

# COMING HOME: RETURNING TO OUR SOCIAL WORK ROOTS DURING TIMES OF DISASTER

Wilma Córdova, M.S.W., Stephen F. Austin State University,  
and Patrick Welch, L.M.S.W., Carlsbad Medical Center, Carlsbad, New Mexico

*This narrative will address two social workers' individual journeys as they responded during Hurricane Katrina and participated in the recovery phase following its aftermath. Combined, these journeys ignited the passion for social work as a profession. Included will be discussions on social justice and the NASW's Code of Ethics and a brief discussion of the historical state of Louisiana and the plight of its people. Finally will be a synopsis of the personal experiences each author had during a time of national emergency.*

*"If we cannot end now our  
differences, at least we can help  
make the world safe for diversity."  
- John Fitzgerald Kennedy*

This narrative will recount the authors' experiences during Hurricane season 2005: one as a first responder in the city of New Orleans and the other as a volunteer during the recovery phase following the evacuation of thousands. We will discuss social workers' code of ethics, their call to duty, and the devastation of a proud and unique area of the United States. We will provoke some thought on the issue of what it means to be of a different ethnicity in our country.

How could anyone have predicted the destruction and devastation of the forces of our Mother Earth? Such is the case of Hurricane Katrina on August 29, 2006, in the city of New Orleans, LA. How and why did we, the American people, fail to keep our own safe from this great force of nature? Some say we could not even have imagined the great turmoil our land and its people would experience. Others express the feeling that, due to New Orleans' ethnic make-up and population, there was the non-urgency to save lives. In our world of social work we teach and infuse the concept of social and economic justice, yet we, at times, are unable to provide answers in regard to our own inertia to become more proactive in developing a more socially and economically just society. These authors

believe that what our country experienced in the aftermath of Hurricane Katrina was a result of a combination of factors. Firstly, we could not and did not have control over Mother Nature, but we do have to take some responsibility for not mobilizing and utilizing our abilities to rescue and save lives. The authors hope to stimulate the need to continue the demand for social and economic justice in a profession where we have agreed to commit to a code of ethics which includes responding during times of national emergencies and committing to the core value of advocacy for social and economic justice. We know that social workers walk many paths of life and are free to choose their course of professional identities; we also hope and know that when devastation occurs in the masses, instead of feeling helpless and hopeless we take an active role by rolling up our sleeves and assisting at whatever level we can.

We will discuss social justice and *NASW's Code of Ethics* in Part I. Part II will briefly discuss the people of New Orleans and Louisiana. Part III will discuss our private journeys into the world of response and recovery during a time of need and devastation.

## **Part I: Social Justice and the Code of Ethics**

What is meant by *social justice*? Prior to the debates of segregation of church and state, many of us recall reciting the "Pledge of Allegiance" before beginning our school day with our little hands over our hearts. We can

perhaps recall the one section about "...and justice for all," but did we ever really recall its true meaning? Social work is certainly a profession in which we are aware of the need to advocate for social justice because we follow a *code of ethics* which it is interwoven throughout.

We begin with the definition from the *Social Work Dictionary*. Barker (1999, p. 451) and Reamer (1998, p. 249) state that social justice simply refers to a society in which all of its citizens "have the same basic rights, protection, opportunities, obligations, and social benefits." The definition states that this is an ideal condition. As we know, natural disasters do not tend to be under any type of normal or ideal condition but instead present a mass state of confusion and panic. How then could social justice be served during this time? Certainly we can claim that the elected officials' pleas for evacuation as one manner in which they attempted to keep all their citizens safe. We must then ask the question, how does one begin the process of evacuation during a time of disaster? Do we all have the choice to evacuate? We would imagine that it takes resources, opportunities, and social support systems to evacuate. Evacuation requires: 1.) money; 2.) organization to gather your family; 3.) transportation and supplies; and 4) safe infrastructure once the other processes have been tended. We can only assume that all individuals have these resources, but the reality is that some individuals do not have the resources to evacuate.

