

OUT OF THE MAELSTROM OF KATRINA: FINDING OUR VOICES A YEAR LATER

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Three social work clinicians, educators, and friends volunteered to work with Hurricane Katrina survivors who were evacuated to a Red Cross shelter on university-owned property. Each experienced similar yet different experiences as this catastrophe continued to unfold. Yet, they had not given voice to the emotions and conflicts within themselves until the writing of this narrative. This article focuses on their stories, one year later, as they reflect on their frustrations, vulnerabilities, and growth with their M.S.W. student as witness. Implications for social work practice and education are embedded in their raised voices, speaking out about lessons learned.

Subject: Volunteers needed
From: Nancy W.
Date: Thu, 15 Sep 2005 18:54:57 -0400
To: Faculty and students at the School of Social Work
CC: Cheryl D.

Hello everybody,

Some of you may have received the email about what is happening at the Shelter and some may not so I thought I would do my best to prepare you for what the situation is when you go there tomorrow morning.

There is pressure to empty out the shelter and they (the Red Cross) intend for every survivor to be gone after next Wednesday at the very latest. That may be difficult to comprehend for us but those are the plain facts of the situation. While undoubtedly there are significant mental health needs that may be present, there are even more pressing case management needs that must be addressed. As social workers, we are being confronted with that task. There

are at least 10-12 students and faculty who will be arriving tomorrow at the shelter. It is important for those of you who are going down for the first time to be aware that your main task will be to work out transitional plans for some people who may be mentally ill, chronically homeless, or elderly and needing assisted living plans. You will need to be not just finding out what they want but working painstakingly on discharge plans. Otherwise some of the survivors will be left without any place to go.

Nancy

Introduction

On September 2, 2005, following one of the worst disasters in U.S. history, the University was notified by the Governor that two of its sites would become Red Cross Shelters. On September 4, 609 survivors from some of the poorest communities in New Orleans were airlifted and bused to one of the University's 4-H state centers in a rural, predominantly white, middle-income county in the middle of Georgia. Virtually all of these survivors of Hurricane Katrina were plucked off of rooftops, the Convention center, or

Superdome with little food or water. The world sat in witness as they were subsequently herded, still in shock, onto military airplanes with no idea of their destination. Many had on the same clothes that they were wearing when they were forced to evacuate from their homes several days before. The majority were persons from a low socio-economic background, recipients of Medicaid, Medicare, and/or SSI. All 609 survivors were brought by bus to the makeshift shelter located approximately 70 miles from downtown Atlanta. They were over 50 miles from any public transportation with limited access to goods and services including their money through ATM machines or banks.

Even though it was a Red Cross shelter, the local sheriff's department was in charge of security. Other police units were also called in and were visible at the shelter around the clock. The Sheriff's department ran a "tight ship." Among the survivor group were mothers agonizing over the location or fate of their lost children, elderly citizens reeling from the fear of being cut off from their carefully constructed lifestyles, and all of them coping with the horror of loss of place, family, and culture with no idea of what the future held for them. These survivors arrived somewhat disoriented after surviving days in the floods of their city, traumatized, to their new temporary "homes," which were cabins surrounding a lake (after being stranded in water for days) where they stayed for the next two to three weeks. Approximately half of the survivors were elderly, another third were families with children, and the rest were single men, many with significant mental health needs, and the whole group was overwhelmingly African American. This fact was not a small, incidental aside to their story or to ours.

Cheryl, Nancy and Mimi—three social work educators, licensed clinical social workers, colleagues and friends—joined the effort to help when Hurricane Katrina touched "our" backyard. It was an interesting coincidence that our relationship with each other had originally been forged teaching the three Direct Practice sections in the MSW curriculum for years. As social workers, we

were part of a profession that is seemingly ideally suited to embark in such an effort. Social workers are the largest providers of mental health services in the country. We also make up more than 40 percent of Red Cross mental health volunteers, and we are trained and educated to help victims of disasters to work through their grief and loss and to connect them to the resources they need to rebuild their lives (NASW, 2005).

Each of us experienced this event from a unique perspective. Cheryl, an African-American woman, was appointed to represent the University on-site as a liaison with the Red Cross regarding the provision of mental health and social services to the survivors and, in actuality, functioned as the on-site "troubleshooter." Nancy had dual roles: as the Dean's appointed representative from the School of Social Work to oversee coordination and supervision of students and faculty volunteering in the effort; and as a community practitioner with the university/community-based Crisis Intervention Team (CRT). Mimi, also a person of color and the Director of Field Education, volunteered her services with both CRT and the School of Social Work, providing on-site case management services while also supervising students.

During those tumultuous three weeks in September 2005 while immersed in the volunteer effort, we shared an experience that profoundly impacted each of us, yet we never made the opportunity to talk about it with each other. Our feelings, our "real" voices, remained muted. They remained quiet, in fact, until the writing of this article. Writing about our lived experiences in working with Katrina survivors brought us to a place of discomfort and complexity in relation to what we learned about ourselves and the process of being helpers. During these moments, we were faced with conflicts, especially as we dealt with ethical issues. However, in the course of doing this we also discovered new things about ourselves and our professional roles and values that provided opportunities for insights. With this understanding came the possibility of turning something chaotic into something potentially meaningful (Richardson, 2001).

In a series of conference calls, the three of us (Mimi, Cheryl and Nancy) laughed and cried together, recording our recollections and nightmares, our frustrations and our sadness, even healing relationships between us and forging a bond that will be remembered long after this article is completed. What follows are our "lived" experiences as we all struggled to make sense out of an unfathomable event.

