

THE SECOND STORM: A NARRATIVE ACCOUNT OF SOCIAL WORK SHELTER EXPERIENCES IN THE AFTERMATH OF HURRICANE KATRINA

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The following is a narrative account of the experiences and impressions of five social work professionals who volunteered in various shelter settings throughout the Katrina phase of disaster response service delivery. Follow-up observations are also offered from a return to the affected areas ten months following Katrina. This study utilized a phenomenological approach to narrative data evaluation and found themes of frustration with intervention, dissatisfaction with the quality of service leadership, experiences of relief after providing meaningful interventions, and the recognition of the need for a new model of disaster response service delivery.

"My overall impressions that the devastation [Hurricane] Katrina wrought, were formed from work in the shelter and images of New Orleans. Both made it clear to me that the disaster was all about people. People on rooftops, others wall-to-wall at the Superdome and on an airport tarmac, and still more in mass exodus on foot on an Interstate highway running through and out of New Orleans. People packed so tightly into shelters that there wasn't room for even the idea of personal space. It was just all about people, hundreds of thousands of people." - Shelter Volunteer

Introduction

Hurricane Katrina formed over the Bahamas on August 23, 2005, and dissipated eight days later. Prior to and in the wake of its second landfall on August 29, hundreds of thousands of Gulf Coast residents were dispersed across the country. An estimated 470,000 people had evacuated to Texas from Louisiana shortly after Katrina's landfall. During a 72-hour period over the Labor Day weekend (2005), over 85 aircraft brought tens

of thousands of evacuees to temporary shelters in San Antonio, Texas (P. Prentice, personal communication, October 2, 2006). On Thursday, December 22, 2005, the State of Texas' last government-run shelter at the former Kelly Air Force Base closed its doors to the evacuees (Levy, 2005).

The purpose of this paper is to present a narrative account of the experiences and impressions of five social work professionals who volunteered in various shelter settings throughout the Katrina phase of disaster response service delivery. Follow-up observations are also offered from a return to the affected areas ten months following Katrina. The narrative, a qualitative methodological approach, allows for the development of richer descriptions and a greater understanding of the phenomenon experienced by the volunteers and the victims of Katrina. The continuum of helplessness to resilience evidenced in the accounts of the volunteers and in the daily lives of men, women, and children at once overwhelmed by their loss and displacement is contrasted by expressions of strong faith and hope that normalcy will return either back in New Orleans, or in a place wholly unfamiliar. At the same time, the elements of a process evaluation of the shelter services and response lead to the development of proposed policy changes when people affected by a disaster

are evacuated to a community whose resource structure remains intact.

Study Design

Data for this study were collected through the narrative accounts of the experiences and impressions of five social work professionals who volunteered in various hurricane relief shelters throughout the San Antonio, Texas, area between about September 3 and September 21, 2005. In addition, narrative data were collected from a visit to the Mississippi coast region and the New Orleans area during the first week of July 2006. Consistent with accepted processes for the organization and presentation of qualitative data (Creswell, 1998), this study takes a phenomenological approach to the experiences of the volunteers following the patterned approach of: (1) writing out a full description of the experience; (2) identifying the significant statements of the description; (3) grouping the statements into meaningful units; and (4) reconstructing an overall description of the meaning of the experience. What is presented below represents elements three and four.

Collection of the data was initially conceived during informal debriefing sessions among several small groups of mental health and social service professionals following the first volunteer periods in the shelters. After several months of additional volunteer experiences and participation in process evaluation sessions, the five participating volunteers agreed to take the systematic approach of reporting full descriptions of their experiences and impressions. All participants were allowed to write in their own form and style, under the single instruction of reporting their individual experiences and impressions. The narratives were collected and evaluated by a single reader to identify significant statements and groupings presented in the descriptions. The last step was to share those identified statements and units with the volunteers to validate the identification of the meanings presented.