We do live in a diverse and free society to the best extent possible post September 11, 2001. We live in a free country that allows its citizens to maintain their own cultures, languages, beliefs, and values. We are not a *melting pot* where we have all been required to assimilate (Devore & Schlesinger, 1999). What we do have in our country is a diverse population with diverse socio-economic stratification which results in poverty and a sense of a lack of social and economic justice. A study conducted by the Texas Health and Human Services Commission in 2006 stated that of those who evacuated and stayed in Texas, 66% had incomes of less than \$20,000 per year. It is unclear as to whether or not

they were evacuated using their own resources or if they were some of those piled into buses following the aftermath and now were unable to return.

According to Hayes (1998), social workers are more committed to the healing of individual pain and not necessarily committed to the goal of social justice, which would include addressing the healing of a larger mass. These authors believe that with the devastation of New Orleans, some of our nation's history was also lost. It is with this in mind that we recognize the importance of healing this loss and returning to the commitment of social justice. In the writings of Specht and Courtney (1994) their powerful manuscript titled *Unfaithful Angels* addresses the fact that social workers have indeed abandoned their commitment to the general society and particularly the poor. Does this include the lack of commitment to social justice? We cannot begin discussion until we can all agree to a uniform idea and understanding of social justice and serving oppressed and vulnerable populations. Social justice can refer to advocacy in the form of organizing, educating, and implementing policies and procedures that are inclusive to those few for which current issues benefit. Currently, social justice refers to a fair and just society in which all its citizens have equal access to opportunities and resources for the purpose of having their human basic needs met. Other definitions were stated by political activist and philosopher John Rawls (1921-2002), who first attempted to define social justice in terms of basic liberties in regard to thoughts, beliefs, and freedom of choices. In today's society, social justice is concerned with helping to insure equal access to resources and opportunities for all individuals regardless of race, religion, sex, disabilities, or sexual orientation. Social workers should serve as the sentinels for this belief and continue the movement to hold ourselves, politicians, community leaders and government accountable for the safety of its citizens.

Let us review NASW's *Code of Ethics* (National Association of Social Workers, 2005) and its preamble in regard to social justice. Social justice is one of the core values discussed and embraced by the profession.

The root of social work begins with social justice and the need to advocate on behalf of those oppressed and vulnerable.

Professionals in the field of social work adhere to NASW's *Code of Ethics* (2005) and to its professional guidelines and outlined professional conduct. Standard 6.03 states that "...social workers should provide appropriate professional services in public emergencies to the greatest extent possible." This is understood that in the event of a natural disaster or other tragic national incident, professional social workers will respond directly or indirectly. Following this standard is standard 6.04, which addresses social and political action. The very essence of this standard also implies that social workers are to engage in activities for the purpose of advocating for equal access to the resources, employment, services, and opportunities required in meeting basic human needs (Reamer, 1998). According to Marsh (2005), "...the mandate of the social work profession is the promotion of the welfare of the individual and the achievement of a socially just society." Our ancestors' understanding of social justice is to promote a just and fair society for all who live in our community, no matter what differences exist among individuals, groups, and communities. However, the debate continues about the lack of serving the poor by the many social workers pursuing a career in the private sector.

Other debates involving social workers express the possibility that our founding social work ancestors did not necessarily take into consideration the plight of the poor but were more concerned with helping them to develop good moral character. Therefore, during the era of Mary Richmond and Jane Addams, social and economic justice was not even conceptualized as one of the core values in social work. The other side of the debate is that there is no better profession than social work to become involved with the privatization and commercialization of providing social services, because of social workers' understanding and pursuit of social justice. The debate continues today and will continue for years to come because it is such a diverse profession.

There are many discussions on the definitions of social and economic justice and the debate in regard to social workers having abandoned their service to the poor. How then does this address the devastation and destruction as a result of Hurricane Katrina? In Part II we will look at the rich history and ethnic make-up of New Orleans, one of the cities most devastated by the aftermath.

## **Part II: *Roulez Le Bonne Temps* and Our Rich History**

Though not as ancient as the French language itself, New Orleans was established in 1817 while our country was still waging its freedom from Great Britain. It is still amazing to these authors how the city of New Orleans was established so long ago and its diverse culture and our heritage as North Americans was nearly nonexistent. There are many Americans who can claim lineage to this soil for many generations. They will continue to feel the pain of loss, a loss so great it strips them of their own identities. We are a young country, which makes the preservation of our history easier and now more than ever sacred. New Orleans is our heritage, our blood, our ties, our kin, and our history.