A Note About Authorship

Violating rules of protocol we have learned as academics, we did not negotiate the thorny issue of authorship up front. And, we knew better. We may have even had personal knowledge of hurt feelings and professional competition blurring the edges of other writing partnerships. So how does one figure out the order of authorship in a situation such as ours? Cheryl was on-site at the shelter for 21 days in a row; she had the most responsibility and the most burden of all of us. She is also the senior member of our team. So perhaps she "deserved" to be first author. Nancy spent about ten days on-site and spent the most time writing, editing, and organizing the article. So did she "deserve" to be first author? Mimi, with a brand new doctorate and beginning a new tenure-track position at a new university, spent about four days on site and continued to keep us on task and focused throughout this project with her great organizational skills. What number authorship did she deserve? And Ra'Shanda, our most excellent student, edited, transcribed, and researched references sometimes on a moment's notice. She also internalized some of the pain of this experience. Surely her investment earned her a place among us. In the end, generosity reigned as all of us thought each other should be listed before the other. While we ultimately did, for convention's sake, settle on an order, it is as most things in life, arbitrary and a constructed reality. The bigger story is that we came together as sisters and partners and equals from beginning to end. That is one part of this story we will continue to cherish.

Cheryl's Story

The social worker in me kicked into full gear shortly after arriving on the premises of the Red Cross Shelter, just days after the survivors arrived during Labor Day weekend 2005. I recognized immediately the full range of issues that many of the Katrina survivors were facing. As a former administrator of a substance-abuse treatment center where I had been a licensed social worker and addictions professional, I quickly recognized the survivors who had past or current substance abuse problems. I saw obvious signs of "withdrawal" and "depression" and "drug cravings" and other mental health symptoms. I knew that we needed additional clinical help and I turned to my social work colleagues and other counseling faculty for support.

Additionally, I was aware of the challenges of cooperatively working within the operations of a Red Cross designated shelter with its priorities and regulations. However, because of the enormity of the task, outside help was needed to aid in service delivery. Among the many concerns was the current and potential stress level of the over 100 employees who were called back that weekend to work and help make this 4-H center function as a temporary shelter for over 600 Katrina survivors and 100 Red Cross and community volunteers. But overarching all the concerns were the immediate needs of all the displaced adults and children who brought with them many special needs due to their age and/or physical health and mental health in addition to the trauma that they had endured during the storm and its aftermath. Although some of the survivors may not have arrived with pre-existing mental health issues, they were at risk for developing Post Traumatic Stress Disorder. On the surface, the survivors were grateful to be safe, in a clean and spacious facility with food, fresh clothes, a clean bed, showers and medical support services. But many were also confused, angry and concerned that they had been displaced from their loved ones with little to no ability to contact or search for them.

Initially, I operated on my own, assisting the Red Cross in its service delivery, but I soon felt besieged by the huge needs that confronted us at the shelter. I turned to my social work colleagues and the University deans and

administrators for assistance. I learned about the Crisis Response Team, a group of University and community practitioners that had formed after 9/11 to address community crisis response needs through my colleague, Nancy, who was a member of CRT. This seemed to be just the group to assist with clinical evaluations with both survivors and staff at this site who, after just a few days, were showing the effects of stress, trauma and grief. CRT took on the major responsibility for coordinating the mental health effort from beginning to end. It was agreed from the beginning that a licensed professional would always be on duty when students were there. Several of the School of Social Work faculty, including Nancy and Mimi, became involved and students as well as alumni in the community were recruited as volunteers. Nancy, and later Mimi, became the consistent social work faculty who worked with CRT in daily leadership roles. They also became my support system—the colleagues that I could call on, vent, cry, and share my frustrations. There were many times that I just needed to release my reactions about the competing interests of the different players in this process and my concern about the quality of care the survivors were receiving.

One day I was in the Red Cross mental health area where there was always a line waiting to see the mental-health volunteers or the psychiatrist, when an elderly survivor came in distraught, saying that she had just found out that her “grandbaby” was not with her daughter as she had initially thought. As she voiced her distress, she was interrupted and told by the Red Cross person on duty, quite tersely, “Just wait on line and fill out this piece of paper on the table.” The woman blurted out loudly, calling attention to herself, “I just have to call someone!” I stopped what I was doing and went to this woman and after she calmed down, she was able to tell me that her grandbaby was at daycare when everything happened and she thought her daughter had picked up the child. Her daughter, she knew was in Houston, and she had just assumed that her grandchild was with her. It was very difficult for me to see the agony and pain that this grandmother was going through. I felt so

helpless, all I could do was listen and then help her to complete the right form for a “missing person” report.

I can still feel the anger and disappointment when I reflect on the way that many of the people were treated at the site and shudder at the lack of genuine compassion that was demonstrated in the way they were processed by the Red Cross. I remember my first introduction on the Tuesday after Labor Day when I first arrived at the shelter. I was struck by the intense law-enforcement presence—the rangers, the sheriff’s department and the state troopers—who formed a barricade. The survivors seemed to be regarded as inmates in a lock-down facility rather than victims/survivors of this disaster. While outwardly the Red Cross, police, and employees were pleasant and accommodating, making sure that the basics were provided, there appeared to be an underlying sentiment of something different... and it was obvious to me. I looked around and realized that I was probably the only person of color who was on the front line of service delivery. The Red Cross on-site volunteer staff were predominately white, middle-aged, and/or retired older people and most of the community volunteers were also white, seemed to be middle and upper middle income, and almost all were openly, self-described “Christians.” Even the ever-present police were mostly white males. This was in stark contrast to the survivors who were primarily Black, low income, and Catholic.

