

# REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

# KATRINA

*Helping Professionals  
return to the Gulf  
Coast to assist victims  
& rebuild lives*



Volume 13, Number 3

Summer 2007

# REFLECTIONS

## NARRATIVES OF PROFESSIONAL HELPING

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## NARRATIVES OF PROFESSIONAL HELPING

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# LETTER FROM THE EDITOR

**Jillian Jimenez, Ph.D.**

In August 2005 a hurricane named Katrina hit the Gulf Coast of Mississippi and devastated New Orleans. The aftermath of this natural disaster shocked the world. The *unnatural* social and economic arrangements made by human beings throughout this region resulted in an unprecedented revelation of the terrible human injustice suffered by poor persons, many of them African-Americans. It was a shocking lesson to the nation about the ways the inequality that we have created directly impacts the possibilities for survival in a natural disaster, leaving many with no options for escape from terrible peril. Personal safety was directly threatened for those who had no car, no credit cards for hotel rooms, no access to family or friends, and no neighbors able to respond. Everyone in New Orleans, in particular, was thrown back on their own resources, which often were revealed to be barely enough to keep body and soul together in storm-free times. The reasons the sights of New Orleans were so painful and shocking to privileged Americans were two fold. The first was that the calamity that was Katrina was no one's fault—no one could be blamed for what happened—explanations could not be lodged in the usual narratives that often soften the guilt for the privileged in this country when they are forced to see poverty and social misery. In this case the victims were clearly innocent. The second cause for shock and pain was the realization that we shared blame for the devastating impact of Katrina on the poorest people in New Orleans by ignoring, and thereby allowing, the deep inequality and racism that underlay this Mecca of escape for the privileged and carefree.

The exposure of inequality, racism and indifference by public officials that was the dramatic story of Katrina continues. Even as this is written there are hundreds of families living in FEMA trailers in northern Louisiana who have no place to go. The federal

government refuses to allocate any funds to rebuild low cost rentals in the devastated areas of New Orleans. Only homeowners can apply for federal disaster loans. Housing projects in these areas have not been rebuilt either, even as families camp outside them waiting for someone official to take action to return them to their homes.

This issue of *Reflections* offers another look at the tragedy of Katrina from the perspectives of those who went there to help. Some of these narratives are wrenching and unpleasant in the physical details of shelter living and other horrors they describe. Some offer narratives of incalculable loss on top of loss. The ongoing racism experienced by African-Americans is a subtext of many of these narratives and the central focus of a few. Through them all weaves the theme of resilience, if not reconciliation. These stories introduce us to men and women who suffered, overcame their sufferings and can offer us a kind of grace we rarely experience.

Our deepest thanks and appreciation go to Brenda McGadney -Douglass and Richard Douglass for conceiving this issue and putting it together. It clearly was a labor of love but also one of enormous dedication, persistence and dogged work. They have made this issue of *Reflections* one of our best.

# INTRODUCTION FROM SPECIAL ISSUE EDITORS

Brenda F. McGadney-Douglass, Ph.D., University of Toledo, and  
Richard Douglass, Ph.D., Eastern Michigan University



The Special Issue editors with Mrs. Hickman, visiting her property to assure herself that the contractors were "doing the job right." She generously shared time with us to explain how the house was destroyed, and how it was being rebuilt.

This special issue of *Reflections* was born out of a chance meeting between us and colleagues following their presentation about the ongoing post Katrina/Rita struggles at the 2006 annual meeting of the Council in Social Work Education in Chicago. Primarily, their discussion focused on initial challenges for rebuilding universities in New Orleans, including the potential loss of programs, faculty, and students. Given findings from preliminary studies and evaluations, it became clear from this encounter that there was a gap in information or "lessons learned" from professional practitioners and/or helpers, which acted as a hedge against teaching others in like situations about possible pitfalls and experiences that could enhance a healthy recovery. We wanted to contribute something ourselves and decided that the best we could give was assistance in giving a voice to people who would be too busy recovering their lives and careers to spend these months writing.

Comprehensive recovery from the most violent hurricane and greatest natural disaster in U.S. history must include an understanding

of the personal impact on those on the front line, especially helpers trying to stabilize environments, after a disaster. There is a need for professional helpers, such as practitioners, social workers in academia and private practice, savvy and pragmatic leadership "on the ground," and selfless first responders to document their roles and paths to aiding in the recovery. In this manner, they can share their authentic experiences. We were grateful when the Editorial Board of *Reflections* gave us the opportunity to facilitate giving voice to academics and volunteers, who needed to share their experiences of pain, survival, hope and resiliency as responders to Katrina and Rita.

The contributors who wrote the following narratives share their stories – often with brutal honesty – in a rich and dynamic way. We want to thank each author for his or her contribution to this special issue of *Reflections*. We know from communicating with the authors that they all experienced tremendous hardships within the first twelve months after Katrina/Rita: the deaths of spouses or parents; property loss; the decline of physical and emotional health; the displacement of family, friends, colleagues, and students; delayed personal plans. Each of these authors made personal sacrifices in addition to the losses that they experienced from the storms. Written in first person just a few months after the hurricanes devastated the Gulf Coast, these stories reflect vivid fresh memories and deal directly with issues at micro and macro levels. As we first read the submissions we were struck by how fresh and

well articulated, poignant, and sometimes funny the stories were. By reading these narratives, we believe that some readers may feel that they are actually experiencing what the authors went through. The full range of emotions – joy, anger, pain, dismay, humor, fortitude, and hope – are all here. So also are the heat, damp, stink, and isolation that all the survivors faced.

We hope that professional helpers will use these narratives as a model to examine themselves and the strengths they bring to affect a positive recovery following a natural disaster, or to minor disasters that populate our careers. We are certain that faculty and students in many disciplines will find this issue to be a textbook for how to deal with disasters, and also what responses should be avoided. Text materials in the helping professions are generally too dry and “academic” to bring out the passions of being directly involved with the helping process. These narratives will never be accused of being free of passion and human spirit.

On a personal note, this issue is very significant to both of us. For five years beginning in the late 1970’s Brenda was an Assistant Professor and Director of the Aging Studies program at Southern University at New Orleans (SUNO), a school that has now lost 19 departments, including many students and tenured faculty. Many of SUNO’s programs and departments operate out of trailers and mobile classrooms today. In fact, in an adjacent former parking lot, students and some faculty are housed in FEMA trailers. Getting SUNO up and running is a matter of social justice for the thousands of New Orleanians, who are mostly African-American and low-income students, at the only place where they can pursue a degree in higher education.

Richard was a new Assistant Professor at The University of Michigan when Jennette Jennings, one of our authors, was finishing her degree. The process of calling for papers, reviewing, and providing editorial work towards this publication provided the opportunity for this thirty-year friendship to be renewed.

Our trip to New Orleans in July 2007 opened our eyes to the enormity of the recovery efforts in the region and the significance of these papers in *Reflections*. During this trip, we met with several of the authors (Rebecca Chaisson and Raymonda Dennis in New Orleans, and Jeanette Jennings in Hattiesburg, Mississippi) and spoke by phone to Michael Zakour. We want to thank them for their special insights. We’d especially like to thank Rebecca for taking us on a tour of the uptown area in New Orleans and for sharing memories of her early return to the Big Easy, which she described as: “birdless and filled with flies,” empty, quiet, brown, with the constant smell of death, decay, and mold. We visited the infamous Lower Ninth Ward, New Orleans East, St. Bernard Parrish, Metairie, and the Garden District to see for ourselves before we put our own words on this disaster into print. In addition to experiencing the historic hospitality and food of New Orleans and the Gulf Coast, we saw communities in various stages of recovery. We were also witnesses to hope and resurrection with the Black middle-class migration from the Lower Ninth Ward to higher ground in New Orleans East; rebuilding in uptown communities. We were also saddened to see devastated neighborhoods that have been slower-to-recover.

We also want to thank and acknowledge the support of colleagues in the completion of this project. One displaced, thirty-five year Ninth Ward resident, Ms. Jerlene Bridges, helped make our immersion into New Orleans possible. Jerlene is a long time friend and social worker at the New Orleans Council on Aging. Pat Hogue, Ph.D., Chair Physician Assistant Program, University of Toledo, encouraged this trip to give validation to our editorial work. And Marie Webber, who delayed her graduate education to volunteer with the Red Cross, provided tutoring and personal interpretation of her experiences both to Richard and his students. We will be forever grateful to Jillian Jimenez, the editorial staff, and the Editorial Board of *Reflections* for giving us this remarkable opportunity.

Finally, we want to encourage those who read these narratives to allow the emotions and experiences of these authors to penetrate the soul as well as the intellect. There are lessons to be learned here that extend far beyond the experience and response to a natural disaster. The lessons learned from these authors are applicable for most of us throughout our daily and professional lives; there is no need to wait for our own hurricanes to learn how to be more effective in all that we do.

#### Post Script:

The following sources are suggested for people who want to read more about Katrina and Rita

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The porch of a destroyed home in the 9th Ward, 2007.



# STORMY WEATHER AND PERSONAL CHOICES: HURRICANES KATRINA-RITA

Marie Webber, M.H.S.A. Student, University of Michigan

*This narrative details a grad-student's experience volunteering for the Red Cross during Hurricane Rita. The author and twelve other volunteers were temporarily forgotten about by the very agency that dropped them off at their assigned destination—a roller-rink-turned shelter—causing them to draw upon resources that none of them knew they had during their three-week assignment.*



The author, Marie Webber

Before Hurricane Katrina, I had just moved back to Michigan after a year of post baccalaureate work in Hawaii. I moved back to be closer to my family because it was tough to maintain the close relationship from four thousand miles away. I grew up in a very loving and compassionate family, always volunteering to coach soccer, work overtime life guarding, and planning YMCA camps in my youth. My academic and new professional career seemed promising; however, reflecting on this complacency something was missing from my life. I had been accepted into a graduate program in the School of Public Health at the University of

Michigan. The same week the storm hit, I was offered a full time job. Upon accepting, I told them that I would not be able to start for three weeks.

I had called the local shelter the day after the storm and left a few messages to find out how I could help. There was no guarantee that I would be deployed after being trained with the Red Cross, nor did I think I would be assigned to go to Louisiana. After watching the storms and the suffering on television, there was not a second thought in my mind about going to help in some way. The compelling desire and passion to help out those in need was what I needed to spark life from my mundane complacency. At this point in my life,

I had the freedom to decide what was important to me. I could not think of anything more deeply moving than helping the disaster victims. In my heart I felt that if I were the one in their situation, I could only hope that someone would take time from their life to help me. After all, it was only a two week assignment, a mere fraction of one year. But I knew it could mean a great deal to someone who has lost everything and felt desperate for one person to care enough about them to help them find their missing loved ones or find a place for them to sleep for the night because their home has been destroyed. Can you imagine how they felt?

I made the decision that has since altered my thinking and changed my life in ways I could have never expected. I volunteered with my local Red Cross shelter to deploy and help the victims of the disaster. I had never before seen anything like the images on television and felt compelled whole heartedly to do something for those affected. My uncle, a New Orleans resident, was safe and was able to get in touch with us from Florida to let us know he was okay after evacuating hours before the storm, in traffic lines that took hours and hours to manage. Two weeks later, I was preparing to go down and help the Red Cross in their relief effort. Most of our local group's training was geared towards emergency relief, mass sheltering, and feeding. The thing that struck me most before I was sent to help out was when another volunteer asked our instructor, "How bad is it down there?" and her answer

was "Imagine bad and then multiply that by 1,000."

Today when anyone asks me about my experience, I have trouble putting into words how it makes me feel inside. When I sit down to write or read through the journal that I kept during the trip, my heart races, my stomach knots, and I get sick thinking of those who were still down there when I left to go home after my assignment was finished. I feel guilty that I had a place to go home to and that they had nothing. It hurt saying goodbye to people with whom I had gone through such a traumatic experience with for days, knowing that I had a way out of the nightmare and they, in most cases, did not.

On my first day as a volunteer, I flew into Jackson, Mississippi, and intently listened to the weather from the pilot's updates. The storms from Hurricane Rita were still in the Gulf and the rain had just started to fall in the local area. I had a piece of paper in my hand with instructions to rent a car from the airport and made a three-hour drive to headquarters in Louisiana. Luckily, there were still cars available and I did not have to sleep in the airport and find a ride in the morning as the voice recording I listened to upon landing had forewarned. I did not find any other volunteers going to my specific location, so I made the drive alone. It was September 22, 2005, and although it was still early in the day, it was pitch dark outside and raining. My arrival at headquarters was after the team giving out assignments had already left to go back to their shelters for the night, so one of the other volunteers sent me to a staff shelter to sleep.

Looking back now, this was the best shelter that I stayed in during my whole trip. The shelter was in a recreation center with about 100 cots in the main room on the basketball court. There were some snacks on the table from a local church and a two-stall bathroom. Outside, there was a bright yellow decontamination tent that we could use to shower. The water to the six-man tent was hooked up from a hose on the side of the facility. I heard it was a chilled shower and would be quite a relief compared to the humidity and heat that is characteristic of a Louisiana summer. The water was still not

safe to drink and there were instructions to keep our eyes, face, and nose out of the water. Brushing my teeth with bottled water became second nature. Throughout the night, volunteers continued to straggle in and it was hard to get any sleep.

At 7 a.m. the shelter managers woke everyone up and corralled us into vans to transport us back to headquarters. Upon leaving, the shelter manager told us we could not leave anything there and would have to take our things to another location since the current shelter's roof probably would not withstand another hurricane. We had to move to a safer shelter. After a lot of paperwork and check-in procedures at headquarters, a group of 13 volunteers, me included, were assigned to a small rural shelter on the western side of the state.