The ethnic makeup of New Orleans is as follows: African-Americans account for 67% of the city's population compared to Louisiana's entire population of 33%; Euro-Americans account for 28% compared to 62% in the entire state; Hispanics account for 3% compared to the state's entire population of 2%; and the remaining ethnicities making up less than 1%. French consists of the second highest heritage with a percentage of 16. Other important historical events and cultural identities New Orleans can claim include such things as jazz, Mardi Gras, and Bourbon Street; and though these are all aspects of the rich culture of yester-year there are some glum aspects. The saying "*Let the good times roll!*" does not even begin to describe the state of Louisiana with its poverty status at number four in the nation (U.S. Bureau of the Census, 2000). It also ranks second for child poverty (Tanner, 2005) pre-Hurricane Katrina. New Orleans takes the award with its poverty rate at one of the highest of any major city with a

third of its people living below the poverty line (Tanner, 2005). Tanner (2005) discusses the welfare state of this historical place as the ultimate epitome of how welfare hurts and how welfare perpetuates its very existence into the path of destruction without a natural disaster. This also stimulates these authors to ponder another core value in NASW's *Code of Ethics*—"the dignity and worth of the person"—and with a population of close to half a million in New Orleans, one realizes what an overwhelming task it would be to organize and mobilize that number of individuals at any one time, much less during a time of panic and under emergency situations.

We hear we cannot have the government take care of each and every one of us during times of disaster, but when you take into consideration poverty levels and a lack of individual support systems, it creates a dilemma for our profession and for those in charge. Governmental expenditures since 2000 in the state of Louisiana consist of over \$1 billion of TANF, \$3 billion in food stamps, and an overwhelming \$10 billion in other services (Tanner, 2005). In the wake of Hurricane Katrina these authors have reached a heightened awareness, both within us as individuals and within our profession.

Hurricane Katrina may remain the most memorable and devastating disaster, but other disasters provoke common factors in the response and recovery efforts. There have been two recent natural disasters occurring in the history of our country that come to the minds of these authors because they depict how communities receive assistance during response and recovery periods. The great flood of 1993 in the Midwest, and Hurricane Floyd in 1999 demonstrated that those who live in the more influential and higher income levels are more apt to tap into resources quicker and easier (Moore, Linnan & Benedict, 2004); (Sherraden & Fox, 2001). Moore et al (2004) further concluded that groups such as Latinos, the poor, and other marginalized groups tend to live in flood plains due to their economic levels. They discovered that media attention also contributed to recovery efforts and that urban areas were more apt to receive services following a disaster than rural areas due to

the pathos the attention created. These important discoveries involving the process of response and recovery should remind the social worker that our core values exist, that we must continue to address dignity and worth and seek social justice especially during times of disaster and emergencies. We cannot assume that we live in a society where individuals have choices, including the ability to evacuate with enough time to be safe, to be able to access support systems to assist with concrete needs, or even to have a family to assist with a rescue. We must address our political leaders about evacuation plans and arouse citizens to investigate and demand a safe and effective infrastructure and the right to know where flooding is likely to occur before the forces of nature create havoc and death.

### **Part III: Recounting Memories and Our Journey**

**W.C.:** This small effort to assist our profession and, more importantly, the many people that need our humane and conscientious help is dedicated to Mr. and Mrs. Coleman, an elderly couple who had their lives shattered not once, but twice, during Hurricane Katrina in late August and early September of 2005. Mr. Coleman was having difficulty breathing when he presented to the New Mexico Disaster Medical Assistance Team (NM DMAT I) medical station inside the Superdome. He was seen immediately, attended by the physician, and seated inside the medical station receiving oxygen. He had become separated from his wife of 60 plus years when he was taken into the medical station. He kept asking for someone to find his wife and let him know she was okay. During a short break, this worker was able to locate Mrs. Coleman and she joined her husband. The look of love and adoration that these two shared when they were reunited was a very large ray of sunshine in a tempest of misery and suffering.

However, as was common for many people, the Colemans were once again to experience great despair. Mrs. Coleman became ill just as all the people were being evacuated from the Superdome and she was placed in a helicopter and taken away before

her husband could join her. Mr. Coleman met this worker again in Baton Rouge and once again asked if Mrs. Coleman could be located. Unfortunately, there was no record of Mrs. Coleman being brought to the LSU (Louisiana State University) complex. It is unknown when, or if, the Colemans were reunited a second time.