The phenomenon itself is identified at two levels: first, the extraordinary experience of working with evacuees from the emptying of a major U.S. city; and, secondly, the experience

of volunteering in what was, in effect, an unaffected area. This second level of the phenomenon created an ideal circumstance to add a process evaluation component to the phenomenological descriptions. This seemed appropriate as there appeared to be a different impact on survivors, volunteers, helping professionals, and organizations when relief efforts are not centered at ground-zero of a disaster, but rather relocated to areas where those responding often are able to sleep in their own homes and give those hours they can afford to give within the context of the other demands of their lives. The process evaluation component of this study will take a systems analysis point of view (see Weinbach, 2005) with the objective of determining if a different response model might be considered, especially in disasters which differ from those that can be addressed by a proximal response

Findings

The essence of the experiences of the volunteers were, as expected, embedded within the processes of the event itself, the shelter organization, and the ongoing experiences of the evacuees who were desperately trying to locate loved ones, survive, and reorganize the world of the shelter into something that resembled normalcy. Some of the most significant things blown away by Hurricane Katrina were the social networks that characterized the urban neighborhoods of New Orleans. There were now people who had depended on those networks dispersed throughout the country without clear access to their traditional sources of help. Evidenced in the descriptions of the volunteers were elements of being overwhelmed by the need, frustration at trying to identify the priorities for intervention, dissatisfaction at the quality of leadership and service delivery, feelings of relief and satisfaction when able to provide meaningful interventions for evacuees, and recognition of the emergence of a new model of disaster response service delivery.

I Answered the E-mail to Say I Could Volunteer

“When the call came from [NASW-Texas] for mental health volunteers as Katrina survivors poured into the shelters, I answered the e-mail to say I was available. I had been a Red Cross mental health volunteer before [in other cities]. I had also responded to calls for mental health volunteers in local crises. My e-mail was answered promptly and with only a little confusion, I was told where to go.”

“The city was preparing to accept evacuees and Katrina survivors, and mental health volunteers were needed to assist with the process. The San Antonio Chapter of NASW had promised to have at least one social worker present per shift....I knew immediately that I would volunteer. I had prior experience working with disaster relief, including relief efforts after the devastating Hurricane Andrew in Dade County, Florida. I [returned] the e-mail letting them know that I would be there shortly.”

All of the volunteers began their narratives with some report of “getting the call” and their sense of responsibility to offer some kind of help. Often, this was reported as a response to an overwhelming desire to be able to identify some personal course of action.

“I have lived [on the Gulf Coast] most of my life; watching the weather, talking about storms, and experiencing hurricanes....I watched Katrina and felt an overwhelming sense of relief when it looked like the storm surge had passed New Orleans without producing the significant damage that was predicted. Then the reports came about the breach of the

levee system, but news reports said that repairs should only take a couple of hours. I sat and watched as reports got increasingly worse...Over the next couple of days, I spent most of my time trying to identify some way to help. It was during this time that NASW-Texas and the San Antonio chapter began sending out broadcast e-mails soliciting for volunteers to work in the shelters. I immediately responded but was somewhat confused about where I should go. Another volunteer told me [where a shelter was being set up], so I just drove down to see what I could do.”

The Closer I got to the Site, the More Chaotic the Atmosphere Became

The volunteers reported to work in the shelters at the very start of the movement of evacuees from New Orleans and Houston to San Antonio. An inconceivable and complicated array of processes and services had to be organized and implemented in one or two days. Shelter, security, bathing and toilet facilities, case finding, crisis management, health-care facilities, etc. were all needed to create “city services” within a shelter setting for tens of thousands of evacuees. As expected, all of the volunteers were overwhelmed at the scope of the need – and frustrated at the lack of direction.

“The closer I got to the site, the more chaotic the atmosphere became. About a mile away from the shelter, people were gathered on street corners waving for assistance; some were walking slowly towards the designated area about three-quarters of a mile away....At one corner, I noticed a Vietnamese couple that stood out in the crowd. They had two children, one infant and one toddler. Each parent carried a child and both seemed so out of place in the midst of about 15 African

American [adults] also waiting at the same corner. I wanted to stop to help, but knew I could only fit four people in the car; if I took only the Vietnamese family, the others might feel I was discriminating. I didn't stop and just prayed that the family would make it to the shelter safely. They were waving, trying to get someone to stop for them; no one did, including me. That incident bothered me, that night and even today. I wondered what happened to that family; I never saw them in the intake line."

"Once I arrived at the shelter and identified myself as a social worker, I was escorted past the line of 'ordinary' volunteers and ushered to the 'professional' room where I was given a name tag and set out on my own. No one knew where I should be, but I was able to call a friend on [my] cell phone who was able to guide me to the 'mental health' area where social workers would be working. The area was isolated, in the back of [a large room, and] identified with a small paper sign that read 'mental health.' I was told that there had been no 'customers' – no action at all."