Thirteen people seemed superstitiously odd and I do remember laughing that we were jinxed when we were assigned to a city that no one had heard of before. Our group consisted of retired men, school teachers, independent business owners, photographers, and college students. A more diverse group could not have been randomized. One woman had four kids at home, the youngest only one year old. It was her first time in five years taking a vacation from being a full time mom and she left her kids with their dad. Some were taking time off work, others filling a gap in their traditional lives. Each person was from a different part of the country and had a unique background.

A local man, J.P., who owned a swamp tours business before Hurricane Katrina hit and was now offering his bus and driving service to the Red Cross, was given the assignment to transport us to our location. By mid morning, we had heard snips of news and rumors from the hundreds of people at headquarters that areas south of Route 10 and western parts of the state were being evacuated. We loaded the swamp tours bus regardless of the impending weather conditions and headed to our destination. On the way we stopped at a local Po Boy's restaurant for lunch and thanked the man for staying open for us since it was obvious he was short staffed and wanted to go home. The drive was a few

hours west of New Orleans and the rain and wind picked up though out the duration. The rain and wind were so bad that our driver got lost, and we had to backtrack on a few country roads. Finally, J.P. found our destination and dropped us at the door of our shelter at about 3 p.m. He was very kind and asked if we needed anything further before he left because the weather would not permit him to return. Waving goodbye, we entered what would be our home for the next few days. A local recreation center, the roller-skating rink, had been set up by the city and was housing both Katrina evacuees and taking people in from St. Charles Parish, which was now being evacuated. The landscape around the shelter was very flat farmland with a few large barns and small houses spotting the horizon. I later found out the entire city was one mile by one mile and after that the houses and farms were sparse.

Our welcoming was not the warmest considering we were the first group of people to show up and help the center other than the local community members. The city had been asking for relief help for a couple days since Hurricane Katrina. The city director or mayor, Janet, was quite frustrated and pulled us aside upon our arrival to ask where we had been. Looking around at my peers, I could tell I was not the only one intimidated by her. She was grumpy, disheveled, and very authoritative. After making her point, she let us get started and gave us her phone number in case we needed anything further. She was a very busy woman and we found out later that she was the ex-chief of police and pretty much did everything around the town. She was very well respected and overworked.

The city had managed to buy all the air mattresses that they could from the local Wal-Mart before the storm started and had been checking people and keeping track of their names. The city social workers at the front desk were doing an excellent job considering what they had to work with, and I got the feeling that they were overwhelmed. The only way to show that you were staying at the shelter was by the red ribbon they tied around your wrist when you registered your name. There were so many people staying at the

shelter that when the ribbon ran out, we had to use caution tape as our wrist bands for the shelter residents.

The thirteen of us assigned to the shelter also felt overwhelmed. We had been dropped with our things at a shelter with no existing infrastructure, no provisions, a few flats of water, juice, and some sticky buns. There were about twenty air mattresses, a few foam pads, a satellite phone that did not work, and a continuing influx of new arrivals. There were somewhere between 350 and 400 people in the shelter the first night. Dinner had already been ordered—Dominoes pizza and Kentucky Fried Chicken—but no food after dinner was certain.

We were all very surprised to find that there were no other Red Cross volunteers currently at the shelter. The city ladies continued to sign up people as they came into the shelter. Each new family found a way to carve out their own space and place their blankets or things on the floor in an effort to find some rest. Somehow we would have to feed the 300 plus people, explain to them that there were no beds or cots coming, and tell them we had no provisions for the storm. We had just enough food and water for the first evening's dinner and breakfast the next morning. The city director had been calling the National Guard for two days requesting food and water; however, no supplies had arrived from them either.

Throughout the trip there are a few things that I realized were crucial supplies: duct tape and our Red Cross handouts. However, neither was used in ways you would typically imagine. Amidst the confusion and high tension of an incoming storm, our group of volunteers organized a space for kids to play in a 25 by 15 foot game-room area. A few of us tried to entertain nearly 30 kids, from 2 to 16 years old, to give the adults some time to breathe and take their minds off the storm and their kids for a while. We played Simon Says, Heads-Up Seven-Up, Duck-Duck Goose, and made a hopscotch on the floor with silver duct tape. The duct tape hopscotch and rocks we picked up from outside were all exciting to the kids. We used backs of some of our Red Cross handouts to let the kids color pictures with some

pens that we found in the office of the skating rink.

The most popular was a game called Ring Around the Rosy, which I'm sure the kids could have played for hours and hours if most of the older kids who were helping had not gotten dizzy. It was very rewarding being able to distract the kids when the storm was coming through even though it was only for a couple hours. A few times when the wind was extra strong and something would hit the side of the building the younger kids would grab our hands and look at us to protect them. We hung up their colored pictures, drawn on the back of our Red Cross hand outs, on the wall by the front doors, again using duct tape. Some of the other sheltered residents put duct tape over all of the glass doors and windows so that if they broke they would not shatter pieces into the shelter. This was something they did not teach us in training. When we took the assignment, I don't think anyone in our group expected to be placed in the path of another hurricane improvising for supplies.

The first confrontation that we had came from a woman who had been displaced from the first hurricane. She was so distraught and outraged that we did not have a voucher for her or money to help her out. Her name was Mya, and she had been in the first group of arrivals from Hurricane Katrina three weeks prior. She both threatened us and cried. It was so hard to explain that we had nothing to give her. After she calmed down, Mya put on her jump suit and began yelling and cleaning the shelter. Those that were there for a while expected this behavior because they knew she was bipolar; however, it was quite frightening to the new people. There were so many stories and lives of people living in the shelter that were disrupted by Hurricane Katrina and Hurricane Rita; the only thing I had to offer was a hug and the willingness to listen to their experiences. Nothing can describe how scared and helpless we all felt the night Hurricane Rita came through.

I asked one of the women working at the sign-in what a hurricane was like, and she described it as the weather experienced during a tornado only it lasts for a couple of days. This was the first time I began to really get

scared. The only form of communication that we had was radios to the police department and the weather or news on someone's scanner. Luckily, we were positioned within three miles of a rural hospital in case we needed help. Others in our group continued to read their orientation packets and try to phone different Red Cross numbers that we had been given upon arrival. The storm continued to pick up and the wind was very strong.

Around 7 p.m., the buckets of KFC chicken and boxes of Dominoes pizza arrived. Our team of volunteers worked in the 8' x 9' snack stand passing out pizza, chicken, drinks, and utensils to the line of hungry evacuees. Tracy, Carrie, and I were in the kitchen picking out chicken slices and pizza to put on plates for people while the other part of our group stood outside the kitchen window handing out plates, juice, and water. Before we were even halfway through the line, the power went out due to the arrival of Hurricane Rita. Luckily, I had brought a head lamp instead of a regular flashlight. We continued handing out the food with the light from a small lantern and one head lamp. It was difficult to give people what they wanted when you could not see what type of pizza or type of chicken you were handing them. We just stuck our hands in the buckets and felt around for chicken and put it on the plates, trying not to upset anyone and appease requests for drumsticks and breast meat. There was no way to discern pizza toppings and it took nearly an hour for everyone to get through the food line.

The storm was now howling overhead and I'm not sure what material they used to build the roof, but the way that it swayed and buckled during the initial winds made it seem like tin foil. The creaks and groans that we heard made me feel constantly tense and I didn't know if the skating rink would be a safe place.

After dinner, we all continued to pick up the mess in the shelter and clean up the kitchen. We had to break a lock to get into a utility closet, but we found some bleach and a mop and were able to scrub as much of the kitchen as possible. The floors were extremely slippery from all of the chicken grease. Carrie had brought a box of rubber gloves with her and we all used them to clean and keep the area

as sanitary as possible. For the next four days our vests smelled of fried chicken and sweat.

The temperature within the shelter was about 95 degrees, and the humidity and heat were getting worse with the power off. Since there was air conditioning in the shelter initially and now it was shut off, the floors and walls began to sweat. There was not a dry space in the entire shelter. Additionally, we had to close all the doors to keep the downpour of rain out. Tracy and Jane, two of the Red Cross girls, were desperately trying to get hold of someone for support, but as of 3 p.m. the entire headquarters had been shutdown and sent to their respective shelters until the storm passed. It was clear that we would have to wait until after the storm to try again.

At 10p.m., a lone National Guard truck arrived with a huge flat of around 4,000 Meals Ready to Eat (MRE's). I think we all felt a huge relief because the people would now have a meal for the next day. We were worried that after the morning honey buns and juice, there would be nothing left to eat. Not only did the Red Cross volunteers help unload the boxes of MRE's into the shelter, but at this point those in the shelter who were able bodied and still awake came outside to help unload too. We had to work quickly packing the meals into the small registration room of the skating rink, because the rain was so heavy.

I sat down for the first time in about eight hours at around 10:40 p.m. I looked at my watch and began writing in my journal about the events of the day so far. Most of our cell phones had no service and the satellite phone was not working. We had a small gas generator which Bob, one of the volunteers, hooked up to the infants with oxygen and those with sleeping masks. Every time the gas ran out or the generator stopped, we had to jump and struggle to restart it as quickly as possible. I kept wishing that someone with experience would come and help us and be our savior; yet we were the ones who were supposed to be supporting everyone at the shelter. Someone in the shelter was using the kitchen and had closed the doors. When the thirteen of us were not watching the kitchen, people would sneak in and take things. I felt like we had no control.

Later that evening when we needed to get someone's insulin out of the refrigerator in the kitchen, I found the door was locked. No one had keys to the entire facility. We tried crawling through the window, but it was too small. Finally, I asked Mya if she knew how to open the door. She had been around longer than anyone and I thought she in some way would be able to help. To my surprise, she grabbed my shoulders and pushed me in front of the door to block her from the view of the rest of the shelter. She pulled out a knife and another pocket device and picked the lock for me. Then she stood up and said in a very stern tone, "Don't you tell no one!" I thanked her for her help. Throughout the week Mya was a huge help to the volunteers. She was very clean and would get mad if people did not pick up their trash, and she yelled at other residents to clean. It made our job much easier. Our first day went well considering all we showed up with was our backpacks and nothing else. Sometimes I did not always feel safe considering we were in a big room with 350 strangers and no security. I was warned that the New Orleans crowd could be a little rough. All of the other shelters had a security guard. I knew that there were many residents like Mya who had knives on them, but we had no authority to take them from them.

Around 11:30 p.m., the radio began to report many tornado warnings just south of us and they were headed in our direction. The storm was going to hit our area in about two hours and probably last until the next evening. I had not seen a weather report, but from the description on the radio, our shelter went through the eye of the storm. Later looking at weather maps, I felt infuriated that the Red Cross had sent us to the shelter just hours before the storm hit and put me in such danger. There were four of us who volunteered to stay up the first night in case we were needed. Bob, Carry, Tracy, and I all had our journals and enjoyed the time off our feet while we sat at the front desk and watched the storm. We listened to radio broadcasts about the tornadoes that surrounded our area, heard the wind shake the entire building, and watched the rain blow sideways. It kept me mesmerized for hours.

The shelter we were in did not have any showers. There were four stalls in the men's restroom, four in the women's, and a few sinks that were viewable to the public. So in an effort to freshen up, I changed my T-shirt and undergarments in the bathroom stall, brushed my teeth with a bottle of water, and used my deodorant. My cargo pants and red vest still reeked of pizza and chicken. I had time to look around at the other volunteers who were sleeping on the floor of the office, on desk tops, under tables, and by the rollers-kates in the deejay booth and front office. Somehow, we managed to find enough floor and counter space to rest. One older guy was sleeping in a chair he propped against the wall. Since it was so packed, the four of us who were awake had arranged with the people on the next shift where we would sleep. We had to share floor and counter space and sleep in shifts. Two of the girls even shared a sleeping bag because each of us had been told by our Red Cross shelters to bring different things in order to prepare for the experience.

I walked around and noticed there were people in their 80's and 90's sitting at the food booths and sleeping on the tables. Most were awake all night. Others lay on the floor in random areas. There was no organization for this crowd, just small nests for each family. We placed one lantern in the center of the skating rink and used long power cords attached to the generator at the front door to put one florescent light in each bathroom. It was nearly impossible to get to the bathroom without stepping on someone on the way.

At 12:40 a.m., some of the ceiling panels in the center of the room started to fall down. The wind was so strong that we could see the side of the building buckling, which only made more ceiling panels fall. Bob quietly woke up the family sleeping below the falling area and asked them to move closer to the center of the shelter while Tracy, Carry, and I put caution tape around the area and buckets under the dripping water. We also had to call 911 via the police radio during the middle of the night because we couldn't keep the generator running and requested that they take the oxygen-dependent people to the hospital to care for them. When 7 a.m. arrived, we woke

up the rest of the group; it felt like I had been awake for days.

That morning the other half of the shelter staff helped serve honey buns from the crates we had found in the office the day before. The morning winds were still howling and the sun barely came out. We were all awake again by 9 a.m. Bob slept for only two hours. Everyone in the shelter was relatively quiet, and most decided to sleep the stormy day away. More of the ceiling panels fell down, but the fire department said that the shelter was okay and things were still structurally sound. It was very unnerving to see the whole ceiling and even cement walls bowing or breathing in and out with the wind.

The rain had been falling so hard that it was now coming under the back doors in the rink where most of the people were sleeping. It was flooding under the doors and soaking everyone. Bob and two stronger guys had to open the doors one by one, shove folded cardboard boxes underneath them, then close them again on top of the boxes in order to keep most of the water from coming into the shelter. It took all their strength to close the storm doors and jam cardboard under them, all while resisting the awful winds. At least it slowed the rush of water to a small trickle. Everyone was awake again as we mopped up the water on the floor with the buckets and supplies from the skating rink closets.