It was painful to acknowledge that in the midst of this national disaster race, class, and different religious practices played a role in how persons were treated, but what I was observing forced me to confront this troubling notion. For example, I was aware that several Black church groups and Black individuals who showed up initially to help were turned away at the gate; I saw the stereotyping and the institutional racism in the policies and rules that were developed out of fear. Many evenings, I stayed on the premises late, riding around and talking with people on the porches of the cabins, and I reflected on how they looked so much like my rural southern family and community. People who were functioning on their own, perhaps not thriving but doing “ok”

before the storm, now faced lives that were turned upside down.

One afternoon, I was told that an African-American woman arrived at the shelter with a flat bed truck and was loading people on it to take with her. One group was a family whom I had worked intensively with, and they were to meet with the CRT team the next day. I looked up and saw that their belongings and wheelchairs were tied down on her truck and they were being taken to her city because she had found homes for them. I was disturbed because this was a family with special needs with two seriously ill children who needed specialized services. I drove around until I found this woman and confronted her. She responded, "Nothing is being done for these people. These are my people and I can't just sit around and let nothing be done so I found homes for them and I am taking them." This raised lots of emotions because the situation was far more complex than merely a response to clear cut racism. As I spoke to the family, I realized that they thought that we were all working together because the woman in the truck was a professional African-American woman. What was most troublesome was that this woman was traveling with a camera crew and a media person and she made the headlines of her local paper for "doing good."

I was also aware that the NAACP had contacted Black elected officials. Some came to the premises responding to complaints and challenging the treatment of the predominantly low-income, African American survivors. The officials would ask me for my input, to engage me in the discussions around injustices and racism. But everyone wanted recognition, and it seemed that the survivors were the pawns. I knew that many of the survivors were scared and up against a wall, so there was a tendency to blindly trust those who shared the same skin color, showed compassion, and were willing to help.

Exploitation comes in many forms. This was evident when I was asked to confront one of the healthy and highly functioning survivors, a young, college-educated, African-American female who was hired to recruit other survivors to work at their gated, elite community. On the surface it appeared to be

an opportunity for some of the survivors to stay in the area and live in low-income housing. They were offered work similar to their jobs in New Orleans, working as housekeepers and grounds and maintenance staff. However, they would be isolated, far from public transportation or access to a social community where they could feel comfortable. This pushed some big buttons for me because this offer seemed so self-serving by taking advantage of a very vulnerable group of people for the good of the wealthy. The community could feel a sense of self satisfaction by being publicly acknowledged for "doing good," but I wondered who was gaining what.

During the first week most of those persons who could identify a place to go were able to leave because of funds raised by the facility and community. The 300-plus survivors who remained by the second week were overwhelmingly Black and lower-income. The new directive from Red Cross Headquarters was clear: we had to expedite closing the facility.

September 16, 2005

Greetings all,

We still need some help by those faculty and students who have been here for several days this week. I just got out of a critical planning meeting with the Red Cross at (9pm) and they are asking for assistance in discharge planning of the remaining 300 individuals here. There is a process that we agreed upon - an integrated team approach. Please encourage individually those faculty and students to return. Thanks for all of your assistance. A Congressperson just left the grounds a couple of hours ago with a full entourage and camera crew. We must assist the Red Cross in

properly discharging many of these individuals and families by providing general case management. Since a large number of the families will be discharged to Athens, the School of Social Work can have a special team to continue to do follow-up, and aftercare work with them especially some of the families that our faculty and students have already assisted. We also need some help in identifying resources for the elderly with health and mental health issues and with the hard to place single "homeless" unemployable males who may have some AOD, mental health, and developmental issues as well.

Cheryl

I was experiencing constant role conflict and role confusion. Here I was, sent in as part of the administrative team to keep the peace, but yet I felt ethically and morally compelled to ensure that good plans were being made for these survivors who had suffered so much in this disaster. I was in the hard position of observing people who had so little to begin with, who had lost everything, and then being asked to participate in and support a system that was telling them to simply "get on with their lives." I was in constant conflict with the Red Cross policies and enmeshed in the disorganization that comes with competing systems. I was also in the awkward position of defusing the complaints of my colleagues at CRT and the School of Social Work who were understandably concerned with these policies. I felt I had to reassure my colleagues that our presence was vitally needed to keep the humanity present. It seemed so clear to me that if we pulled out, then the survivors would be dehumanized even more. But the enormous pressure on all volunteers to get the survivors to leave never waned and I felt the stress of being the mediator, of being in the middle. Even under these adverse circumstances, CRT and

Social Work volunteers continued to work miracles, efficiently pulling together and managing to find many placements despite the reminders that this was a Red Cross Crisis Shelter and that the Red Cross was in charge.