"Driving into the shelter area, I followed signs for parking and checking-in. Trying to follow all of the system procedures was quite daunting – and there were conflicting directions regarding what was needed and where I should go. After checking at two different 'volunteer' tables, I was directed to a specific building. ... I walked into this building that was set up as a self-contained shelter for seven to ten thousand persons. Service centers were set up for post, computer, mobile phone, missing

persons, pharmacy, medical, housing, clothing, dining, sleeping, and transportation. Signs on the walls were taped-up like street signs, although many were difficult to read and the directions were unclear. ... I went up to a volunteer table and was told that since I was a social worker, I could just go to the social work and counseling area. ... which seemed to be set up with the original restriction of providing counseling services for the volunteers. ... The shelter was just getting started and it seemed that volunteers were not likely to come back to that area, so I just walked up to the first person I saw and asked them what they needed. It was pretty easy to stay busy after that."

"After sitting in the mental health area for a short time, I decided that I could assist best in the intake area. There was a huge line of individuals waiting to be checked in and we had received notice that more buses were on the way.... There was no general leadership, no one coordinating a link to the available resources. Everyone wanted to be in charge, yet there was no direction. Some of those designated as 'in charge' had no people skills, making it frustrating to work in the environment."

"The information gathered at intake was limited and not used for case finding. Failure to initially identify special needs and the physical location of people with special needs in the shelter made it necessary to conduct constant case finding on the floor of the shelter. The use of 'roamers' would have been necessary

anyway to identify and intervene in emerging crises, but early identification and location of special needs people would have greatly facilitated the...delivery of services.”

We Found Some Paper Shoes

Even within overwhelming and frustrating circumstances, each of the volunteers found some way to begin the process of identifying where they might help and the kinds of services that could be offered. This activity leads to the expected continuum of feelings of relief, satisfaction, and exhaustion at the scope of the task.

“Most people being processed at intake wore tattered clothing and some did not have shoes. People had bloody, scrapped feet from walking without shoes. [At first] we did not have any shoes available [but we found] blue surgical (paper) shoes that we distributed.”

He Apologized for his Smell

The task of writing narrative descriptions and impressions of the volunteer experience was often overshadowed by the stories of the evacuees themselves. Each of the volunteers recounted specific instances that were illustrative of the people with whom they were working.

“One older man was waiting by himself during intake; he was so happy just to sit down. His feet were wrinkled and raw because he had to stand in water for 18 hours before he was rescued. He apologized for his smell.”

“The first person I [met] was an older, African American man sitting and staring. [When I asked] how he was doing, [he said that] he concentrated on his faith to help him

through. He described a faith he had put together from many types of beliefs, calling it a ‘gumbo.’ As he spoke of not knowing where his family was, and his separation from his wife and adult children...there were tears in his eyes. Still, he focused on his belief that God would get him through, while he searched for meaning in it all, wondering if God was cleaning up New Orleans.”

“An older man came in pushing another elderly man in a wheelchair. They seemed like they had known each other for years...but said that they had just met at the shelter in the dome. One told me that he would have left, but didn’t have any money and his check was about to arrive in the mail....They planned to stick together because they could help each other. The one in the wheelchair said that he needed someone to push him around because...he needed his heart medication. The one that was doing the pushing said he needed the one in the wheelchair to help him because his ‘nerves’ would get to him since he didn’t have his medication....I spoke to both men on several occasions during the first few days. Around the fourth day, I ran into one of the men and asked about the other; he said that they had taken him somewhere else and that he couldn’t go to that shelter. He didn’t know which one or where, but said that he was managing well on his own.”

You Can’t Help Me

Intertwined with the relief and satisfaction of providing some degree of assistance within an overwhelming circumstance was the frustration of not quite being able to complete a task. This was a theme within all of the volunteers’ narratives.

“There was a young man who arrived at the shelter, having driven with his wife and children from Baton Rouge to find his uncle, who he had been told was in this shelter. We found his uncle’s name on the list of people in the shelter, but no specific area or cot number. I got a description from him and [along with other volunteers] spread out looking for him. Another volunteer with a megaphone went through the shelter shouting the uncle’s name. We found someone who had seen him, but when I left, he had not yet been found.”