It was decided that we should clean up the shelter the best we could that morning since things had gotten so unsanitary and sweaty throughout the night. The bathrooms smelled absolutely appalling and had stopped up because there was hardly any water pressure. We put on rubber gloves again and picked up bloody tissues and sanitary napkins off the floors, flushed, plunged, and wiped poop off the floors. We even bleached all of the bathroom stalls as best as we could in the dark and with flashlights. It makes me sick thinking of the rotten smell that we encountered. We checked and cleaned them every two hours but could not keep up with the mess. Soon, the smell was not just from the bathrooms, but from every one of the 400 people, including myself, who had been sweating in the 95 plus degree heat and humidity of being closed up

all night, and we had no way to freshen up or take a shower. We were all sleeping on muddy wet floors with whatever materials we had brought with us as a pillow or blanket.

After calling Red Cross headquarters all day, someone finally managed to get a recording that said they would be closed until 2 p.m. because of the storm. So, we decided to start serving lunch at around 11:30 a.m. Again, it was craziness because there were only two of us who knew how to properly prepare the MRE meals. The two of us showed the rest of our volunteer group how to open and cook the food; then we set up as many tables and chairs as we could in the game room to serve people. One of the guys had to yell as loud as he could to make an announcement to the shelter that we were going to feed the kids, the elderly, and the sick first. He also sought out help with preparation from others in the shelter who knew how to open the MRE meals.

There were groups of 20 people that rotated in and out of the game room with the little light we had, and we showed them how to heat the food and cook it appropriately. We ended up opening and starting the heating pads for nearly 300 people with maybe three pairs of scissors and a few pocket knives that people had. At the time, we just ignored how many personal knives people used for their meals because we did not have the tools to open the packages either. The heating chemicals in the packets get very hot and in an effort to help everyone we ripped all of them open and did it the first time, sacrificing our own fingers. MRE's require opening four or five different tough plastic packages in order to eat everything in the bag. Most of us had blisters and heat spots on our hands after three hours of helping everyone with their food. We even made sure to take away the matches included in the MREs from all the little kids. What a mess that would have been!

The afternoon was crazy; we had to call the hospital twice for a woman who was pregnant and in distress. Another man was upset and crying; he could not remember his name or where he was. Only two people in our volunteer group had CPR certifications, and there were no nurses or doctors in the

shelter. I was one of the volunteers with some medical training from my life guarding courses back home. We tried to prevent emergencies, but what can you do when people have lost or run out of their medications?

A few minutes later, people started fighting over the air mattresses and foam pads on the floor. Some families were very angry when we asked them to share with the elderly people who had been sitting at the table all night and just wanted to lie down or take a nap. The fighting was so bad that we ended up gathering as many mattresses as we could into one section and taping it off for the older, more frail people in the crowd so we could keep an eye on them. Most of the foam pads were unusable because they had soaked up sweat, muddy water, and in some cases urine from little kids. Some nurses from the local hospital stopped by in an ambulance to check on the people quickly and then had to go back to the hospital. It had been almost three days since I had fully changed my clothes and showered. Later that evening, we again passed out MREs to everyone in the shelter, but we did not have any daylight this time. We had one lantern in the center of the shelter and offered help to anyone who could not figure out how to cook them. Most adults were able to help their kids but we still went around and helped the older people who were too frail to manage on their own. I found a chair to put my feet up and journal later that evening about the day's events. So much had happened that I could not even remember it all in the morning.

My feet hurt and I felt as if I had walked twenty miles. It was still raining very hard outside. The rain would let up for a few minutes; then it would rain sideways and heavy for another hour. It was hard to believe that it had been only 30 hours since I got to the shelter. When we looked out the doors we saw that the wind had pushed a minivan a few feet in the mud, and we could see lawn furniture fly across the windows at top speed. Tornadoes had been spotted in the area and most of the afternoon was very frightening. At 4:30 p.m., Jane got through to headquarters only to find out that no one had received our messages, and that no provisions were being sent. A few of the roads that we had taken to get to the

shelter were reportedly washed away or were still under water. All the information we received was from second hand sources, which made the rumor mill worse within the shelter. Some people from Lake Charles informed us that they could not return to their homes for a couple days. We were sent information that another shelter in the area also did not have food and was sending its people to our shelter for food. There were two crates of honey buns, spoiled milk, a few crates of water, and many MRE's left.

I felt so mentally exhausted and missed my family so much after just the first few days. I'm sure they were very worried about me and I could not even make an outgoing phone call to let them know that I was all right. It was late in the evening when we finally decided to eat as a group. It was the first chance we had to sit together and learn where everyone had come from and about their families back home. A police officer showed up to help us watch the crowd for the second night. The whole shelter had about ten flashlights total, and we shared them with the residents when anyone had to use the restroom or walk about the skating rink. One elderly man in a wheelchair had to have his catheter changed by his son every few hours, so we gave his family a flashlight to use. I have no idea how they managed to maneuver through the bodies laying all over the floor. I felt bad that we were so crowded and could not provide a better environment for those in the shelter.

After we finished our late night dinner, we all did our own activities, each picking an area to clean or pick up. Some of the other people in the shelter helped us clean the bathrooms this time and thanked us for being there for them. The soap had run out of the dispensers and some of the Red Cross volunteers put out bottles of alcohol-based hand sanitizer for people to use. Someone took it a few minutes later. The same thing happened to the additional toilet paper rolls we had placed on the backs of the toilets. At times things were frustrating, but it felt so good to be there when I was needed, regardless of the circumstances.

When the rain stopped that night, we hooked up a huge floor fan to the generator to cool off everyone at the back door. The hot

and muggy weather had returned and it was cooler outside than in the shelter that night. Most of us slept in chairs by the doors instead of on the floors. We could tell that a few people were suffering from dehydration and one man even passed out, so we had to keep giving out whatever water we had left to people as they were resting and sleeping. Some families had complained that there were people undressed lying in the room. Tracy and Bob asked them to put their clothes back on, and one man was very angry because he was so hot and just wanted to cool off.

That night, a group of fifteen people crowded around a man who had passed out on his walk to the bathroom. They held hands in a circle, prayed to Jesus, sang, and asked Him to help the man and give him strength to make it through the night. Carrie and I thought he was having a heart attack and called 911. We asked him if he had any family or anyone with him, trying to keep him conscious. It was so upsetting to hear he had lost his daughter when they evacuated. He returned from the hospital that morning feeling better after cooling down and getting some water. He told us that he was extremely dehydrated. In just two days everyone in the shelter had become a family and had bonded together from the experience. We were no longer seen as Red Cross volunteers, but as part of the group. Everyone started helping us work and there were families rotating to clean the bathrooms.

In the middle of the night we discovered that because the doors were all open we had a ton of little green frogs that came into the shelter and were on the walls and ceilings. They were very loud and obnoxious, but most of the time you could sleep through the noise because of the huge floor fan. One even hopped across my journal while I was writing. The fire ants also started getting worse after the rain stopped. We had to run when we went out to the dumpsters, because if we walked slowly they would bite our legs. The ants also came into the shelter and many people could not sleep because they were getting bitten. It was horrible to see little kids scratching themselves and crying. My own ankles were itchy from being bitten. Most of us slept on the counter tops that night, but Chris decided



to sleep on the floor. She woke up and started yelling because there were fire ants all over her blanket! To keep things in perspective, we joked—at least the alligators did not want to stay at the shelter—and most of the residents laughed with us. At orientation they warned us of alligators, snakes, and spiders, but not frogs and fire ants.

We discovered a home remedy for fire ants while going through the shelter. One woman pulled out a tube of “Butt Cream.” This was a multipurpose cream that was originally designed for diaper rash. The woman said that her son-in-law was actually responsible for the product, and explained that it stopped itching and that it could be used on acne. She was glad to be helpful, so we gave her some rubber gloves and sent all of our fire ant victims to her for application of the cream. I had the sticky white paste on my ankles for one evening, and I have to admit, it really did work!

Because of the heat and the fact that the generator kept failing to keep the fans running, the third night was just as unbearable as the previous two. More people were exhausted and dehydrated; we sent three people to the emergency room in the middle of the night. The floors and the smell were increasingly gross. We had to stop a couple of families from bathing in the toilets that night and asked them to please use the sink and only wash what they needed to.

We still had no power, no ice, little water, and no relief had come yet. From the battery radio we learned that the lucky few who lived locally could return to their houses the next day, but many from Houston and St. Charles would have to stay longer. The next day’s meals were going to be MRE’s again, at 9 a.m. and at 4 p.m. A lady with congestive heart failure was sent home from the hospital because her levels had returned to normal, but we knew she could not stay at the shelter for the night because it was too hot for her. So we had to make arrangements with a local nursing care center to take her in for the night. At this point, cooperation from anyone outside the shelter was like pulling teeth.

The whole ordeal surrounding this situation only enlightened me further about our health

care system and problems that exist as far as overcrowding and times of crisis. Returning this woman to sleep at a hot shelter was essentially going to send her over the edge again. We did not want her to die. Others without medication were experiencing anxiety attacks and nightmares from bipolar disorders they informed us about earlier. It would have been nice to have had some medical assistants to handle these situations. I kept wondering why no one from the Red Cross had contacted us or even worried that we were alive, considering our shelter went through the eye of the storm.

I slept a few hours that night. Everyone woke up early to see if they could return to their homes because the sun was now shining. To our surprise, the National Guard showed up at 10 a.m. with three trucks of cots and an SUV to check on the facility’s power supply. Everyone at the shelter helped unload the MRE’s, water, blankets, and cots, and even helped assemble them outside on the front lawn.

We asked everyone to bring their things outside to dry out so we could mop the floors in the shelter. This was a gross and smelly process since most of the mattresses were wet with muddy water and urine. They could not be cleaned off because of the felt covering on the plastic, so we had to stack them in the back rooms so that no one would touch them. While cleaning, we found that some people had managed to sneak in their animals. There was dog poop in some areas and squished frogs in nearly every corner of the skating rink. The bathrooms were once again the most disgusting.

Outside everyone was given MRE’s and waters. We asked the hospital to give us as many bottles of bleach as they could spare, and we cleaned every surface we could in the time the sun was out. After sleeping on tables, chairs, and counter tops for a few nights, everyone could not wait to nap on their cots with blankets. We had three hundred cots set up and arranged in rows across the skating rink. It seemed that everyone was excited to have a place to sleep. The kids even started to play and did not seem as frightened by the shelter experience. I can’t imagine what

thoughts ran through their minds or how their lives will be forever affected by the hurricanes.

We still needed to get more bleach to finish cleaning the bathrooms. Tracy and I volunteered to hitch a ride with a local woman passing by the shelter. She had all of her most important belongings in the car. Her name was Beth, and she shared that she had been up all night driving in the storm. She was able to give us a ride to the fire station and hospital to find more bleach. Beth ran a funeral home and had been traveling around through the storm to families homes when they called her. She looked exhausted, and told us that she had just come from a home where the father of the family had given his older mother CPR for forty-five minutes during the storm because they could not get the phone to work to call 911; eventually their mother passed away because he was too exhausted to continue. She was so kind to us, and was on her way to help out yet another family. The people in Louisiana who helped us were angels. I don't know if I will ever see any of them again, but I can tell you the color of their hair and the way they smiled. Those individuals, ignored exhaustion and their own needs to help others who needed them. They are my heroes and have made a huge impact on the way that I live my life.

Later that afternoon, we ventured out again and caught a ride with a family who was driving in a van to the little market in town. The driver had heard that the store was selling supplies for cash only and would stay open while it was still daylight. The entire city still had no power and, as far as we knew, neither did the state of Louisiana. We bought as much toilet paper, paper towels, and bleach as we could carry. The family was nice enough to drive us back to the shelter. I feel like the mayhem and tension that was present during the storm was because everyone was scared and exhausted. There was a complete difference in human nature at the shelter when we returned. Everyone was cleaning and helping each other out. The sun was shining.

After all the grunt work was finished, we had a shelter or community meeting for all those that planned on staying. The Red Cross volunteers introduced themselves and we gave

them some details about our lives. Everyone established some basic living rules since the new rumor was that most of the residents of St. Charles would be staying between one to four weeks at the shelter. It was a productive afternoon and I could tell it was the first time people could really sleep since the storm. All afternoon the skating rink was very quiet; the fans were working well from the generator, and people had a clean place to lay their heads.

The local restaurant had opened in town and ran its power on a generator just to make food for the shelter residents. We had jambalaya, fried alligator, and other delicious southern Louisiana food. I finally reached one of the friends I had made from my local shelter. He was working at the logistics area at headquarters and was very surprised to hear from me. After I told him what we had been through and that we desperately needed showers, he said he would do what he could to help out. Apparently, when we were sent to the shelter on the evening of the storm, someone at headquarters had forgotten to update the shelter list. The small town we were in, as well as our shelter, was not even listed. They did not know we existed until we repeatedly called to ask for help—and they were the ones who sent us there! We had been dropped off and forgotten about.

Later that evening, the Red Cross vans showed up with water and clean up kits that had bleach. We no longer needed bleach, of course, because we had managed on our own. More families started showing up from other areas to eat and get water from our shelter. Janet, the mayor, had been very busy during the storm helping the police department and calling for help from the National Guard. And to our surprise, the National Guard showed up with a huge generator to hook up to the building at around 11:30 p.m. that evening. After hooking up all the high-voltage adapters and checking the breakers, they said that we could run the power at 50 percent. By 3:30 a.m. we were able to turn on most of the lights and the air conditioning started to work at about half strength as well!

