, the psychology literature, there are a lot of issues about psych debriefing but I tell you one thing, there's some new, there's some new procedures now and I, in quotes says "new", like psychological first aid and the Red Cross, you know, prefers but the opportunity for people to talk about their experiences and be in contact with somebody who could follow up with them after, you know, talking about their experiences and actually physically assist them, you know, hold their hand, a true process. Somebody who would just come by and knock on your door and say, you know, you know, "How are things today? Is there anything that you need? How's your FEMA application going?" "Oh, well, I haven't heard from them, okay. We'll call and we'll check or we'll go by the FEMA center, we'll check," you know. That made a great impact in the recovery of people. Then the children, you know, because remember, this was around the beginning of school.

- Right, that's right.

- Right?

- That's right.

- School was getting ready to start, the New Year.

- That's right.

- A lot of kids, a lot of kids lost all their new stuff for school. And let me tell you, as a kid in the Virgin Islands, it might be as a kid in any place else, I don't know, but I only know about my experience. Going back to school was always a [ inaudible ] kind of experience. You know, you got new clothes, you got new shoes, you know, you got new copybooks, you know, pens and pencils and, you know, new stuff. And for a lot of kids, it was all gone.

- It was all gone.

- Okay?

- It was all gone.

- And back then in 1989 is when we started noticing that, you know, there was an undercurrent developing, we were tapping into an undercurrent where children, the young adolescent children, with regard to the apathy that you're seeing in a lot of youngsters today, we got to the aggressiveness and violence potential, we started noticing that and we started trying to call people's attention to it.

- To that, post, yeah, post the storm. I understand we have another call. Good morning, you're on Ability Radio.

- Good morning. Good morning, Dr. Copeman, how are you today?

- Not too bad. Talking about Hugo is never a pleasant thing for me.

- Right.

- Well, I have two Hugo related questions for you.

- Sure.

- Having to do with the door-to-door surveys of the, of the psychological impact of people as a result of that event. Did you find that among the people you spoke to, there were some who believed that while they may have lost the power and the ability to get food, that there was something about the response to that crisis that caused people to strengthen family relationships and neighborhood relationships?

- I believe that there was a strengthening of relationships. There was a different feel in the community at that time and in part, yes, in great part because you had no choice.

- [ laugh ]

- You need to, you know, when you're an island surrounded by water, there's only so much that's gonna come from the outside.

- I agree. And to my second question, with things that came from the outside, you were talking just before I interrupted you about the recent, when I say recent the last 25 or 30 years, the growing propensity for violence and anger among the youth.

- Yeah.

- How much of any of that you attribute to the nature of, the nature and behavior of the people who descended on this island pretending to be contractors after Hugo and changing the conventional ways that people related to one another prior to their arrival.

- You know, I have to honestly say I don't know but what is likely is that added to that growing sense of disturbance and anger and aggression, that added to it, you know, added to what was there already. So how extensive, you know, that was, the changes that took place, the attitudes, the people that came, you know, not everybody had good attitudes but, you know, I sincerely believe that, you know, something was happening to our youths that we only began to notice at Hugo, so...

- Thank you for your answers and thank you for your service.

- You're most welcome. Have a good day.

- You too.

- Well, we are going to take another break, I'm told. Our engineer says break time, so we will do that and we'll be right back. You're listening to Ability Radio. You're listening to Ability Radio, You and Your Life. My name is Amelia Headley LaMont and our special guest today is Dr. Chester Copeman. Dr. Copeman, you've presented a lot of very interesting information to us this morning. What would you like to leave our listening audience with?

- Well, the thing that I would most like to say is that the issue of mental health is not gonna go away. People, some are more able to handle the stresses and strains of living and some are less able to do it. That's just the nature of human beings, we all come with different capabilities. The extent of which the government sees its responsibility as providing for those in the community who cannot provide to themselves is now a very important principle because the long and short is no matter what we say, no matter how wishful we think, you cannot make things happen without resources and resources means money.

- Money.

- And we used to have a lot of money. We had a lot of money because we went after the federal resources to get money. But federal resources don't last forever. Every time you get a grant, you know that you have a grant for a limited period of time and the idea of the grant is to get your program going and running and up and doing what it's supposed to do and gradually for the local resources to take over. Well, the problem in the Virgin Islands is that the federal grants ran out and the local resources never came. And not only that in its austerity, you know, local resources were also cut. So when people wonder what are we doing and why can't we just, you can't run a mental health system for the community, you know, on a volunteer basis, I don't know, I really don't know how you can do that.

- So we need to reorganize our priorities is what you're saying?

- Of course. Yeah. And we need to put the resource, the dollars, the bucks behind what needs to be done. We need to make sure that we spend the money judiciously, we need to make sure that we spend the money according to a plan, we need to evaluate what we're spending and what we're doing to make sure that what we get is what it is we were looking for. I agree with all of that but you've got to have the money to do it.

- Absolutely. And the plan.

- Yeah, you know.

- Well, this has been very instructive, Dr. Copeman. I hope that perhaps at some other point you can wake up early and join us and continue on in this discussion. This has been wonderful. This has been wonderful. You're hedging, that's all right. He doesn't wanna commit to on the air because this is recorded. But thank you so much for what you've brought to us this morning.

- You're welcome.

- This is Ability Radio, thank you so much for listening. Until the next time.

- [ laugh ]