I choose to believe that the Colemans were soon reunited. Mr. Coleman's unwavering assurance that he would find his wife and that they would be together into the future, to face what they had to, came to represent to this worker the spirit and hope of the majority of people who were so displaced and hurt by the devastating storm, Katrina. I hope you are well, Mr. and Mrs. Coleman.

Approximately eight hours after Katrina's eye passed over New Orleans, I headed out with the New Mexico DMAT (Disaster Medical Assistance Team) from Houston on the way to the New Orleans Superdome. The mission was very clear – to establish an urgent medical care station in the Superdome as quickly as possible to help alleviate some of the medical needs for the people who had taken shelter.

The caravan, consisting of vans carrying the thirty-five DMAT team members and two large trucks with medical supplies, food, and water, made its way to the northern part of New Orleans, where a detour had to be made off Interstate 10. The next four and a half hours were spent going through devastated neighborhoods, occasionally seeing people struggling to move through three feet of water, looking for anyone to help them. As the caravan finally approached the Superdome, the number of people standing on overpasses and along the roadway was staggering; they held what they could in their arms, mainly children. All were bereft of any basic comforts: food, clean water, or shelter. There were no lights, except for the passing emergency vehicles. The fear was palpable.

Once established on the mezzanine floor between the Superdome and the basketball arena, DMAT I began treating the first of some 600 patients over the next thirty-six hours. Medical conditions varied from minor cuts and abrasions to more serious conditions, such as

diabetic problems, breathing difficulties, and heart attacks. The medical team worked fervently and tirelessly, not only providing medical care but what comfort could be given—a bottle of water, snacks, words of hope.

This social workers' responsibilities were to serve as the point of contact for those people seeking medical care with the other DMAT professionals, to conduct an initial triage, and to lend support and provide information.

Information and direction were scarce. There were no means of communicating with the outside world, as electricity and cell phones were not operational. Many people were seeking news of loved ones that they had been separated from—mothers searching for children, husbands for wives. Many wanted news of the extent of the disaster and word if they would be able to return to their homes. Except in very isolated incidences, we were unable to assist in providing any answers.

Over the course of thirty-six hours in the Superdome, besides the 600 seen for medical care by DMAT, many more were provided as much comfort as available. With all of the loss, grief, and shock that everyone was experiencing and the seemingly helplessness of the situation, the people of New Orleans seeking shelter in the Superdome presented themselves with courage, strength, and dignity, which the outside world was not shown. It was not until the DMAT team was moved out of the Superdome and reestablished at the Louisiana State University (LSU) campus in Baton Rouge that we were able to start to hear the news reports about this tragedy. By and large, those reports by the media portrayed a large number of the people of New Orleans as violent, out-of-control people who were only out for themselves, looting and raping. Perhaps that may have been the case with a few people, but within the Superdome, this was certainly not the case. Only one man became somewhat aggressive during this worker's time there, and this was mainly due to his not being able to get a severe gash on his leg attended to as quickly as he wanted. All others were extremely patient, cooperative, and honorable. This to us was a message that needs to be clearly stated, and all of the population in the U.S. and the

world should hear: the people of New Orleans, despite going through one of the most horrific experiences imaginable, were able to be courageous and dignified in the most trying times.

Although there were many different ethnic groups that were impacted severely by Katrina's devastation, the African-American communities sustained the most loss of life and property. Despite the overwhelming devastation in these communities, there were news reports and articles on the Internet that belittled the plight of the African-American and made all African-American people appear as though they were looking for a handout. As a nation and as a profession, we have a long road ahead of us in trying to achieve social justice and equality.

After leaving the Superdome, just before everyone was moved out of the Superdome to other locations, the NM DMAT team was reassigned to Baton Rouge to take over the administration and medical responsibilities of the field hospital that had been established at the LSU campus. This field hospital was set up for a full range of medical needs (ICU, dialysis, pediatrics, etc.) and for the next ten days, NM DMAT (along with two other DMAT teams) treated hundreds of people who had been evacuated from New Orleans. This worker's mission changed from the initial triage in New Orleans to coordinating volunteer efforts and managing the floor of the field hospital to make sure that the medical personnel had what they needed and were unencumbered in their work. There were literally hundreds of volunteers from the LSU campus and the city of Baton Rouge. These volunteers worked tirelessly, both inside and outside the field hospital. These volunteers, along with the entire population in Baton Rouge, did not receive the appropriate recognition from the national media that they deserved.