My friend from headquarters sent out some firefighters to inspect the shelter while they were making rounds to other shelters in

the area. They commented that we were a ticking time bomb. If anyone got sick it would spread rampantly in the humidity and we were still not up to par despite all our hard work. The two men said they would do everything they could to get us a shower as quickly as they could. They were able to get a waiver signed for a decontamination gang shower to deliver to the shelter by Tuesday evening, and showed us how to put it up and get it to work. They warned us that we needed to unclog hair and other things from the pump motors so they would not burn up. Apparently the small "O" rings inside the shower cost thousands of dollars each, and we had to make sure not to lose them in the bottom muck or water. I could be wrong, but the rumor was that each gang shower cost nearly fifty thousand dollars.

The shelter residents were able to shower for the first time in four days with whatever soap we could scrounge up from the deliveries that had come in that day. We hooked the shower up to the hose on the side of the building and guarded and regulated how many people were allowed in at a time. Unfortunately during the night, someone sliced holes in the hose and we could not use it the next day. Bob and Tracy had to borrow a hose from someone in the community so that more people could shower. Not only was the shower tent vandalized that night, but we also had an incident in the shelter. A middle aged man had managed to get drunk off something and disrobed in the center of the skating rink in the middle of the night. He peed on the floor, then passed out on top of a person on a cot. The police officer had to remove him from the shelter. I felt horrible for the humiliation that his family experienced. The shelters were supposed to be a safe haven for them and we could not control the security with just one police officer at the entrance. I did not feel safe, and I'm sure the others felt the same.

The next day things were finally starting to arrive for the shelter. There were fresh towels and shower kits as well as sanitary supplies. Two nurses even arrived from the Red Cross to work at our shelter, and they had a van. They were surprised to see that, again, there were no nurses already there and that we had managed through the storm the

way we did. During the next two days, every single member of our team had a breakdown and needed to vent. I think most of the crying was from minor events that just set them off after being overworked and not getting enough sleep. The long hours had emotionally pulled us in many directions both by helping people, cleaning, and listening to their stories. It was hard helping disparate families try to contact other loved ones and register names on missing person's lists. Mya told us that she was up to her neck in water while trapped in her home in New Orleans, only to be placed on an overpass by boat, and then helicoptered to the west side of the state. Many of those rescued had no way to get back home, and didn't even know if their homes still existed.

By Wednesday and Thursday, things began to shift into an administrative nightmare; we were given paperwork from many different rescue groups, and had many angry people showing up for both supplies and money which we did not have. A shelter manager was sent to our shelter by the Red Cross to take over management of the shelter. It was both a relief for the group and such a change that it was hard to handle. We were all on edge and needed a break. A mental health professional was sent to our shelter and talked with most of the 13 original staff that worked through Hurricane Rita. He advised us all to be reassigned and go back to headquarters because we were so worn down. A new staff slowly replaced us over the next couple of days.

On Wednesday and Thursday afternoon we managed to talk to the parents and the local school district about enrolling students into classes and getting them uniforms within the week. We spent an entire day helping the residents fill out the paperwork and when Red Cross came to pick it up, they would not accept it because something was wrong with the type of forms we had used. Our entire day had been a waste. We were not trained on what forms to fill out or the proper way to fill them out. As the deliveries were made, we just took the paperwork without instruction and tried to figure it out. Janet, the city mayor, even offered a bus to the school when it opened again for children to shower before classes and change

if they needed. This shelter was meant to be a temporary area to house people, but it unfortunately was unprepared and not designed to house people long term.

Wednesday afternoon, Janet drove me to the administrative building for the schools in another town to get new student packets and information for each child. We enrolled at least twelve students, although some parents did not want to yet because they were sure they would be allowed to return to their homes soon. School resumed and by Friday, the kids in the shelter were allowed to shower early with their families and go to school with some new kids. Most of them had a good time their first day of school and returned to the shelter in good spirits. There were a couple of younger children that were crying and upset and had to be sent home to their parents because it was too much for them to handle.

We made a banner on a sheet saying "thank you" to the city and the kids decorated it. That evening, the mayor arranged a bus to pick up shelter residents to go to the local high school football game. A few of the Red Cross workers went as chaperones so that single parents could run errands and have some time to themselves. We bought the kids popcorn and candy and hung up the sign that they made by the concession stands. It was a big boost for those kids and adults that attended. We were reconnecting with the community after the storm. The mosquitoes were horrible on Thursday and Friday because of how wet the ground was. Most of us had brought some kind of repellent, and we shared with everyone in the shelter. There were swarms of mosquitoes on the bus that took us to the game; we had to duck our heads behind the seats and cover our faces on the ride. Even with the windows open, it was horrible.

Sunday morning a large group of new arrivals came, and we were told that we would be sent back to headquarters for a new assignment. We worked there until we had to return home. The hardest part about leaving the shelter was saying goodbye to the friends I had made. The group of us had seen the best and the worst come out in the emotionally stressful and scary evenings we had been through together. We had fought, cried, and

relaxed over dinner together. The displaced residents had become a family to us and I was sad to go without knowing how the kids would adjust to school or if the families would find their houses in one piece. I will never know if the man who had passed out found his daughter. I wonder if the family of four girls was able to find a home and some clothes to wear to school. After registering names on lists for the shelter and seeing families show up and pick up loved ones, I felt heartbroken. Janet and the neighbors encourage us to visit if ever we were driving through the area and needed a place to stay. Community customs and holiday events for Mardi Gras were discussed, and even the town officials themselves were sad to see us go.

I felt guilty for abandoning them, as if I was betraying them for not staying until everything was all resolved. My heart aches thinking about driving away from the shelter and flying home. I had a home to return to, and they would be living there for a long time to come. The questions I still had and what I went through with them have forever changed the way that I look at things and people. The hurricanes brought out the best and the worst in some individuals. How could we have been forgotten as a Red Cross shelter? Most of us were mad and emotionally worn out at the end of our trip. Bob decided to stay down in Louisiana for another month and became a very important contributor at headquarters. He told me he wanted to help out the smaller shelters that needed provisions so that no one would be forgotten the way we had been. Before we left, we found some brown rope necklaces in an Avon donation box. There were exactly 13; each of us wore them home when we left the shelter. It was a way to connect us to each other forever so that we could remember the experience.

I have learned how to connect with people I have never met, who may be completely different than me in a way that I could not describe. Resolving fights within our own team by remembering that we were there to help and that most of our own needs had to be ignored was one of the most rewarding lessons I have ever had. The small things that I used to think were important, or the little arguments

that people used to make about laundry seemed so minuscule in comparison to what is now an everyday struggle for those who have had to leave their homes. I feel very fortunate for everything that I have and I want to do something to make a difference in others' lives. This experience has opened my eyes to our human culture, politics, and infrastructure. It has changed the way that I will work and what I plan to do in my life. Sometimes what I saw on television was not completely truthful, especially when the news reported that all emergency rescue volunteers had evacuated Louisiana for the second storm. There were many shelters not evacuated. It was much worse than any pictures in the media. I visited the worst areas before I left. We were lucky—others were not. I am so thankful to everyone I met and everyone who is currently helping the relief effort. Small reminders of that experience often make me cry, and I get worked up when I hear people giving speeches about the destruction. I had to stop watching

television for a while after I went to help out in Louisiana. The people who are still suffering and need our assistance should come first. The relief effort is still there. Although nothing will ever be the same to those displaced, I would do anything to help them return to normal life again.

It has been a while now, and I am still processing the things I experienced. It was a shock to my life and put many things into perspective for me. I am more patient. Trivial things do not bother me as much. I have gone outside my comfort zone, and I cannot decide if I am more in touch with reality or slightly displaced from the experience. It has changed my life.

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Supplies at last! The author next to a National Guard truck.

# HURRICANE KATRINA: A RETROSPECTIVE

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*This narrative chronicles two friends' experiences with Hurricanes Katrina and Rita. One lived the experience, the other observed it. Both used their personal agency to cope with the disaster. The survivor of the hurricanes describes her emotional response to the disaster and ways of coping. The other also found the experience emotionally draining, and sought ways to intervene both with her friend's family and within educational and social contexts. They used each other to express their frustrations but also recognized the strengths, resilience, and supports available within communities that enable them to survive. This is a lesson to families about responding to warnings, and about having the capacity to leave and the good fortune to have jobs and benefits to assist in the reclaiming of their lives.*

There are few events in life that remain indelibly etched and can be recalled instantaneously at the mention of a name. Hurricane Katrina was such an event. It uncovered people's humanity, strengths, weaknesses, fears, outrage, hope, and resilience. This narrative describes the experiences and emotions of two friends who had different experiences with the hurricanes: One lived through the hurricane and the other showed concern and helped her launch a year-long effort to teach and learn about the events and illuminate the disparities between those who escaped and those who were trapped.

This article presents a story of personal survival, hope for the future, friendship, and the professional response to disaster as viewed through the lens of social justice. Putting personal stories through reflective analysis is an instructive intervention in social work practice. People gain strength from hearing about others' power to overcome adversity. This article exemplifies the importance of the narrative in social work practice.

## The Narrative

The general format for understanding the impact of Hurricane Katrina has been that of the personal interview during which people recount their experience or reactions (Ward, 2005). These narratives are a window to the resilience and culture of a people. What follows are the authors' stories. The power of the personal story is clear in news accounts and Spike Lee's recently aired HBO special, "When the Levees Broke: A Requiem in Four

Acts." The narrative featured in this article begins with RD, New Orleans resident. Interspersed throughout are comments from RG, a friend of RD. Both work in academia. Bold italicized wording to emphasize points are made in the narrative.

## Hearing is Not Necessarily Believing

**RD:** The Saturday before our evacuation began pretty much as any other Saturday; I was busy running errands. A very early telephone conversation with my husband centered around four things: hearing the latest update of where the storm was; filling my gas tank; registering my daughter for dancing school; and feeling a degree of comfort that my mom was hospitalized and that would be a safe place for her in the event of an evacuation. Not two hours had passed when I got a phone call from my husband: Hurricane Katrina was headed toward New Orleans. Then I received a phone call from the hospital asking me to come and get my mother, who was being released from the hospital because of the storm. *[My mother was admitted to the hospital the Thursday before the evacuation because she was experiencing a rapid heartbeat; her status was most probably considered non-critical so her cardiologist decided to release her.*



Raymonda Dennis, M.A.

*I believe she would have been released from the hospital the upcoming Monday.] My first thought was: "Oh my God, here we go again." Not quite a year before, we evacuated because of Hurricane Ivan, a harrowing experience in itself.*

**RG:** I had heard about Hurricane Katrina and wondered about it, but wasn't too worried as during the summer months there are frequent news reports of hurricanes. I have had a little experience with hurricanes. In the early 1970s we experienced Hurricanes Agnes and Camille in Virginia. During my graduate studies in Atlanta a tornado occurred, and my most recent experience was in the District of Columbia a few years ago, when Hurricane Isabel left us without lights for seven days. It didn't occur to me to call to check on RD. I thought things would go okay.

**RD:** My husband picked up my mother from the hospital, and then they went to her house to pack some clothes, unplug all appliances, and turn off any lights. I thought we would be able to ride out the storm just like we did with Tropical Storm Cindy a few weeks before—but not this time. The evacuation was voluntary, yet strongly encouraged. As we prepared to evacuate, we watched the news as the experts tracked the storm and listened to reports that this was the "big one" experts had been talking about for so long. My husband began to board up all of our windows and glass doors, secure objects, and place other objects in the shed. The prescriptions that my mom was given when she left the hospital needed to be filled, and some other personal items needed to be purchased as well. So as I tended to these tasks my husband reminded me: "This is an evacuation, not a vacation," which was my directive to take only the things we needed for a couple of days or until the storm had passed, and that's exactly what we did.

**RG:** I recently heard Mayor Nagin say that the mandated evacuations were not ordered until Sunday morning, the day before the storm. I think the public were confused about when the evacuation was ordered and whether people had enough time to react.

**RD:** We left early Sunday morning for Baton Rouge, Louisiana. As we packed the

car with all the things we thought we would need for the next few days, the last item I placed in the trunk of the car was my briefcase, which had the statistics book and notes for the course I was taking. I thought I could do some studying for my class on Thursday. We pulled the cars left behind into the driveway. This time I didn't say "goodbye" to my house, as I had done before. *[Before, in previous evacuations I said goodbye to my house and when I returned, all was intact; this time I did not say goodbye and we suffered a terrific loss.]* We made one last stop before leaving the city to pick up my mother's prescriptions. They were not ready, as had been promised the day before; we remained hopeful that she would be okay for the trip ahead. The ride to Baton Rouge was a long one, lasting nearly six hours; ordinarily it would take one hour and fifteen minutes. One of the main roads in Baton Rouge was Airline Highway, the street that would take us to our son's house. Because that road was blocked, we decided to stop and eat. This was the first time we had gotten out of the car, stretched, and were able to truly breathe for the first time since we left New Orleans.

#### **Displacement or Finding a Home?**

**RD:** We evacuated to my son's apartment, a relatively small one-bedroom apartment in Baton Rouge. And while we were glad to have someplace to go, the apartment was crowded. Now, there were six other people staying with my son; we slept on sofa cushions, air mattresses, fold-out sofa sleepers, and one twin bed (assigned to my mother). Our first few hours were spent without electricity. We tried to manage without power and air; we even had to prepare our meal for that day on the grill. Later that evening, we regained power and spent the rest of that day listening to the news as the storm was tracked. The wait began.