While I struggled with the Red Cross' position, I also knew that Red Cross was not equipped for the magnitude and complexity of their task. They had been expecting "healthy survivors" and they were constantly calling for more help and scrambling to meet their priorities. I also knew the toll on the university, the facility and grounds, and the stress and exhaustion of the university employees who were working around the clock. Thus, I continued to pass on the Red Cross' edicts, knowing the survivors needed our assistance. However, at the point the residents were told that they had to have a plan within two to three days because the shelter was going to close, I thought that I was going to "lose" it. How could we just close the shelter and abandon the people who were just rescued from a disaster in their city to be brought to this foreign, isolated place in the middle of Georgia. How do we begin to tell them this news? I then had to get a grip and make a plan as to how to make this work for those who were left with nowhere to go. One of my solutions was to contact a fellow colleague for help in sending materials that included maps of Georgia that described cities which had public transportation and possibly jobs and medical resources. This was empowering for the remaining survivors who were not familiar with Georgia, and it allowed them to make an informed decision.

It was getting close to the end and those last groups of hard-to-place families were scared and worried. It seemed very akin to our child welfare system when children who are African American, particularly sibling groups or those with special needs, are the most difficult and the last to be "placed." I called on several Black social work colleagues in Atlanta who work with these types of families, including one of our doctoral students who runs a faith-based recovery center. To me, he was a shining hero. He came down to help with the single homeless male population that had no idea where to go and would have had limited success at surviving in the inner

city of Atlanta without some support. They worked miracles! A staff of recovery professionals arrived just a few days before the shelter closed and offered the option of alternative supportive-treatment programs. They ended up taking two vans full of hard-to-place survivors, including several families, with them to Atlanta.

Apart from these moments of small successes, I was in conflict throughout this experience. I knew that on the surface I was doing the best that I could, especially considering the power structure of the facility. However, I could never forget that I was a Black woman with rural Southern roots and, as a spiritual person, believed that “but there for the grace of God, go I.” I had many sleepless nights questioning if I was turning my back on outright racism and oppression of “my people.” I wondered if I had been used, or was I, in actuality, an instrument aiding in the temporary reprieve for traumatized and scared survivors of one of the worst natural disasters in our nation’s history. I still am not sure. But I do know this: that when I faced the possible ethical issue of “boundary crossings” with clients, I crossed over. I gave out my cell phone number, I followed up and went to hotels and motels to check on people. I went above and beyond to “be there” for a 71-year-old African-American woman whom I am still in touch with, someone who had proudly just made her final mortgage payment a month before Katrina. They reached out and I couldn’t stop reaching back, trying to pull one more over in an attempt to regain normalcy. I have enjoyed the phone calls of “we are back in New Orleans,” or “I got my job back” and even the ones of “can you still help me?” It validates, for me, that what I did in spite of the challenges made a difference.

This reflection process has been truly difficult for me as I have shared what has been bottled up inside of me for over a year. Also, it also has been very cathartic and healing. I know that I should have processed my feelings long before sitting down to write this article. I thought that I could juggle being a caring professional and being an administrator—making tough decisions and good judgment calls without help. But, I too got tired. In the

end, the greatest lesson of all for me is that I have limits and that I can only do what I can do. I cannot eradicate all of the wrongs of society just because I care. I cannot make people respond differently just because of tragedy and disaster. Racism, classism and fear are real for people even today and this should not be a surprise to me, of all people. However, I feel good about my contributions, that I was able to gain the trust of the groups who were calling the “shots.” I learned to never hesitate to ask for help and to never stop asking. On the last day after we placed the last person in a van, I got in my car, feeling exhausted but relieved and thought, “I am so blessed!”

Nancy’s Turn

When I first heard about the survivors coming to Georgia, it was through my involvement with the Crisis Response Team. I was excited. I felt energized. I had, along with every one I knew, remained riveted to the television for days, watching with impotent outrage not only the suffering of the people of the affected areas but the unfolding ineptitude that greeted them. I was also aware of the insipient guilt that I felt at being a voyeur to such suffering as I sat in my comfortable living room with plenty to eat and drink, content with the knowledge that my family was safe and well. So now I was being given the opportunity to be a part of the solution, to reach out and serve in a way that would stretch me personally and professionally. I was still an active community practitioner in addition to my role as a faculty member and so I felt that I had something to offer, something to give.

I arrived at the shelter the first weekend, shortly after the arrival of the survivors, under the auspices of the CRT. This group, headed by colleagues in the Departments of Psychology and Marriage and Family Therapy, had formed after 9/11 to be available for community disaster work. Composed of community practitioners, graduate students, and a diverse group of faculty, this call to serve was exactly what this group had been preparing for. I was eager and ready, confident of my ability to be present to the needs of the survivors. A year later, as I reflect on my

experience, I feel humbled to think that I was that cavalier and naïve.

September 12, 2005

Dear Cheryl,

We had an amazing meeting with about 50 MSW students and about 8-10 faculty who want to be involved in the volunteer effort in a useful way. After much discussion (which included faculty making a commitment to allow course release time for this), we ascertained that what we (School of Social Work) could add was case management services that wouldn't duplicate or infringe on the good work that CRT is already doing. That does not mean that the licensed faculty who are already helping won't continue to work on mental health issues, but that some of the logistical problems with the survivors such as planning for their next steps can be done best by social workers. We had considered several options such as groups "adopting" cabins and/or faculty signing up for certain days that would (with your knowledge and permission) supervise students who would volunteer for the day. We do not want to duplicate efforts but want to supplement services and, from the looks of it, there are huge needs that need to be met. The excitement and energy from both faculty and students was unprecedented since I've been at the School and I want to do whatever we can to facilitate their usefulness.