In summary, Disaster Medical Teams from throughout the country were available and deployed to meet the needs of the victims of Hurricane Katrina. In New Orleans, 600 people received medical treatment from NM DMAT in a 36-hour period, and hundreds more were provided medical assistance in Baton Rouge. The national media chose to focus on

a very small number of people who were acting poorly, rather than on the hundreds and thousands of people who chose to act in an honorable and dignified way, even though their lives had been overwhelmingly disrupted. There are many people who continue to blame the victims of this tragedy for being poor, unable to care for themselves, a burden on other communities, and of a different ethnicity.

As social workers, we should increase our efforts to reach out to those in need by becoming active with first responder organizations (i.e., DMATS, Red Cross, Salvation Army, etc.) and we should also heighten our involvement in trying to eliminate social injustice and racism that continues on a large scale in our society. Perhaps we need to try to partner with the media to help them portray these types of events in a more positive way. This can be done by assuring a credible and responsible citizen provides a thorough and truthful report and by using effective ways to communicate (Wodarski, 2004). Social workers have historically been strong advocates for social justice. We need to step up our efforts once again. The victims of the next disaster need us.

The authors hope those involved with response-and-recovery efforts will realize those efforts were not in vain and the victims of such loss, pain, and suffering will begin the healing process. My experience working with evacuees was at the recovery phase and not during the dangerous phase of response. I tip my hat to my co-author and colleague for his courageous and unselfish efforts during this phase.

**P.W.:** I began my work in a small east Texas town in one of the American Red Cross shelters, having been trained and having been a participant in recovery efforts in Florida following hurricane season 2004. Another experience for this author was that of having been a victim during Hurricanes Ivan and Rita. However, my losses cannot begin to compare to those who lost lives. I only want to share how the experience placed life in perspective, and how the meeting of so many unique and interesting people will always be treasured and serve as a gift for a lifetime. I will never forget the faces of the first evacuees as they filed

out of buses late at night, twenty-four hours following Hurricane Katrina: their eyes hollowed out as if they were dead themselves; the very spark in their eyes gone; and the spirit in their hearts no longer existed. Their first needs were that of a shower and a good meal.

My first contact with one of these individuals was a young woman from New Orleans who asked for her infant daughter. She had been at work and her young nine-month-old daughter was with her mother, their typical arrangement, when their lives were disrupted. She had no idea where her child and mother were. I kept in contact with this young woman as much as possible and at times hourly. Her main concern was whether or not her daughter was safe and alive. Within a 48-hour period she was able to locate her family with the help of volunteers who provided telephone calls to her every conceivable relative. She discovered they were safe in the Dallas area and had barely escaped with their lives. Within a 24-hour period she had reunited with them at the home of her mother's brother who had taken the dangerous trip to rescue them. This was a success story, but there were more stories of heartbreak, loss and terror.

My task was to organize mental health services for those in the Red Cross shelters, but the reality of it was to roll up my sleeves and do whatever needed to be done. In retrospect, my first task was to have a task. In the middle of chaos, disorganization, confusion, and disarray this was truly a task in itself. The first Red Cross shelter was located in the city's recreational center and remained home for hundreds for the next ninety days. In the meantime, seven other shelters sprang up to accommodate the many other evacuees arriving from Louisiana and soon those from Hurricane Rita. The needs were great but the volunteers were even greater with their tireless effort and positive desire to instill hope and faith for the future. My strength came from deep within, as I attempted to organize mental health services in the coming weeks and soon was able to train undergraduate students to conduct short needs assessments for individuals and families. Their experience was invaluable and very much appreciated by their

clients. It was a test of their abilities and certainly their hearts.