#### **The Actual Event**

**RD:** During the early hours the storm hit our area with high-velocity winds and rain. Seemingly we missed getting the worst of it, as the hurricane was reclassified as a Category 3. Then everything changed! The levees broke

and the water gushed into the city. Three levees were breached: the levee at the 17<sup>th</sup> street canal, the levee at Haynes Boulevard (near our home), and the levee at the London Street Canal. Water gushed into the city in a tsunami-like manner from three different points. And then there was the Mississippi River Gulf Outlet, a waterway that dumped so much water in St. Bernard Parish that nearly every home, business, and school was destroyed. Yet most of the focus was on the devastation in Ward Nine. This waterway also dumped water into a section of Orleans Parish where those homes got as much as ten feet of water and were washed off of their foundations. The entire city was not impacted by the flooding; only those areas that were not considered to be on higher ground and those areas that were in the "saucer" authorities had often spoke about. These areas were most likely to flood, and my home was in one of those areas. Not since Hurricane Betsy had the city been so immobilized, but now the damage wasn't just in one section of town; it was the whole town. Water levels varied from several inches to eight feet, but regardless of the amount of water, the majority of those homes, businesses, and schools were severely damaged.

For the next two weeks we stayed glued to our television and to our computer to find out what was going on in the city. We saw the standing water, house rooftops seemingly floating in water, people standing on rooftops, some with children, some with babies and some with elderly; then we saw the people who were wading in the water trying to find safe ground. They were walking, they were on air mattresses, and most had children. Some even had elderly who were sick or disabled, and they kept coming. I had never seen anything like this before in my entire life.

**RG:** At this point America was seeing what was happening in the gulf area and particularly New Orleans. It was an amazing phenomenon, and my family and I stared at the television in disbelief. For a social worker, seeing poverty was not a surprise, but seeing the vast number of poor and disabled, primarily Black people, on roofs, at the convention center, on the side of roads was incredible. I thought about RD and told my family I believed she

went to her son's place in Baton Rouge (I then began to get confused). We had talked a few weeks earlier and she told me her son had moved to Baton Rouge to work as a store manager, but I couldn't remember the name of the store. My sister called and asked about RD. I told her I hadn't heard but I called her phone just in case. I then attempted to look up a phone number for her son and could not find one, nor could I find him after calling some of the major retailers in the area. I found a link on the Internet and left messages there for her and her son. No word. I continued to search the Web. This went on for a while and then early one morning I opened my e-mail at work and there was a message from her. I was so excited I e-mailed her right away with the subject line "Hallelujah!" I also called her cell phone. I was relieved to learn of her and her family's safety. RD sounded exasperated and doubtful about what was going to happen and when they could return to New Orleans. Immediately I wanted to help and asked if they needed money. She said they were fine. I was relieved to hear she was fine physically although she said the stress was a bit much.

Around the same time we began dialogue at school and with friends about the events and the issue of poverty and its attendant ills. I, along with several members of the faculty, joined a committee to plan a teach-in about African Americans and disasters as it related to the school's philosophy.

**RD:** Every day we waited and watched from a distance what was going on in our city. The water was still standing, people were still being rescued from rooftops by helicopters, and reluctant residents were still being almost forcibly evacuated from their homes. We watched in awe from sun up to sun down the city being emptied; the folks who were last to leave were gathered in the Superdome and bused to a point on Interstate 10 where they were then taken to designated evacuation points. New Orleans was dead. Nearly 95% of the population had been evacuated. *[Could we return?]*

### The Devastation

**RD:** Our next concern was to see how our house weathered the storm. Aerial pictures



of neighborhoods taken daily showed how high the water was in areas and the damage the water caused. We were relieved when we determined our house was intact. It did not shift, our shed did not shift, no trees had fallen on our house, and the only thing we could determine was that some shingles were missing from the roof. Other family members did not fare so well: my husband's aunt's house in the Lower Ninth Ward shifted from her street to the corner, and my mother-in-law's house, which was considered to be on higher ground, had 8 feet of water and the inside was literally turned upside down *[not only our problems but family problems]*. It was two weeks before the water was finally drained from certain areas of the city, and my house was located in one of those areas. The standing water in my house contributed to the damage it sustained. When all was cleared and we were able to see the streets, we felt good that our house was still seemingly okay.

#### Helping Out in New Orleans

**RD:** My husband had to return to work (he works for the phone company). The rest of my immediate family remained in Baton Rouge because New Orleans had not reopened for residents to return. The television became our link to what was going on. We had to begin reclaiming our lives, which included applying for disaster assistance from our insurance company, FEMA, the Red Cross, and other agencies that were lending aid. We also began contacting our creditors. At that point, the only thing we knew about the status of our financial affairs was that they had come to a screeching halt. All the creditors we contacted were sympathetic and understanding and for the next three months there was a moratorium on our bill payments.

#### Seeing Our House for the First Time after the Hurricane

**RD:** One of the first things my husband did when he returned to the city was check on our house. By this time, the National Guard had begun to patrol the city. The police force were exhausted and stretched by the constant demand for their services, and looting of houses had begun by those who had either remained

in the city or were beginning to sneak back into the city and further victimize folks.

The aerial view on the Internet was not enough for us; we needed to see for ourselves just what condition our house was in after Hurricane Katrina. When my husband was able to get to our area, three things happened: he did not go there alone, he was stopped and questioned by the National Guard, and he took pictures. From the outside our house seemed fine except for the markings on our garage door (made by the National Guard when they did area checks of all the residences in New Orleans for people and animals) and the busted door frame *[I suppose to make their entry and search easier]*. But once inside the house, there was the true damage. Since the water was in the house for nearly two weeks, everything was still wet; the water lines on the wall let us know how high the water rose. The mold was creeping its way up to the ceiling. The heating vent on our roof was blown off, causing a big hole in our roof where the water just poured in. The pressure was seemingly so strong and continuous it created a big hole in the den ceiling and we could see the sky. Every room was touched, either from the dampness, the mold, or the force of the water, which caused some pieces of furniture to topple over. *[Everything was ruined and lost.]* We also lost two vehicles; as a matter of fact, water was still standing in them and then there was that smell—one I will never forget.

In the midst of all of this all I could think of was the jewelry and the perfume that I left and since they were high on my dresser, I thought they would still be okay. I had my husband go back and get my jewelry, my watches, and my fragrances. *[Continued to grasp for some level of normalcy]*. We were fortunate the looters had not gotten to those items that were valuable to us *[What were they looking for and who might have been involved? These individuals were just thieves who, for whatever reason, did not leave the city; officials had later suggested that these were drug addicts who were without money and had not had a "fix" in some time and the looting provided them with a method of payment for that "fix."]*

The pictures brought forth the harsh reality of the damage we sustained from the storm. I kept looking at the pictures over and over. *[First stage of the grieving process shock and disbelief]*

It would be another month before the area was deemed environmentally safe and we could return to the city and work in our home. There was no electricity, no running water, and no sign of any life. When I first returned to New Orleans, after the storms, all I could say was "Oh My God!" It was so heartbreaking to see what happened to neighborhoods in such a brief time. I was speechless, heartbroken, and completely bewildered.

### Cleaning Up

**RD:** Before we could enter the house, we had to suit up with masks, shoes that could be thrown away, gloves, caps for our heads, safety glasses, and white disposable jumpsuits. When I entered, all I could do was shake my head. I walked through every room not knowing what I would see; the carpet was still wet, and a slushy mud-like "muck" was in the garage. Most of my books were lost, our clothes in the dresser drawers were wet and smelly, the closets were wet, and all our shoes and purses were lost. And believe it or not in the midst of all of this, someone had stolen one of our television sets. My first response was that they should pay a price for this, and all I could wish was "I hope they catch some kind of fungus or some incurable disease." *[I was not angry, just a true declaration of how I felt then and still feel; the looting was a loathsome act.]*

Prior to our seeing the house, my husband was able to retrieve some of our hanging clothes (before the mold got to them), and although we had to sort through them and discard those that were damaged or had the smell of "muck," we were able to salvage most of them. The clothes in the dresser drawers, where the water and dampness had gotten, were all destroyed and had to be replaced. While we were staying in Baton Rouge, we began to replace some of the basic clothing we lost.

### Moving On

**RD:** It took a while to process all of this but as we struggled to cope we also realized that forward movement was needed. First, we had to accept that the life we had known before the storm no longer existed and that we must begin the rebuilding and recapturing of our lives. And so we did, by first making a plan. Everything inside needed to be taken out so we began the arduous task of cleaning out the house. The feeling was indescribable, watching the mound of all our belongings grow—furniture, appliances, books, clothes, shoes—everything just got swept away. We were able to retrieve some electronics, books, and even some of my lecture notes and old diskettes that were not ruined.

The next step was having the house gutted. Since the mold stains were high on the walls, they had to be torn down. I was able to save some of my dishes and some wedding gifts, but at some point the effort became futile and I just realized that there was no reason to hold on to those items that had meaning but were exposed for months to elements that could be environmentally unsafe. The bottom kitchen cabinets still had standing water, and that's when I realized it was time to let it all go. I left my house that day and didn't return for several weeks. When I saw it again, it had been gutted and all that was left standing was the structure; inside, only the studs remained. We had the studs treated to kill any remaining mold, raised the windows, and closed the door. This was in October 2005. *[Our date to move back into our house was October 2006—exactly one year after we gutted the house.]*

### Family Life

**RD:** My daughters and I had been commuting to New Orleans from Baton Rouge all of this time, except for a brief stay with my sister. At this point, the plan was to come back to New Orleans, live with my sister, and try to find someplace to stay. But, it didn't quite work out that way. It was very difficult living in a house with my sister and my mother who were having difficulty getting along *[and seemed to argue all the time]*, as the two men (my husband and brother-in-law) in the house tried to be the peacekeepers. All of this growing

stress and the change in living arrangements were having a negative impact on my daughters, so we moved back to Baton Rouge with my son.

My husband was working seven days a week with every other weekend off, so he stayed in New Orleans (at my sister's house) and visited us in Baton Rouge as often as he could. There were fewer people staying at my son's apartment, and while it was more peaceful, it was still cramped. For nearly four months we slept on air mattresses and alternated in sleeping in the twin bed. In the midst of all of this, we were house hunting, and that was extremely difficult. Seemingly every other day we were coming to New Orleans to follow up on a possible lead. Suddenly, rental property had become a valuable commodity in New Orleans, and rent was becoming ridiculously high.

Finally, we found someplace to stay and we moved back to New Orleans on Thanksgiving Day 2005. The good news is that we were all together, but I had the strangest feeling being back in New Orleans. It had become a ghost town with police patrolling the areas and National Guard soldiers with guns on corners and posted at federal facilities. The streets were dark and deserted. *[The city was under martial law.]*

#### City Life after Katrina

**RD:** Not many businesses were open. A very few restaurants opened for limited hours, a few days a week, offering limited menus. Few grocery stores and gas stations were open, but no shopping centers were open. A few large department stores like Target, Sears, Wal-Mart, and some appliance stores were open. The streets were so dark and all I could remember saying was it felt like I was in the "Twilight Zone." There were no traffic lights, no street lights, and no house lights because the few people were living in the city. There was scant mail delivery in the New Orleans area since the main post office was badly damaged and mail was still being processed through Baton Rouge. We received no magazines, no publications of any sort, and no first-class mail. We received mail about once

or twice a week, but there was parcel post delivery, so we were able to receive packages.

**RG:** I sent a Christmas card, but it was several weeks before RD received it. I was worried because I believed that they would not get the card. After several weeks she received the mail but it was damaged.

**RD:** Throughout this entire ordeal, we considered ourselves to be among the very fortunate. Our jobs remained intact, and we were able to continue receiving an income, unlike most homeowners and residents who had lost not only their homes but also their jobs, income, and health-care benefits. We had someplace to stay, and we did not experience the "nightmares" in dealing with our insurance companies. They were accommodating and patient and settled. Our insurance company responded quickly to the needs of the hurricane victims employed by the phone company by setting up a "tent city" in Baton Rouge that provided food, clothing, shelter, financial assistance, uniforms, toiletries, shots (tetanus and diphtheria), and on-site representatives from FEMA and Red Cross for several weeks. This group was unbelievable in how they so rapidly responded to this crisis. *[Some things did work well.]*

#### Efforts to Rebuild the City

**RD:** But the waiting process continues. Mayor Nagin established a task force to design a process of bringing people home and rebuilding communities. This task force was composed of people from the business, education, and religious communities. The recommendations from the task force's report were not embraced well and were criticized as being racist and classist as they discounted a large segment of the African-American, middle- to upper-class families who resided in New Orleans east (my area) and recommended these areas be the last to redevelop because of the damage. To date, the mayor's office has not responded to this effort, and a new task force has been formed with seemingly more input from the community. However, this effort is not yet complete.

The state of Louisiana had also developed a "bring back Louisiana" plan to assist those

homeowners who were uninsured or underinsured to receive federal grants to assist in the repair, relocation, or replacement of their homes. This program received full federal funding, and there is a formula and application process involved based on insurance monies received, FEMA monies received, and appraised value of home pre-Katrina. A subsequent screening process is involved.

And of course there was the wait to hear from FEMA regarding revised flood guidelines. This affected many people's decision as to whether to rebuild based on the new building requirements. This wait had all homeowners on pins and needles. Questions were raised: Will I have to elevate my house? Will I have to demolish it because of the new guidelines?

#### **Making a Personal Decision**

**RD:** As many other homeowners, we were undecided about what to do regarding our home. Should we try to purchase another home in a safer (from floods) area of town or should we repair or rebuild and take our chances? We then decided that we were too old to start the process of buying another house and that housing is just too expensive especially now. In July 2006, we decided to repair our house. Now that process is underway, we remain hopeful that our city or neighborhood will not experience another catastrophic storm and that the new levee system will protect the citizens of New Orleans.