Nancy

The troubling deficits of the prevailing leadership structure coupled with the magnitude and complexity of the survivors' needs impaired our ability to help. We interacted with anyone who was interested in telling his or her story, and as we listened, we also listened for any immediate needs—especially physical or mental health issues that needed attention. The survivors seemed initially grateful for our ear and our presence in those first few days, and this allowed us to be lulled into thinking we were actually helping. It was in this spirit that I called for student and faculty volunteers, recognizing the educational opportunities for our students to participate in a valuable service-learning effort. And the response was heartening as students rallied to the call.

The ugly face of poverty was exposed in the waters of the breached levees. How fragile life is when people are displaced, when their resources disappear. I was going from cabin to cabin trying to connect, to be and feel useful, to figure out how to give comfort. I approached one of the cabins where a group of people were sitting in metal chairs in a semi-circle in front, similar to groups all over the shelter. They had formed a new family constellation as a way of trying to create some sense of normalcy and connection for themselves. Sitting nearby, but somehow apart and disconnected from this newly formed family, was a woman who seemed incredibly angry and unapproachable. She, like the rest, appeared disheveled, her clothes unmatched and baggy on her spare frame, her hair combed back severely away from her shuttered eyes. I wondered what she was thinking, especially about this white woman blithely injecting herself into the group with possibly invasive questions and no solutions. In spite of her lack of eye contact and unwelcoming air, I approached her anyway, somehow not put off but drawn to her authenticity. I couldn't imagine not feeling rage, not feeling reduced and less than. I couldn't imagine how she could be any other way.

She mumbled, barely audible, as I approached, "I cannot...I don't have an iron," she whispered. "This is not me. I can't stand being seen like this with my clothes wrinkled.

How am I expected to be seen in public looking like this?" I suddenly understood on a deeper level what was being asked of her, how much she had lost, her dignity as wrinkled as the clothes she was wearing. Most likely there were irons donated but it was way too complicated to get access to the mountains of items sitting in a storage area a mile away. A mile away! What was the rationale in that? For some, possibly this woman (whom I shall call Shirley because she had a name) it was important to not reduce her more than she already felt. So, in that moment, I was no longer a social worker talking to Shirley, the client; I was a privileged woman who needed to do something, be it ever so small, to feebly make an effort to equalize the divisions between us.

I promised Shirley that I would be back; I could see in the averted tilt of her head that she had written me off before I ever came into view. I went home that night and bought an iron, not caring if I was violating or at least challenging the notions of self-determination or self-actualization or the other ethical values of our profession. The next day, I hurried to find Shirley, my mission to concretely do something to help. I handed her the iron. Just two women understanding in that moment how it met both our needs. What I didn't expect, though, was Shirley's response. She burst into tears and, flinging her arms around me, hugged me tightly, transforming before my eyes into her skin and warming my soul. I still think about Shirley and the lesson for both of us. I wonder about all the Shirleys that I have missed—grateful that I met her and that I was able to recognize myself in her that day.

Every day was a reminder of the harsh reality over which none of us had any control. Students, who eagerly wanted to pitch in, were confronted with troubling scenes. Some of my colleagues in the School of Social Work were unsupportive, sometimes obstructive and judgmental regarding our efforts to involve students while serving the survivors. How to help students make sense out of watching an elderly survivor endure a "pat down" by the Sheriff's deputies when I was reeling from it myself? The rules seemed capricious and cruel. Survivors were subjected

to the indignity and violation of being touched against their will if they were interested in obtaining any of the goods that generous citizens of Georgia donated in truckloads. Adults whose only crime was to be unlucky enough to be a survivor were told that they were not allowed to leave the campgrounds without permission and if they chose to leave, they would be locked out. Trips to town were infrequent and inconveniently timed so survivors were caught in a "Catch 22." They could not leave the camp without evidence of income but were not able to access their accounts to enable them to leave. Additionally, they could not be discharged unless they had relatives or friends who would vouch for them, yet there was little telephone access and computers were not available even though the camp, as a university facility, was highly equipped. The equipment remained unavailable even to the volunteers.

In spite of the mixed messages students were receiving from some faculty members who were discouraging them from coming, determined students still showed up. They came prepared to assist and they asked lots of questions. They wondered why there were no activities planned, no recreational equipment made available, since it was a recreational facility. Those of us who were continuing to work directly with the survivors found ourselves in the strange, dual position of offering explanations for the establishment, rendering ourselves ineffective as teachers and objective observers in the process. I found that these dual roles personally added great stress and kept me totally bound up. Because there was a huge need from one day to the next for continuity, the sheer fact that I was present for days in a row catapulted me to leadership status. I was at times a shift commander for CRT, a supervisor of students, a direct services provider to survivors, a case manager for the Red Cross, a sounding board to exhausted and frustrated colleagues, and a target for critical colleagues back at school. They could not understand the pressure cooker atmosphere that we were functioning in or the complexity of the needs that surrounded us like a shroud.

It was deeply disturbing to see the dehumanization of people who were reduced

to survivor status by the events of a natural disaster, and then re-traumatized several times over. One vivid example that comes to mind was when anxious parents finally were able to send their children to school. Volunteers had worked hard to prepare the children, worked with some of the teachers, and calmed the fears of the parents who were understandably uneasy about being separated from their children. We had gotten books and backpacks, clothes, and school supplies for them, and we had arranged for student volunteers to run children's groups after school. And this was not an easy task since all the supplies were inconveniently located a mile away and made quite unpleasantly inaccessible to the survivors. However, in spite of this, a semblance of stability was on the horizon—at least in the short term—and the parents were really happy about that.