“I walked out of the ‘mental health’ area and went to one of the sleeping rooms where about a thousand cots were set up in grids. A man walked up to me and asked if I could help him find his brother. He said that he had a long-standing severe head injury and that his brother had a heart condition. They lived together in New Orleans and were the only family members that they had left. When they came into the shelter, he said that his brother was ‘out of breath’ and needed to sit down for a minute and the intake workers wanted him to go ahead and be processed into the shelter. It had been two days and he had no idea where his brother was. I walked with him to the missing persons area where we were shown the computers that were available for use, the paper lists that had bed numbers, and a cork board on the wall with ongoing notices for the evacuees. As I started to walk him through that process, he told me that because of his head injury, he could not read and was not very good remembering directions. I went over the lists with him and we didn’t see

any indication that his brother had been processed into the shelter. I told him that I would keep looking and gave him a sheet of paper with my name and cell number on it and told him that he could show it to any other volunteer in the shelter and have them call me for an update. It took about five days to find his brother who had been moved into another shelter that had more comprehensive medical facilities. I spoke with that man about every five or six hours until we got them back together. That was one of the most frustrating, yet rewarding experiences that I have ever had.”

“I was warned that not all the individuals working intake were trained professionals. I wondered about that as I was escorted to my area. Then I overheard some of the intake workers doing their job...no introductions, no rapport building, just a basic “I need to fill out these forms.” The supervisor of the intake area told me she was a city employee and upset that she had to work the evening shift. She seemed angry and as she barked out orders to individuals I received no explanation of my duties, just given a stack of forms and two pens pointed to where my desk was located. I worked with evacuees by filling out the necessary forms to be processed into the shelter and gathering basic information, name, prior address, missing family, medication screening, determining the need for medical triage. It seemed like some individuals volunteered with good intentions but were easily frustrated when things didn’t go the way they imagined...not understanding why the evacuees were frustrated, angry and even

uncooperative at times. I overheard one person raising his voice, 'Yes, just give me the information so I can fill out the form then you can get some free food.' The woman he was talking to, who had been sitting in silence, raised her voice, 'No, no you can't help me,' the volunteer now raising his voice yelled 'Just let me fill out this form, and then you can get help.' I interrupted and introduced myself. The evacuee then began crying and said, 'I'm sorry, no one can help me, unless you can bring someone back from the dead, my son is dead. He drowned, I watched him drown, I sat on my roof for two days waiting for help, my son drowned, he never came back up and we never saw him again.'"

Keeping up Appearances

After months of working with evacuees and witnessing the aftereffects of displacement, two of the volunteers returned to New Orleans and included in their narratives observations of a city veneer that overlaid a community that both speaks with hope and has lost its character.

"Ten months later, I found New Orleans was stunningly vacant. The evidence of the scope of the physical damage was everywhere; the man-made and the natural turned topsy-turvy, but victims, witnesses or visitors were few and far between. Driving through the 9th ward, I saw a few RVs and campers parked in front of the remnants of homes, but people to whom they may have belonged were as sparse here as they were dense in the shelters; displacement in real time. It seemed too, that along with the people went the pets, the birds, and other routine sounds and signs of life. So, what seemed most

swept away by Katrina were the city's inhabitants. "

"Near the French Quarter there were more signs of damage and now famous symbols of early rescue and clean-up efforts... 'two dead in attic' [written in spray paint on the side of a house] crossed out and replaced with 'codes' less likely to alarm or shock. From a little distance the French Quarter itself seemed to be gasping for life. Some businesses were permanently closed, most others opening three or four days a week, keeping up appearances for a very scant tourist trade and perhaps for one another. It was here that the human story again came alive in the shops, restaurants, and hotels. Though all seemed to hide their personal stories behind the veneer of hospitality that is the source of their livelihood, many were willing (maybe even needing) to tell their stories when shown the least interest and given the time. While carrying guests' bags up two flights of stairs, a hotel porter, bent with age, admitted quietly, sadly, 'I lost everything.'"

"One woman working in a local art gallery had returned to her job after living with relatives in Oregon for several months. She said, 'I didn't have that much before the storm, so I didn't lose so much. If you don't have much, when you lose it, you don't lose much.' Though philosophical about her losses, she was clearly angry and emotional about the politics of the disaster. She said, 'I apologize if you are a Republican, but I can tell you that the President has done nothing for us. When we made appeals for help, we

got a press conference. People don't really know how little help we got."

"Another woman working in a neighboring art gallery said that she and her husband evacuated to Mississippi to live with their daughter and son-in-law after the storm. She described living in a cramped trailer with no utilities or water for weeks. She said that until their evacuation, 'I had always lived in the city; then I was living like in the wilderness. I learned how to use a chain saw to help clear debris. I never worked so hard in my life or been so tired. I had cuts all over my arms. But, I learned a lot about myself, I learned I was strong, that I could do whatever I needed to do.'"