#### **Helping at a Distance**

**RG:** I called and e-mailed my friend to keep up to date with her. Sometimes she sounded emotional about the displacement, the frustration of getting their lives back together. Yet she showed resilience. Each time I heard from her something had been done although I know she could have become impatient or depressed, or given up hope. Her spirituality seemed to help her. I prayed as well. Both RD and her husband kept their jobs, and her children were able to get back into school. This was a blessing as well. Yet I sensed a very deep loss to her family, as the New Orleans that RD knew was far from recovering and she described the scene as being gray.  
*[Dismal]*

#### **Helping in Real Time**

**RG:** Meanwhile, my church launched leadership efforts with its members and the downtown community. They raised huge sums of money. I donated the special items and the monetary contribution they asked for. They were able to transport one airplane and one tractor trailer full of items. These efforts made us proud at the church.

Meanwhile as a member of our Public Relations Commission at my church, I was asked to chair and plan an event on poverty. We decided to title the forum "Poverty: Invisible in Plain View." On the brochure we had a picture of a homeless person sleeping on a bench in front of the White House. We reached out to get a notable panel to talk to the church and general public about this problem: included Congressman Elijah Cummings of Baltimore; and Dr. Ronald Walters, University of Maryland Professor and noted political commentator. We were able to get a media person from *The Washington Post* to facilitate the panel discussion. The two other members were social service providers whose population was the poor. This panel went well, and we saw this as a contribution to the community.

#### **Dealing with the Big Picture**

**RG:** Meanwhile our university held a number of events, including the acceptance of college students from the Gulf area. Specifically, my school planned a full-day mandatory teach-in for our students, field instructors, and faculty. More than 300 attended. We had a full day of workshops and speeches that addressed the planning for disaster, media response, mental health needs, and poverty, especially as they impact African-Americans. This event was supported by a small grant from the Annie E. Casey Foundation. An article was written and published in our local chapter of National Association of Social Workers newsletter to share this experience at our school.

As I planned events for our agencies that provide internships to our students, we also planned our mid-year event to address the aftermath of Katrina. We were able to have the Red Cross train 60 people in the Level 1

disaster response; we had a workshop on missing and exploited children; primary trauma and secondary trauma; as well as a workshop on viewing the events from a cultural perspective and dealing with poverty. There was a brief session on packing a "to-go bag."

### **The Future of New Orleans: Acceptance or Advocacy?**

**RD:** There is a final note to all of this. Hurricane Katrina will be a part of "us" for the rest of our lives. She has caused us to be reflective, forgiving, hopeful, curious, cautious, more observant, more tolerant, more patient, and a bit philosophical. We have all come to realize that we don't have control over much and we have to take each day as it comes. We have also come to realize that while there are efforts to rebuild New Orleans, it won't be the New Orleans that we once called home. The demographics have changed. The city no longer has a majority Black population. The public school system is being overhauled, and schools have become charter, have been taken over by the state, or are being operated by higher education institutions; to date there are only about seven schools that are actually operated by the Orleans Parish School Board.

The economics of the city are changing as well. Real estate is becoming increasingly expensive as housing developments are being torn down with the plan to build mixed-income housing. Neighborhoods are being reconstituted, and renters are being forced to move out because of rent increases. One event that seemingly may have a positive outcome is that businesses are hiring more African-Americans than they had in the past. There is finally the realization that many of the city's residents who have not returned are the service workers, our working poor, who earn minimum wage and are the backbone of the hotel and restaurant industry. In an effort to reestablish businesses, wages in these areas have increased tremendously with bonuses and other incentives awarded to full-time workers.

Remnants of Katrina and Rita still beleaguer the city. Progress is being made but at a very slow pace. Vast neighborhoods still have not begun the clean-up process, and some neighborhoods will probably never return to

the way they were. Infrastructure problems proliferate. There are holes in the streets, power outages, and a power company that wants to increase its rates. The city is so financially strapped that one has to wonder if there is any way to recover.

Schools are not reopening with any speed for our high school students. There were only seven scheduled to reopen for the school term 2006-2007, and the majority of them are either magnet or charter schools. Colleges and universities are dealing with enrollment concerns so much so that their staffs have been reduced and programs have been temporarily shut down or closed down completely. The emphasis is placed, for whatever reason, on workforce development.

The city lost its general hospital to the storm and now has to rely on a MASH unit set up at a former department store with more serious conditions being sent either to local area hospitals (only two in New Orleans and five in the greater New Orleans area) or to a medical center set up about seven miles away from the city.

There is much violence in New Orleans. Many of the residents who are now returning are part of the city's poor. They are returning to old neighborhoods and with much anger, much desperation, and many of the same old habits. Murder rates continue to affect our teenagers, who are being killed and who haven't had a chance to realize life. Most of this criminal activity is blamed on drugs. The police are so overwhelmed and understaffed that the National Guard has returned and the State Police are now assisting local authorities with daily matters.

### **Summation of the Lived Experience of a Katrina Survivor**

**RD:** As we try to reclaim our sense of home, there are constant reminders of the impact of Mother Nature. Katrina will always be with us; we will see her in the streets that still need repair, the businesses that have yet to reopen, the schools that have been so badly damaged and remain closed, the homes with all their sentimental value that are forever lost, the hospitals that are overcrowded and understaffed, the churches that offer limited

spiritual help, and the playgrounds that have become FEMA trailer parks. But with all of this, we nonetheless remain hopeful and prayerful that all will soon be all right.

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FEMA trailers in front of shotgun houses, 20 months later.



Middle class New Orleans rebuilding.



Upper class New Orleans rebuilding.

# LOSS AND RECOVERY AFTER HURRICANE KATRINA

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*The summer evening that the author and his wife evacuated from New Orleans was the last day of a beautiful dream. They had lived a wonderful life together in this unique and amazing city. On the morning that Hurricane Katrina slammed into the Gulf Coast, a horrific nightmare began. Within a few weeks after their evacuation, alone in Florida and unable to locate or contact friends from New Orleans, the author's wife, Lori, was diagnosed with terminal cancer. Throughout the ordeal, ensuring adequate care for Lori was very difficult. Two months after her diagnosis, she died in New Orleans. It was support from family and friends that helped him care for Lori and find a vision for his future, a mission to help vulnerable people. After a disaster, survivors need assistance to rebuild social support and a meaningful worldview. Social work must provide leadership in ensuring social justice and recovery after disasters.*

The evening in New Orleans was as beautiful as it had ever been. The sky was clear and the sun bathed the oaks in a roseate light. The Victorian homes along the avenue seemed as picturesque as ever. But it was our last day in the New Orleans my wife and I had grown to love. We had prepared our home for hurricane conditions, we had loaded one car with our most precious and needed possessions, and now we were passing St. Charles Avenue on our way out of the city and out of south Louisiana.

For us it was the last day of a beautiful dream we shared as a couple during our years in New Orleans. Lori and I had been married for a little over a year, and we loved each other dearly. We were living in a small house I had bought in the Uptown area, and we enjoyed our neighborhood. We had frequently taken advantage of the great restaurants and live jazz in the city, and had followed the local culture such as the Mardi Gras Indians. Lori particularly liked Mardi Gras and other events during a holiday season that seemed to begin on Halloween of each year. New Orleans was indeed a unique city, with vibrant traditions passed down through generations. These traditions had given meaning and hope to the lives of people who often had little access to material wealth (Smith, 1994).

## **Evacuation and Deluge**

As a social work educator specializing in research on disasters, I knew that 90% of all evacuations do not lead to a worst-case

scenario. Most evacuations end after a few days, and residents are allowed to return to their homes. This was the case with all of the evacuations in New Orleans since Hurricane Andrew in 1992. I had known about the potential destruction to physical and social infrastructure which long-term flooding could cause in urban areas. I believed that this current evacuation for the approaching Hurricane Katrina would end the same way as the others. Even for a disaster researcher and educator, I always find it hard to believe or even to imagine the worst. But on Monday, August 29, 2005, thirty-six hours after we evacuated, Katrina slammed into the Gulf Coast and began to flood New Orleans. On that day, a dream ended and a horrific nightmare began.

Lori and I arrived in Clarksdale on the morning of Sunday, August 28, 2006. We had driven all night and now were exhausted. When a local citizen began chatting with us and told us that the winds of Hurricane Katrina were now up to 175 miles per hour, I began to fear the worst. I knew that the destructive power of the wind was equal to the square of its maximum wind speed. This made the hurricane at its maximum wind speed almost 50 times more destructive than 25 miles per hour wind. In New Orleans, even a thunderstorm with 25 miles per hour winds and wind gusts up to 40 miles per hour could knock out electrical power. We followed the news about Katrina, and CNN soon broadcast scenes of destruction. The flood walls around the drainage canals leading to Lake

Pontchartrain had collapsed and most of the city flooded. The agony at the Superdome and Convention Center, filled with tens of thousands of people who did not get out in time, was shocking. An armada of buses had been available to evacuate the stranded, and even Amtrak offered to help get people out of harm's way. Outside offers of help were ignored by the city, and the school buses ended up ruined because they were not used and were themselves inundated during Katrina. Communication was very difficult during the immediate post-impact period because no integrated communication system was available. A total of several million dollars in funding had been allocated by the federal government to help to plan for evacuation and to set up a state-of-the-art communications system in New Orleans. The allocation for evacuation planning ended up being directed to an unrelated purpose, and the communication system was only in its planning stages.

At first we were both angry when viewing the chaos, and our anger grew as days went by and no large-scale rescue attempt was made. Scenes from familiar neighborhoods revealed massive flooding and bodies floating in the street. Numerous authors and researchers, including me, had predicted such a catastrophe in realistic detail (van Heerden & Bryan, 2006). I felt sadness that we had been largely ignored, and the "Big One" caught the city unprepared. Preparedness from local to federal levels was clearly inadequate, and beginning on Tuesday, September 30, the city sank into chaos.

The same populations that I had shown in my research to be most vulnerable, such as the elderly, poor, and people of color, were clearly suffering tremendously and perishing in large numbers (Zakour & Harrell, 2003). Many evacuated people could no longer access the medical treatment needed to save their lives. Many others, stranded in local hospitals, could not be sustained and died of exposure to extreme heat and dehydration. The lack of a coordinated evacuation effort for the elderly in nursing homes or other institutions led to the deaths of perhaps hundreds of

individuals in the New Orleans metropolitan area.

When we realized that we could not return to New Orleans anytime soon, my wife and I drove for 24 hours to a Florida town where I knew I could rent an apartment. We arrived there on the first Saturday after the Hurricane had made landfall. Lori, concerned about my health, told me I needed to get some rest or I might get sick. In her job as a social worker helping low-income families, Lori seemed never to become ill or even catch a cold, and she had never taken a sick day. She was a dynamo of energy, one of the liveliest people I ever knew.

### **Losing Everything**

After less than one week in our temporary home in Florida, Lori experienced severe heartburn. After taking antacids a doctor had prescribed only three days earlier, on Sunday morning she was in tremendous pain. We drove to a critical care facility by 8 a.m., and Lori was transferred to a local hospital for a CAT scan. At around 11 p.m. on Sunday, the attending emergency room physician told us that she had a mass in her abdomen which could be cancer. Although we both held on to the hope that this might be a benign mass, I was extremely alarmed and saddened. After successfully evacuating from Katrina, we were largely alone in Florida facing potential catastrophe.

Over the next four days in the hospital, I discovered that physicians on Lori's treatment team made rounds on an unpredictable basis between 8 a.m. and 10 p.m. I stayed in the hospital for over fourteen hours each day, trying to help my wife and to obtain diagnostic information from the doctors. The care at the hospital was not particularly good, especially pain management. My wife had to endure unbearable pain for hours until the attending physician could be contacted and a prescription sent from the hospital pharmacy. The hospital stay was chaotic, with each physician saying something different about the diagnosis. The team of generalist and specialist physicians, as well as the nurses, did not seem to be communicating with each other. Physicians rapidly performed their rounds so that they



could return to their independent practices outside the hospital as soon as possible. Lori was unable to get out of bed most days and was heavily medicated to control pain. My primary goals were to corner physicians to obtain information and to urge the nurses to adjust the pain medication when Lori's pain became unbearable.

We were able to watch CNN at the hospital, and saw the graphic pictures of chaos and the breakdown of social order, as tens of thousands of people stranded in the city scrambled to survive and be rescued. There were reports of massive looting and even sniping at police and hospital personnel as they tried to evacuate patients. Though there were few reports in the disaster literature of looting after disasters (Mileti et al, 1999), it was clear that New Orleans could be a major exception to this generalization. I began to think that the lack of social capital in Louisiana had long caused social cleavages in New Orleans, and perhaps looting after a disaster had resulted from this alienation (Putnam, 2000).

Lori was discharged from the hospital after four days. She had been told that surgery would be necessary to make a definitive diagnosis. We were able to schedule surgery for Thursday, October 13, in Florida. Calls to our hospital in New Orleans confirmed that they did not have the capacity for surgery. Both of us tried to remain optimistic. However, waiting in Florida, far away from family, meant complete isolation from face-to-face social support. Our families lived anywhere from the midwest to the mountain west. Phone lines were often jammed, and even cell phones with the 504 area code were usually inoperable. Also, we did not want to alarm family about Lori's condition until we had a definite diagnosis. We were unable to reach any of our friends, co-workers, or neighbors for months after the Hurricane. Lori was suffering a great deal of pain and was often on heavy doses of pain medication. Though I had studied the phenomenon of the breakdown of social support after a regional disaster, the personal experience of this isolation was more terrifying than I had imagined.