We arrived at the shelter with eager MSW students in tow and were told that the survivors needed to leave—yesterday, today, tomorrow, because Red Cross shelters across the country were closing. Inconceivably, our shelter, too, had been ordered to shut down. Hundreds of people at this facility, thousands across the country, had no place to go and yet the shelters, within weeks of reputedly the worst natural disaster in U.S. history, were shutting down. But, in a few short days, the survivors were told that they would have to evacuate even though they had nowhere to go and their children would need to be uprooted from their new classrooms. The few social work faculty members who stayed, along with students, made a valiant effort to find resources seemingly out of our "hats." And, we did. We begged, cajoled and called in favors. We manipulated and stretched the truth on behalf of the survivors to circumvent the rigid rules that encumbered success. Our idealistic young students got a fast track lesson in real world politics and left this experience oriented in the ways of the world. I wondered along with them, as I often did throughout the process, if I was helping or hurting by working on behalf of policies that were formulated for anyone's convenience but the people who were to be served. Part of me still feels appreciative that I had this opportunity to participate in an event

of such significance—to be a part of history, to be a part of the process rather than to watch it or read about it. But another reality for me, even a year later, is that it was hard to reconcile the many troubling things that I witnessed and, by my silence, participated in.

As I approached the writing of this paper, I experienced a great weight of resistance as I struggled mightily against focusing on this project. It's been a year since Hurricane Katrina hit with its brutal force and unleashed a much bigger storm. For me, personally, it's been a year filled with challenges and joys. My mother fell ill and died unexpectedly, a nephew was born, and my young adult children are learning to be on their own as I face life and my familiar family roles in a new way. So it was easy for me to avoid the memories that seemed so charged a year ago, the images, the discomfort, the unease. However, I am well aware that memories have a way of catching up with us and, if unresolved, turn like hard lumps halting growth within. Ellis (2002) refers to the processes of "framing" and "sense making" as a way to begin to make meaning out of an experience that, at first, is unfathomable. It helps us begin to comprehend on multiple levels and paves the way for the deeper understanding and integration that makes up the wisdom of life.

Coming together in dialogue with Cheryl and Mimi aroused feelings and re-stimulated my senses in ways that I could not have predicted and I suspect that this was accurate for them as well. It was a hard, hard task. All I knew was that at first I felt deadened and numb to the experience of reclaiming that time. In the aftermath of this paper, it is validating to be reminded that keeping our voices mute serves no one. I will most of all take away a deeper knowledge from this endeavor that stories must be told, no matter how painful, how unjust and unfair. Carolyn Ellis (2002) upon reflecting on her experiences triggered by 9/11 said, "Understanding offers the possibility of turning something chaotic into something potentially meaningful" (p. 375). I couldn't agree more.

Mimi Speaks Out

We were about one month into the fall semester, and I was teaching two practice courses and one behavioral theory course to foundation students in the MSW program. I received the email sent out by my colleague, Nancy, requesting volunteers to help Katrina survivors who were being sheltered at the 4-H center. My close friend and colleague, Cheryl, had been appointed by the Provost to coordinate the University's efforts with the Red Cross. After seeing the heart-wrenching images on television, I knew I had to do something. Nancy had also asked for students to be involved, and I felt this was a perfect opportunity to invite students to experience grassroots social work.

I was first asked by the CRT to conduct mental health screenings, but the next time I was at the shelter, we were to work with the survivors to identify places that they could go. On my third visit, just days later, we had to assist the survivors in moving out of the shelter. On one of my visits, I was asked by the CRT to serve as the shift commander for one of the shifts. This turned out to be a frustrating role where I felt a huge conflict between working directly with the survivors and the demands of following policies set by the Red Cross. However, I never ceased to be amazed at the commitment and compassion of the volunteers. This was a unique opportunity to work with others in a different capacity than my role as Director of Field Education. It was quite rewarding and memorable to be able to work alongside both current and former students, field instructors, and other community professionals.

One of the most significant experiences for me was the connection I made with an older man, a veteran, when we were doing the mental health screenings. I was at one of the cabins where five men had been placed together. I had spoken with four of them and was waiting for the fifth man to return from lunch. One of the men said, "He won't talk to you...he hasn't talked to anybody." When the veteran returned, I sat with him on the couch and invited him to speak. And he did. As a veteran myself, I was able to hear his story, witness his pain, and connect as one veteran to another. I remember feeling a chill, a deep

feeling inside me as he likened his current situation to his experiences after returning from Vietnam. As a full-time educator, I had not been in a direct practice role for a while. I found it very validating to be reminded that what we teach actually works. Personally, I felt as if I had connected with a client in a way that I hadn't for a long time. I wonder if we educators can get too focused on teaching theory and forget that the material we teach in a detached way really does work—that listening is powerful and the process of relationship is magical. That was really a special moment for me.

But, there were also times when I felt powerless and even, inexplicably, ashamed. I recall how frustrated I felt with the numerous ways the survivors were poorly treated and disrespected. I still have images in my head and re-experience those internal sensations in my stomach as I recall one particular occasion. We were leaving the shelter as a bus with survivors was returning from a trip to purchase needed supplies. The survivors were made to get off the bus and were subjected to dogs sniffing them for contraband (both weapons and drugs). I remember the feeling of my stomach dropping, the shock of actually seeing human beings who were survivors of a tragedy being treated like inmates. I had a first year MSW student with me in the car and I wondered what impact this had on him. I had no control over what they were doing, but I still felt oddly guilty; it was almost a protective reaction to try and shelter him from this harsh reality. The next evening I had class where I shared that whole experience. It was a rich and useful learning opportunity to explore inequities, social injustice, racism, crisis, role conflicts and ethics. It was also cathartic for the student as he shared his reactions and feelings from this experience. It validated what we do as social workers in the classroom and what we stand for as a profession. This was important as many of our students are insulated from seeing injustices and poverty this closely.