Another Model May be Appropriate

Some of the most significant things blown away by Hurricane Katrina were the social networks that characterized the urban neighborhoods of New Orleans. There are now people who have depended on these networks dispersed throughout the country without clear access to their traditional sources of help. Embedded in the narratives of the volunteers were the elements of a process evaluation suggesting that a needs-assessment/case-management model might be considered in disasters which differ from those that can be addressed by a proximal response.

"The organization of the relief effort concerned me on several levels. The coordination of the number of organizations involved was impressive, [but at the same time] overwhelming and confusing. Two people were e-mailing me about which shelter I should go to, neither aware of the other."

"The strengths of [the shelter] included the availability of volunteers,

the facility itself, and the [local medical organization] that assumed the operation of the medical clinic. Within the facility were dedicated telephone service already available and a large staging area that could be easily subdivided into both administrative and clinical services....Perhaps the greatest strength...was our mix of 'full-time' volunteers. When the shelter opened, [there were bachelor and master level] social workers and others who were able to get things organized. We had the services of an experienced psychiatric nurse nearly every weekday....Although not directly related to our efforts, the development of the [shelter] child care center, significantly improved the well being of children and families in the shelter....A cooperative effort by [faith-based groups] and fire fighters transformed chaos in childcare into a well organized, decorated, equipped, and staffed facility literally overnight."

"Problems encountered included no mechanism for briefing volunteers on the procedures for delivering mental health services; and there seemed to be confusion on the issue of social services and whether or not they were subsumed into the [American Red Cross] definition of mental health. It seems intuitive that the safety and security provided by adequate social services is an integral component of cushioning the impact of a disaster thus related to mental health, without the stigma associated with the mental health/mental illness continuum."

"Another area of confusion which emerged concerned the role of the Red Cross Mental Health staff versus

mental health workers from other [community] agencies....the [standard disaster-response] model seems designed to support a disaster which decimates a local area's resources. When the victims of a disaster are evacuated to an intact community...[the standard] mental health issues of Red Cross volunteers pale in comparison to the needs of the evacuees."

Through the observations and experiences of the volunteers, the consideration of a needs-assessment/case-management model is suggested. The emphasis here would be on early identification of need, then sort or triage individuals to case managers. This would lend itself to long-term as well as short-term problem solving and avoid the stigmatization of "mental health/mental illness." It would recognize that people's reaction to disaster is, for the most part, a normal reaction to an abnormal situation. It would allow the identification of many different kinds of needs: medical, family, housing, emotional, occupational, etc. It would facilitate channeling individuals to services both internal and external to the community-based shelter areas both quickly and appropriately.

Conclusion

The narratives and observations presented here illustrate both the uniqueness of the experiences of response to Hurricane Katrina, and many of the common themes wrapped within the feelings of individuals immersed in responding to and rebuilding a devastated community. No matter the previous experiences of volunteers, no one had been involved in the complete evacuation of a major U.S. city; and no community had been faced with the possible permanent absorption of a neighboring city's inhabitants. Underneath much of what was said and experienced seemed to be three primary issues. The first was response to the immediate need of the evacuees. As noted by one of the volunteers, "I knew immediately that I would [help]." This was evidenced across the nation in the words

of State Governors who opened event centers and schools as shelters and in the actions of thousands of volunteers who gave of their time.

Another underlying theme seemed to recognize the magnitude of the event and the possibility of permanent change. Reported across the country were notices of colleges and universities opening their doors to students displaced by the storms. Job announcements in the shelters announced "relocate here" and, as one volunteer shared, "what seemed most swept away...were the city's inhabitants."

Finally, the volunteers' underlying themes of frustration and dissatisfaction with service delivery suggested that a second, non-proximal model of service response needs to be considered. Evidenced by some of the changes already in place when Hurricane Rita swept across Texas and Louisiana, community-response models may be integrating the lessons learned from the experiences of one of the most costly natural disasters in U.S. history.

References

- Creswell, J. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks, CA: Sage.
- Levy, A. (2005, December 23). Hurricane Evacuees Clear out of Last Shelter. *The Houston Chronicle*, p. B4.
- Weinbach, R. (2005). *Evaluating Social Work Services and Programs*. Boston: Pearson/Allyn and Bacon.

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