We were unable to locate and communicate with anyone from New Orleans

for over a month after Lori was initially hospitalized. My wife was remarkably courageous the entire time, but I felt as if I was lost and had lost control over many difficult events. Our health insurance companies offered us very little guidance, when they could be reached at all. This aloneness must have been similar to that of the families broken up after buses took evacuees to many different states in the U.S. Our situation was similar to the many individuals fighting cancer whose treatments were indefinitely interrupted after Katrina. These patients couldn't even find their physicians, and many physicians' patient records were destroyed by flooding.

On October 13, my wife was scheduled to have surgery. The surgeon was a person with an excellent reputation. I sat in the family waiting area while the surgery took place, and I waited for several hours. The anxiety was the worst I had ever experienced. When it was over, the surgery team met with me in a conference room, and I was told Lori had advanced cancer. When I was told the cancer was in stage four (the most advanced stage), I asked how long she had to live. A surgeon who had assisted in the operation somberly stated that she could live only a few years at most, and that there was no cure. Despite the crushing news, I walked to the parking garage where cell phone reception was adequate and made the painful calls to family members.

### Evacuating Again

During her hospitalization from the surgery, two of Lori's sisters were able to visit us in the hospital. They were optimistic that she would fully recover and were a comfort to Lori. Both had to return to their jobs in other parts of the country before Lori's discharge. Lori was discharged on Sunday, October 17, and we were given instructions about contacting an oncologist in our local area in Florida. However, within a week after her discharge, she began to feel increasing pain. We had planned to evacuate for Hurricane Wilma, which was predicted to cause hurricane conditions at our temporary residence. The day of the planned evacuation, however, Lori was in unbearable pain. I again

took Lori to the emergency room, and she was admitted to the hospital. Despite her condition and the approach of the hurricane, I was not allowed to stay in the hospital with Lori overnight. I was forced to find a room in a nearby hotel. The area that our apartment was in was predicted to flood, so I moved our most critical belongings to the hotel room, evacuating for the second time in two months.

During this hospital stay, it became clear that the aggressive cancer was rapidly spreading, and the prognosis was grim. After the threat of Wilma passed, I returned to the apartment to find no flooding. Lori was discharged after about five days. I was feeling deeply depressed about the prognosis, but I tried to remain as optimistic as possible. I called several friends in New Orleans—and miraculously two were at home—and we talked about Lori's illness. It was unbelievable to all of us that such a healthy and active person like Lori could become ill so suddenly. My friends encouraged me to distract myself from the fear of losing Lori by helping manage her medical, financial, and domestic situation, and this helped me tremendously. Sarah, a very supportive friend in New Orleans, had worked as a hospital social worker dealing with end-of-life issues. She helped keep my hopefulness alive so that I could effectively help Lori.

Lori experienced increasing pain after she was released after Hurricane Wilma hit south Florida. She was admitted to the local Florida hospital again in early November. In the emergency room, the physicians were only able to retrieve fragments of her record. She was given a room, but everyone was confused about what surgery she had had in mid-October. No one had the chart information needed to diagnose or treat Lori. Several days later Lori markedly improved, and I left the hospital to run some errands. When I was gone, she was inadvertently sent for surgery. When I returned, I had to track Lori down and inform the surgery staff that she did not need an additional surgery given her improving condition. I knew how horrible this must have been for my wife, to suddenly be taken for surgery, to wait, and then after several hours to be taken back to her room. This and other mistakes and miscommunications convinced

me that we needed to be in New Orleans in a hospital we trusted.

### Returning to Home and New Orleans

I had been told by my friend Sarah in New Orleans that an excellent local hospital with a cancer center had just returned to 80% capacity. Within a few days, I asked the attending physician to transfer Lori to this hospital in New Orleans. A primary barrier to this transfer was that there were no rooms currently available in the New Orleans hospital. Sarah and her husband, a physician at this New Orleans hospital, helped me in my effort to transfer. The local Florida hospital, however, said that the transfer would take days, and I informed them that the hospital in New Orleans would only hold any room that became available for 24 hours. Yet the work on the transfer seemed to move at a snail's pace (with an apparent lack of concern by hospital staff).

I began to call my wife's health insurance company to see if they could provide guidance for us in this desperate situation. The automated phone system for this company prevented talking to a live person, but I somehow defeated the system and was connected to a service representative. This person was extremely rude and unconcerned. He told me that the New Orleans hospital was not a provider and that care at this hospital would not be covered by Lori's insurance. He also stated that there would be no reimbursement for the medical flight to New Orleans. With repeated calls to the insurance company and the hospitals in New Orleans, I soon found out that the statements of this service representative were false. Several physicians had informed me that this particular insurance company had often attempted to delay life-saving procedures. I was soon to find that, although this insurance company pledged that all of our hospitalization expenses in Florida would be fully covered because of the emergency declaration for Katrina, there were tens of thousands of dollars of my wife's medical expenses that the insurance company refused to cover.

One night, about a week after the transfer was initiated, Lori called me at 10 p.m. and said a case work supervisor had told her a

bed just opened up in the New Orleans hospital. The next morning I rushed to the hospital where my wife was hospitalized to meet with the case managers. They reported that they had no record of an open bed. I was stunned and angry that my wife, on heavy and disorienting pain medication, was the only person told about the open bed. After my persistent urging, they searched for about 30 minutes and found the record, buried in their computer, of the available New Orleans hospital bed. I began to work to arrange for a medical flight to New Orleans and helped arrange for reimbursement for this expensive flight through several insurance sources. Twelve hours after I had arrived at the hospital that day, Lori was finally in the ambulance to take her to the airport, where she would be flown to New Orleans with her life-support systems, a nurse, and an emergency medical technician. Despite five tubes which she needed for survival and pain control, Lori had said she wanted to go to our apartment and help me pack for the return trip to New Orleans. The doctors and I had to convince her that this was not possible.

I packed up our evacuation possessions and drove to New Orleans, using mostly I-10. The devastation near the Mississippi Gulf Coast was incredible. The trees were denuded or knocked down. Signs were twisted, and the main bridge to New Orleans was badly damaged. The beautiful places that Lori and I had loved to visit along the coast had been demolished by the highest storm surge on record, over 25 feet. Consistent with impressions which disaster survivors frequently reported, it seemed like the end of the world (Gist & Lubin, 1989; Wallace, 1956).

The drive into New Orleans was equally disturbing. Most of the buildings were badly damaged, and most homes and apartments were unlivable. I arrived at my home after passing mile after mile of devastation. I was met by Sarah who, along with her husband, Keith, had been helping Lori to return to the hospital in New Orleans. My nephew, the son of Lori's sister, had driven down from Minnesota with Lori's father and sister. They met me in Lori's hospital room where Lori seemed to be getting somewhat stronger. While I was at the hospital, our visitors were

able to remove our destroyed and mold-filled refrigerator, which had been a wedding gift from my parents. The removal of the refrigerator paved the way for a cleanup of the house so that Lori could stay at our home if she was released. A widow from Sarah's church, on a fixed income, had donated a small refrigerator and some money to us. This small refrigerator allowed us to keep the liquid nutrition cool so that I could manage intravenous feeding if Lori could stay at home.

The visit from these three relatives was followed by Lori's brother and other sister. Lori was released the day before Thanksgiving. I quickly learned to manage the intravenous feeding process for Lori. Without this source of nourishment she would become dangerously weak. The rapid growth of cancer meant that it was stealing nourishment as it spread and grew. The illness at times made it impossible for Lori to eat. I was gratified that I was able to help manage Lori's care so that she could be at home for Thanksgiving. Lori and I had longed for a return to our home. Our families and friends did everything they could to help this happen. Sadly, Lori's stay was short. Because of increasing pain and an inability to eat any solids, Lori returned to the hospital on the Sunday after Thanksgiving. She had to again endure the terrible placement of a tube through her nose and into her stomach to reduce pressure on her stomach. This had been a feature of each of her hospitalizations, but this time it was particularly painful. I could hardly bear to watch this very painful procedure, but she was very courageous, more courageous than I could imagine a human being to be.

After her other family members had left, her mother flew in from the northwest U.S., along with Wayne, one of Lori's best friends from childhood. The hospital staff, Lori, and I knew that it was a race against time to help Lori regain her strength faster than the cancer spread so that she could receive chemotherapy. I asked both Wayne and her mother for their help in this desperate situation. I worked out a system in which I went very early to the hospital to meet the physicians during morning rounds, and then either Lori's mother or friend would stay with her in the

afternoon while I tried to tend to household and other business.

Early in December, I ordered a new refrigerator, and it was scheduled to be delivered in one month. The post office started to deliver mail again, although I soon found out that most of it was bouncing back and forth between Florida and New Orleans. I finally straightened this out, and we began to receive more mail. Ministers from Sarah's church were visiting Lori, too, and I finally felt that her medical care was less chaotic and more coordinated. It helped that both Lori and I had friends who were physicians at the hospital. The hospital was also one in which the physicians did not have an independent practice outside of the hospital; this helped greatly with the flow of information.

Lori rallied briefly during this last hospital stay. She was able to speak and move more energetically. Through her window, we could always see the skyline of the downtown and the Superdome, both of which were the scene of so much suffering and death during Katrina. The social worker tried to get Lori moved to a room overlooking the Mississippi River, but this never happened. After Lori's mother left, Wayne and I tried to help her get out of the room and around the hospital, and we were able to do this with a wheelchair and a tank of oxygen on wheels. We took her down the elevator to the hospital lobby, lined with paintings which she enjoyed. We took her to the atrium which has a beautiful fountain and sculptures. She enjoyed the change of scenery but was terribly weak and tired, even sitting in a wheelchair.

Wayne had to leave after a few more days, and I spent many hours with Lori each day. It was a triumph for us to use several buckets of water so that she could wash her beautiful hair while sitting on the bed. I had learned that massage could reduce the pain of cancer, and I tried to do this often. I tried to always be at the hospital when Lori had any procedure done, such as a test or minor surgery to temporarily relieve her pain. These procedures were frightening, and my presence was reassuring to her.

On Monday, December 12, 2005, we were both very saddened to learn from the doctors

that Lori would never be able to eat again, and would have to rely on intravenous tubes for nourishment. This meant that anything other than palliative treatment would be impossible, and Lori seemed to lose all hope at this point. Her arms began to shake unsteadily each time she raised them to adjust her pillow or reach for something to drink. We both feared the end was near. Incredibly, she tried to protect me as much as possible from the very bad news the doctors were now giving her. She was more concerned that I would be unable to go on after she died. I knew that her pain must have been great, but on a scale of 1 to 10, Lori always reported a number under 5 to her doctors. My sister and mother flew to New Orleans to help us out. But the night after my sister arrived, I was awakened by a call telling me that Lori died that morning at 5:30 a.m. We rushed to the hospital to see Lori lying in her bed with the life-support tubes removed.

With Sarah's help, we arranged for services at Munholland United Methodist Church, and it was a beautiful memorial. Many neighbors, friends, and co-workers, along with our extended families, were able to attend the memorial and dinner afterwards. Sarah, my mother, and my sister made most of the arrangements for that day. The attendance was so wonderful, given that many people had yet to return to New Orleans. Without the emotional and material support family and friends had given so generously, I don't know if I could have succeeded in helping Lori to feel loved and cared for during her terrible illness. During Katrina and the illness, it was family and close friends who made caring for Lori possible.

#### **Battles with Insurance and Corporations**

In contrast to support from family and friends, little or no help had come from the large insurance companies or the corporations charged with disaster relief and recovery. Lori's health insurance company had offered no guidance during her terrifying and rapidly progressing illness. They had given me only misinformation about coverage and payments. I finally learned that they had misrepresented the level of payment for providers in Florida,

outside of my wife's home network. They would pay these providers at a very low level, although Lori and I were promised by insurance representatives that the cost of hospitalizations and surgery would be fully covered as if all of the providers were in network and first tier. I was angry at being lied to by her insurance carrier.

I keenly felt many secondary losses related to Lori's death. When I had to have a procedure performed at another hospital that next spring, I felt terribly lost when I could no longer list Lori's name in case of an emergency. When I was lecturing to a class about clinical social work cases, I realized that I would no longer learn from my wife's professional experience as a social worker. Lori had been my life's anchor. I felt so lost without her love, companionship, and support. With so many landmarks in ruins after Katrina, while driving my car on once-familiar routes, I sometimes could not remember where I was. Lori had been my North Star.

Soon the humiliating calls and letters began arriving from collection agencies, demanding that I pay the out-of-pocket expenses immediately. I was treated like a criminal even as I was beginning to mourn both for Lori and for New Orleans. My mortgage company had given us a grace period because of Katrina, but now their computers were mistakenly indicating that I had defaulted on the mortgage. The company had sent a letter of default and repossession of my home in New Orleans to the Florida apartment, and it took a month to be forwarded back to New Orleans. Lori also had student loans which I assumed, and the loan company said that most of this would be forgiven if I sent them a death certificate. However, death certificates were delayed for months because the main vital statistics office had been destroyed during Katrina. After a month, the student loan company said that it would obtain Lori's death certificate for me. Yet, another month passed and I received a letter that I owed the company over \$80,000 in student loans, and it said a collection agency would seize this amount if I defaulted. I was afraid that I would lose everything, including our home, my automobile, and my life savings. With the harsh new bankruptcy law that had

become effective in October of 2005, I was unsure what could happen. I spent hours on the phone each day talking to these companies and collections agencies, trying to correct all of their mistakes. Finally, close friends suggested that I use a lawyer. Bruce, the lawyer who had created a will and living will at no charge for Lori weeks before her death, put us in contact with an estate lawyer who shielded me from these collection agencies. I was unable to grieve as I fought to regain my financial footing. I became very distressed as I had to repeatedly remind numerous companies that Lori had died. During phone conversations some of the customer service representatives were sensitive, but many times the representatives were rude or even tried to joke about Lori's death.