Hurricane Rita hit September 24, 2005, during a time that stability was just beginning to take place in this small, rural, east Texas town as many of its new residents were beginning to settle into their own residences and all the other newness of establishing a new home base. They were not homeless, but filled with a sense of helplessness and, at times, desperation to live in a place with electricity and all those other luxuries to which we become accustomed. I spent hours upon hours in several of the ten shelters listening to stories; responding to questions about services and resources; obtaining calling cards or gift certificates for gasoline, groceries, diapers, clothing, pet supplies, over-the-counter medicines; organizing eye examinations, pregnancy testing, and countless other doctor appointments for the chronically ill. The work was never ending due to the many arriving for shelter where this small community housed over 3,000 evacuees in shelters. Other evacuees were housed in hotels and with host families throughout the community and surrounding areas. A 2006 survey conducted by the Texas Health & Human Services Commission indicates that 251,000 evacuees remain in Texas following hurricane season 2005. Of these evacuees, a small percentage are making east Texas their home.

The results of Hurricane Rita will be known as the most devastating and destructive force of nature we have yet to experience with millions displaced. I no longer desire the *Lexus* or the bigger and newer home I once did; instead, I only crave those needs I feel are essential, which is all relevant and individual. By no means do I crave a life of austerity without the sweetness of comfort, but certainly I have altered my life in many ways. Both authors see life in a different light and yes, I guess you could say that having been a part of response and recovery has been life altering for these authors. More importantly, it has caused us to view our profession differently. It has magnified the fact that we do not yet live in a socially and just society and it is up to us to continue the battle. It has stirred a deeper passion and awakened a desire to release this

passion into a movement for a socially just society where differences are merely accepted; and where individuals and their families are safe from harm. In many ways it is if we have come home, come home to the very essence of what social work was meant to be.

## References

- Barker, R.L. (1999). *The Social Work Dictionary*, Washington D.C.: National Association of Social Workers
- Devore, W., & Schlesinger E. G. (1999). *Ethnic-Sensitive Social Work Practice* (5<sup>th</sup> edition). Allyn and Bacon.
- Hayes, K.S. (1998). The One Hundred Year Debate: Social Reform Versus Individual Treatment. *Social Work*, 43(6), p 501-509.
- Marsh, J.C. (2005). Social Justice: Social Work's Organizing Value. *Social Work*, 50(4) p 293-294.
- Moore, S., Linnan, L., & Benedict, S. (2004). After Hurricane Floyd Passed: Investigating the Social Determinants of Disaster Preparedness and Recovery. *Family Community Health* 27(3) p 204-217.
- National Association of Social Workers (2005). *Code of Ethics*. Retrieved February 18, 2006 from <http://www.nasw.dc.org>
- Rawls, J. (1921-2002). *Green Politics*. Retrieved September 20, 2006 from [http://en.wikipedia.org/wiki/Social\\_justice](http://en.wikipedia.org/wiki/Social_justice).
- Reamer, F.G. (1998). *Ethical Standards in Social Work: A Review of the NASW Code of Ethics*. Washington, D.C.: NASW Press.
- Sherraden, M.S. & Fox, E. (2001). The Great Flood of 1993: Response and Recovery in Five Communities. In J.E. Tropman, J.L. Erlich & J. Rothman (Eds), *Tactics & Techniques of Community Interventions* p 18-33.
- Specht, H., & Courtney, M. (1994). *Unfaithful Angels*. New York: The Free Press.
- Tanner, M.D. (2005). *No longer out of sight*. Washington, D.C.: Cato Institute. Retrieved September 24, 2006, from: <http://www.cato.org>
- U.S. Bureau of the Census. (2000). Retrieved January 22, 2006, from <http://www.uscensus.gov>.
- Wodarski, J.S. (2004). Preparing Social Services and Public Services Professionals. For meaningful roles in disaster services. *Stress, Trauma and Crisis*, 7, pp. 209-222.

Wilma Córdova, M.S.W., is an Assistant Professor of Social Work at Stephen F. Austin State University. Patrick Welch, L.M.S.W., is a Social Worker at Carlsbad Medical Center in Carlsbad, New Mexico. Comments regarding this article can be sent to: [wcordova@sfasu.edu](mailto:wcordova@sfasu.edu) or [Patrick.Welch@TriadHospitals.com](mailto:Patrick.Welch@TriadHospitals.com)



Copyright of Reflections: Narratives of Professional Helping is the property of Cleveland State University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.