One of the most personally difficult events for me was when I was working with a particular family with whom many of the team had worked. The family, like many of the

survivors, was a non-traditional mix of loosely related people. This family consisted of several cousins and three young children. One of the male family members, the "patriarch," was extremely angry. As we tried to seek a suitable living situation for them, they were insistent that they all wanted to live near each other, but in three separate homes. The man who was so angry became very loud and I felt threatened. Another worker was talking with him while I was smiling at one of the young children in the group, making an effort to help him feel a little safer. Suddenly, the man turned and verbally attacked me, snarling, "Why are you laughing? Do you think this is funny?" I just remember feeling unnerved because there were other professional colleagues in the room, and yes, even somewhat inept. Yet, what another powerful lesson to bring back into the classroom and share with students in my practice classes!

I experienced my most challenging ethical conflict when working as the shift leader. It was here that I witnessed the most obvious clashes between social work values and the decisions of those "in charge." At this point it appeared that the mental health and well being of the survivors was no longer of primary concern. The goal was clearly to just "move them out" as the shelter was closing. However, we were told not to share this information with those we were serving. This just did not sit right with me. My team had spent four solid hours working with survivors to arrange placements and had managed, remarkably, to place about 30 individuals and/or families. After making these arrangements, we were told by harried Red Cross officials that we weren't authorized to make those placements, although the day before it was what we had been asked to do. As the shift leader, I had to tell my team that their work was in vain, and they had to walk around the shelter and find each person they'd placed to tell them the new procedure.

We knew that this meant more waiting for them and more bureaucracy. Not surprisingly, this confused, perplexed, and angered the survivors—as it did the helpers. I reacted. It was the end of my shift and I voiced my frustrations and then I walked out. As a result, I had to face my feelings and reactive

response to a situation that was beyond my control. I questioned whether or not I was cut out for crisis-type work even though I was so comfortable interacting with the survivors, listening and responding to their needs. Yet, I also recognized that my growing edge is working within larger systems and wondered if this related back to my time in the military when I found it difficult to just follow orders when they seemed invalid. Yes, there was a lot for me to process: the fear of being perceived incompetent, my frustration when I was prevented from doing what we social workers do and do well, and the lack of respect for what I had to offer.

There were so many ethical challenges. We were dealing with a historically invisible population—the poorest of the poor, the elderly, those with mental health issues, physical disabilities and addictions. It was not surprising that they were the last ones out of New Orleans. Here I was, participating in a system that may have continued to inflict suffering or, at the very least, was not responsive to survivors' needs. It was very difficult to stand by when the shelter was being evacuated knowing that FEMA and disability checks would arrive after the survivors had been moved. Additionally, it was painful because I knew that every time the survivors were forced to move, families would have to start all over again. They would have to re-tell their stories, convince authorities of their needs, and be at risk of becoming re-traumatized. Participating in this process was a huge ethical struggle for me. I wondered over and over if I had inadvertently also participated in their re-victimization.

As I reflect on the process of coming together with my friends, Nancy and Cheryl, to share our personal stories of the work we did a year ago, I have been forced to face both my strengths and weaknesses. I realize now what I've known from the literature, how it really is important to take the time to debrief (Kinzel & Nanson, 2000) and to debrief sooner rather than later (Campfield & Hills, 2001). After all, I had only spent four or five days at the site. What I've learned is that not only was I affected by the plight of the survivors, the political situation, and the ethical conflict

between social work and the system, but I was also greatly affected by watching and working alongside friends and colleagues. This became clearly evident as the three of us talked for this article. I gained a deeper understanding and appreciation for Nancy's and Cheryl's experiences at that time and how they are still affected today. In turn I was able to see my role in our relationships and I was forced to come to terms with some personal growing edges.

As far as the experience itself, I learned much from the survivors. Overall, I was impressed by their resiliency, their appreciation, and the importance of family. The common theme amongst them, even those who were beginning to decompensate due to mental illness or substance abuse, was the quest to reunite with family from whom they had been separated. I can take these two significant life events—working alongside colleagues to assist survivors and reflecting on the experience a year later—and learn much from them. These are lessons from which I can grow personally and upon which I can draw as a professional social worker and educator. I will continue to integrate this knowledge in each class that I teach.

Summary

In the early part of the semester, two weeks after the hurricane struck, Cheryl, Nancy and Mimi joined with M.S.W. and Ph.D. social work students, other faculty and community practitioners to volunteer to work with Hurricane Katrina survivors whose social and economic situations led them to a shelter in the middle of Georgia. This entire experience, from answering the call back in September 2005, to reflecting on those events for this article, has had a profound effect on each of us. There are still some painful memories, indelible images and frustrations, even anger, that continue to linger. It is clear that we are continuing to integrate our experiences into a meaningful framework that we can live with as an ongoing process. Given the magnitude of this event, it was a great challenge to reconcile the many troubling scenes we witnessed and, by our silence, felt complicit in, even as it was a relief to finally

give the ambiguity a voice. And while we still engage in research, teaching and community service, the daily mechanics of what we do as academics, we are changed; we are different; we are more human because of our experiences with the Katrina survivors and with each other.

Crisis work does take a tremendous toll on the workers (Adams, Boscarino & Figley, 2006). Coming to grips with decisions we made a year ago and wondering why we didn't do something differently continues. In the midst of the maelstrom, we just did what we could do to get from one moment, one hour and one day, to the next. We recognize the need for compassion for ourselves as well as others who acted from a place of pain, fear and helplessness. Our work as practitioners has helped us to recognize that all we can do is plant a seed for the next day. There is no question that there was a need for better collaboration and coordination of services with "voluntary disaster trained relief organizations." The three of us will continue to grapple with the dilemmas that we faced for a good long time as our lessons-to-be-learned continue to unfold.

However, this experience also raised troubling questions to ponder as we faculty members grappled to integrate this experience personally and professionally. Each of us witnessed alarming social injustices—apparent racial profiling, insensitive and oppressive policies, and a blaming-the-victim mentality aimed at people whose crime was to be poor, Black, and trauma survivors. Thus, as social work educators we struggled to understand where and to whom we were responsible. To our students? Did it translate into helping them to make meaning of their experience, to help them clarify professional responsibility and practice? Or, to the community where being contributing citizens to community health and wellbeing should be a priority. What roles are appropriate for a School of Social Work—faculty, students, and staff—to play in community crises and what are our obligations to our students when a crisis hits? How do we balance and, in turn, help our students balance community practice with being change agents when oppression exists? We

recognize the value to our students in this experience. Students had an opportunity to learn a lot about organizational issues, crisis work, and cross-cultural awareness while social policy became a living entity upon which to apply theory and practice. As faculty worked side by side with students. We were able to offer guidance, helping students reflect on their learning. Additionally, all were able to visit and revisit the elusive concept of service, a core value for social workers, applying an unfolding understanding of what this means to each.

In recalling our roles in the relief efforts here in Georgia, we have had to face the reality of how racism and classicism undoubtedly impacted the decisions being made, how persons were treated not just in our experiences but in New Orleans, and how the "powers that be" responded to this crisis (Sweeney, 2006; Lieberman, 2006). When asked about the role of race in response to the hurricane, President Bush replied that "the storm didn't discriminate and neither will the recovery effort." Response to Hurricane Katrina and public commentary by high-profile individuals made race a focus in the media and brought racial inequality to the attention of people in the United States. This experience brought home the fact that as social worker educators we must be vigilant and diligent in our determination to continually revisit teaching racism and classicism and other "isms" to our students. We could be doing much more in acknowledging that race and class impact many decisions that are made in terms of what services are provided to which groups and by whom. We are aware that we rarely have these difficult and painful conversations about how to challenge these issues among our social work colleagues and those conversations need to continue. The work is clearly not done.

However, good things have also sprung from this tragedy. We would be remiss if we did not acknowledge the esprit de corps that we felt in the company of our students and alums. They are our hope for the future of our profession and they were nothing short of wonderful! They were adaptable, creative, compassionate, and resourceful as they worked tirelessly and passionately. The community has

also become mobilized with university-community partnerships being created with new energy. One faculty member in the School of Social Work has created a service-learning course for students who receive credit for case management services provided for survivors who have resettled in our community (Bliss & Meehan, 2006). One alum is the director of a community resource and referral agency that has become the pivotal clearinghouse and service center for survivors who have resettled locally. And there are success stories. There are many survivors who are happily and comfortably resettled in our community and have no intention of leaving. The positives of this experience are, in the end, first and foremost, reflected in the remarkable resiliency of the survivors, themselves, who are now picking up their lives and moving forward, one step at a time—sometimes in spite of, but also possibly because of, our awkward efforts as human beings to be "helpful."

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References

- Adams, R., Boscarino, J., & Figley, C. (2006). Compassion Fatigue and Psychological Distress among Social Workers: A Validation Study. *American Journal of Orthopsychiatry*, 76 (1), 103-108.

- Bliss, D.L., & Meehan, J. (pending October 2006). The Hurricane Katrina Project: Development of a Three-Stage, Community-Focused, Extended Disaster Response Model Developed by Community Connection in Athens, Georgia and the University of Georgia School of Social Work. Outreach Scholarship 2006 Conference. Ohio State University, Columbus, Ohio.
- Campfield, K., & Hills, A. (2001). Effect of Timing of Critical Incident Stress Debriefing (CISD) on Post-traumatic Symptoms. *Journal of Traumatic Stress, 14* (2), 14-17.
- Ellis, C. (2002). Shattered Lives: Making Sense of September 11th and its Aftermath. *Journal of Contemporary Ethnography, Vol. 31* (4), pp.375-410
- Kinzel, A., & Nanson, J. (2000). Education and Debriefing: Strategies for Preventing Crises in Crisis line volunteers. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 21* (3), 21-25.
- Lieberman, R. C. (2006). The Storm Didn't Discriminate: Katrina and the Politics of Color Blindness, *Dubois Review: Social Science Research on Race, 3*(1), pp. 7-22.
- National Association of Social Workers (2005). Social workers mobilize in the wake of Hurricane Katrina. retrieved September 26, 2006 from: <http://www.socialworkers.org/pressroom/2005/090506.asp>
- Richardson, L. (2001). Getting Personal: Writing Stories. *Qualitative Studies in Education, 14*(1), pp. 33-38.
- Sweeney, K. (2006). The Blame Game: Racialized Responses to Hurricane Katrina. *Dubois Review 3*(1), 161-174.

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