I was very busy at this time with a higher workload at the school to help students' resume their studies, and I presented papers on the vulnerability of populations in disasters at all of social work's major conferences. I was unsure if I would be able to do this so soon after Lori's death, but found that I could still speak in front of a large audience. My mentors and colleagues in social work education have been a tremendous source of support, and I began to draw on the courage that Lori had shown, not only to "remain standing," but also to move confidently into the future.

### **A Delayed Recovery**

As the spring semester came to a close, I began to have more time to grieve for Lori and for New Orleans. I hoped that the long nightmare was coming to a close, despite the slow recovery for New Orleans. I continued to feel profound loss, and each day the local news media showed the unbelievable delays in recovery. Thousands of people had not received FEMA trailers almost a year after Katrina. Many people did not know the whereabouts of loved ones who had been separated from the rest of the family during evacuation. A year after the disaster, some families were just finding out that their loved one had died and that the body had been in a public morgue for months or a year. In hard-hit parts of the city, rebuilding had not begun a year after Katrina because many people,

particularly in low-income neighborhoods, did not have insurance that covered flooding.

Each week on the news, a story would come to the attention of reporters about the suffering of elderly people, such as one who recently had an operation for cancer but who did not yet have a trailer to recover in. Perhaps the story was about an elderly couple who were living in the demolished remains of their home waiting for a trailer, or it was about a family still living in a shed because their trailer had arrived but the keys to the trailer were still undelivered. In my own circle of friends, neighbors, and co-workers, many people had lost parents or other family members, either during the hurricane or because of the stress from post-disaster life. Almost everyone in the social work department where I teach lost a loved one, or had lost their home to Katrina. When I spoke about my experiences to friends from outside Louisiana during professional conferences, they were stunned by the extent of my losses. Yet, people living in New Orleans seemed to have lost much of what was important to them, and many were too caught up in their own losses to comprehend what had happened to their fellow citizens.

Many in New Orleans realized that they could replace their home, but they could not replace a loved one or friend. However, despite tremendous efforts to protect loved ones, they were dying at an alarming rate after Katrina. Also, for many people, it would not be possible to return home for a very long time. As of December 2006, over 80,000 households had applied for State aid to rebuild their homes. Even though this money was available from the State for most applicants, fewer than 80 households had actually received any money since the program began in August 2006. At this rate, the funds would not be completely distributed for at least a century.

When Katrina destroyed most places of employment in New Orleans, it destroyed access for most people to healthcare. Because most health insurance is based in the workplace, the large majority of New Orleans residents lost their coverage, or it was greatly reduced, because they were out-of-network during evacuation. This represents a severe problem for the seriously ill and those who are

in need of mental health services to cope with extreme loss. Many individuals suffering from severe post-traumatic stress have not had the means nor the resources to seek professional help. Several individuals in New Orleans provoked the police so that they could commit suicide through a police shooting. It is not known how many others have died through suicidal behaviors such as reckless driving or other accidents.

With no place to live in New Orleans, over half the city's population had not returned by the end of 2006. Even when residents were able to begin rebuilding in their neighborhoods, often a large percentage of their neighbors had not yet returned or decided to stay in another part of the country. Without residents, businesses are lacking in workers to return to post-Katrina levels of business activity. Without businesses fully operational, residents cannot even purchase basic necessities. Businesses are closing because they have no customer base, and even if residents could return, they have no job to come back to. It is not clear how this downward spiral can be stopped.

#### **A Meaningful Vision of the Future**

Numerous religious and media figures have commented on the greater meaning of the Katrina disaster. After the first anniversary of Katrina's impact, however, most people have stopped asking the question "Why has this happened?" More important are the questions "What are we to do now?" and "Where are we to go?" To move forward in my own life, I needed to construct a vision for a future without Lori, as well as a vision of meaningful roles for myself. Though I have been a student of disaster social work for over twenty years, I never truly understood how terrible the loss of life could be, and I had no personal frame of reference to understand tragic losses. I now have a fuller understanding of the needs of grieving people who have survived a disaster. I feel as if I am a citizen of the "nation of the wounded," in the words of Richard Rodriguez (Moyers, Rodriguez, & Houghton, 2006). The nation of the wounded is a polity for people who have lost a loved one, and it is where

those who have had a diagnosis of a life-shortening illness live.

There is a terrible sadness that comes with loss—a sadness not only from tragedy, but also from the realization that our time on earth is short. Sadness and fear come from the understanding that bad things don't just happen to other people, to those you see on the nightly news. But this sadness which never completely goes away is also part of seeing the world as it really is. No matter how well people in affluent nations are able to deny the reality of death, each of us will die, some out of season. This understanding is more realistic than the view of life as an endless celebration of material successes. Once one belongs to the nation of the wounded, one's best hope may be to grow into the role of the wounded healer.

Throughout this personal and national tragedy, I have struggled to reestablish a worldview appropriate for these new and often frightening circumstances. This process has been one of finding new meaning, and engaging in relationships and activities which are meaningful. It would seem as if all of the roles I formerly occupied have been swept away along with New Orleans as we knew it. If I had been unable to cognitively restructure my understanding of reality, I would have been left with nothing but emptiness and loss. A primary element of this post-traumatic growth has been my rededication to serving vulnerable people, whether it is the personal emergency of a cancer diagnosis, or the collective crisis of a large-scale disaster. My research, teaching, and practice in the area of vulnerable populations sustains me and gives my life new purpose. For me, the best alternative to relentless grief seems to be a purpose in life, a calling to serve others—a mission to honor Lori's courage and her service in helping distressed low-income families.

#### **Themes from Disaster Losses**

*The high point for altruism?* I had always accepted the idea that altruism was at its highest after a major disaster. The altruistic community is an important and durable concept used by disaster researchers (Barton, 1969). Supposedly, disasters bring out the best in people, as do personal catastrophes such as

a life-threatening illness. However, what I have experienced and observed after Katrina is more consistent with Dickens' opening line "It was the worst of times, it was the best of times." Crises reveal the true nature of individuals, relationships, communities, and institutions (Hoffman, 1999). Conflicts, for example, may remain hidden during non-disaster times. However, the flood waters and the wind of Hurricane Katrina swept away the pretense disguising divisions within communities. The intense poverty and deprivation of the inner city, the alienation of the old and ill, the racism which still damages the life chances of people of color, were all clearly revealed. Housing, business, and health insurance companies made record profits over the last year, even as they denied substantial numbers of claims and raised premiums by 50% or more. Because it has always been costly to coordinate medical care for seriously ill patients, the chaos which usually accompanies cancer treatment was compounded by a national disaster, and there seemed to be little advocacy for the seriously ill.

#### *Missing expertise and disasters.*

Disasters are not acts of God but acts of humanity, or perhaps the failure of humanity. The massive flooding in New Orleans was not caused only by the hurricane; it was also caused by inadequacies in the levee system around New Orleans. These inadequacies were well-known, as was the danger in the disappearance of the wetlands surrounding New Orleans. Almost as much as improving the levees, restoring wetlands could protect the region from hurricane surges. These problems have been understood and communicated by scientists and the media for many years. The inactivity after this knowledge was disseminated seemed to be a case of missing expertise in disasters (Rajan, 2002). It was also well understood that lives could have been saved if people were evacuated before a hurricane such as Katrina.

#### *Coordination of care.*

The lack of coordination of community disaster efforts and of medical care for thousands of seriously ill

people caused a descent into hell after Katrina. I knew that adequate coordination was a rarity, both in medical treatment for serious illness and for community disasters. The extent of the chaos that ensued after Katrina, and during my wife's illness, however, was unimaginable. People drowned or died from exposure because of the lack of a competent evacuation and rescue effort (van Heerden & Bryan, 2006). Even in the smaller scale settings of a hospital, treatment teams did not communicate with each other, and I was forced to act as social worker and advocate for my wife, serving as a conduit for communication between treatment team members, family, and friends.

*Delayed recovery and bureaucratic red tape.* Anthony Wallace (1956) compared disaster aid and rehabilitation to gifts flowing from an inexhaustible source, a cornucopia. Though I had always assumed from the disaster literature that aid flooded in after a natural disaster, aid to New Orleans has been very slow to arrive. After Hurricane Andrew, for example, a number of communities were rebuilt in a timely fashion and ended up with a higher level of social and economic development than before Andrew. It took nearly four days after Katrina for rescue and other disaster response efforts to begin in New Orleans, and some of the households needing a temporary trailer did not receive one until over a year after the storm. Several neighborhoods in New Orleans have just recently received safe running water. These neighborhoods have not even begun to rebuild. This is certainly not the "phoenix effect" seen in other disasters, in which a community rebounds rapidly and better than ever (Dyer, 1999). In Katrina, aid organizations were too concerned with liability issues, and the stockpile of aid resources was not adequate.

*Bereavement and the altruistic community.* The realization of the true nature of reality helps one to realize that death is an inevitable part of one's life narrative. So few people have been comfortable providing support for the many people who are grieving over losses from Katrina. Outside of family

and friends, some people upon hearing of my losses, have become highly dramatic or histrionic, as if it happened to them. Others have just wanted to grill me for all of the horrible details. Some have offered a moral or theme for my suffering, and many of these themes are the most negative and hurtful interpretations possible. The surgical team which diagnosed Lori's advanced cancer seemed completely unprepared to inform me that Lori's cancer was aggressive and incurable, and instead they attempted a light-hearted approach which was intensely hurtful. Most frequently, however, people don't know what to say, or are afraid to say anything. Societal denial of the reality of death, especially the death of younger people, does a disservice to those who have experienced the loss of a loved one (Moyers, Rodriguez, & Houghton, 2006).

*Trauma and social support.* One of the themes of my research in disasters has been about the need to reconstitute social support in a timely fashion for disaster survivors. This is done through the efforts of human service professionals, non-mental health professionals who are disaster volunteers, and, most importantly, social support networks of family, friends, neighbors, and co-workers. I have been very fortunate in this regard. Beginning during our evacuation, our families and close friends rallied around us. For many other victims, families were torn apart, either through the evacuation process, or through the need for adult members of families to relocate to where their employment was relocated. Social support is extremely important in times of crisis and emergency, but often the social infrastructure has been compromised or destroyed by the very hazard which made support so necessary.

*The disaster community.* Events in New Orleans after Katrina have reverberated around the world, showing that disaster communities are not restricted to geographic places. In smaller scale disasters, many students of disaster assumed that victims resided in the local area impacted by the hazard (Mileti et al, 1999). After 9/11 it became



clear that the circle of victims was much larger. In Hurricane Katrina, the world was able to view the terrible suffering of vulnerable people, most of them older, or very young, or low-income people of color. Because of long-term displacement of survivors, and because the extended families of survivors may have resided outside of Louisiana before Katrina, the disaster community is global. The disaster and loss of my wife have been intensely stressful for our families of origin, who reside mostly in the northern U.S.; our disaster community is a personal community of interest, rather than one of geography (Norlin & Chess, 1999).

*Loss and the search for meaning.* I have written this narrative partly in the hope that some meaning and insight may arise from the ruins of my life and the rubble of Katrina. Although I have been a student of disaster social work since I earned my M.S.W. in 1984, I never truly understood how terrible the loss of life could be, and I had no personal frame of reference to understand tragic losses. As the Buddha said at Deer Park, birth is suffering, old age is suffering, illness is suffering, death is suffering. I now have a fuller understanding of the needs of grieving people who have survived disaster or loss of a loved one. To loosely paraphrase David Jones, a British poet who wrote about the carnage of WWI, the meaning is in the humanity, and humanity is in the meaning. Each of us needs to be touched by the pain of the world, and each of us needs to be empathic and prepared to help when the inevitable tragedy occurs. Ironically, though I have been able to come to a more realistic appraisal of the world, I would give all of this wisdom back in a second, to have my wife and city back. Yet, this return is not possible, so I can only hope to use this increased realism to help alleviate present and future suffering in disasters.

*Coping through the transcendent.* In addition to the important role that social support plays in healing grief, another important way of coping with trauma is a personal identification with something much greater than yourself (Greenberg, Koole, &

Pyszczynski, 2004). For me this has meant rededicating myself to helping vulnerable people in emergencies, including disasters and life-shortening illnesses. I hope to help the vulnerable primarily through research, education, and service in disaster social work. I am lucky to have meaningful and transcendent goals to work toward.

New Orleans, with its unique cultural traditions, is at high risk for losing these traditions at a time in which they are needed to comfort the grieving. Many vibrant traditions in the region had sustained people spiritually. These included traditions of music, the Mardi Gras Indians, the social aid and pleasure clubs, and the African-American mutual aid societies. All of these traditions have given meaning and hopefulness to the lives of people who too often had little access to less expressive forms of wealth. If these and other traditions die, what will remain to provide meaning to lives which have been so damaged? What larger and transcendent traditions will remain beyond the lifespan of its participants? Along with others (e.g. Gaines, 2006), I am frankly afraid that these great traditions will not survive Katrina.

#### **Practice and Policy Implications**

Here I offer several suggestions, based on personal experience of a national tragedy and framed by years of disaster research, education, and service. First, social work leaders, as well as leaders from other human services, should be an integral part of disaster preparedness, planning, and response. Though the immediate aftermath of a disaster may show altruism at its high point, altruism can rapidly degenerate into competition among organizations for visibility, among survivors for resources, and conflict between survivors and disaster aid agencies. The social work emphasis on social justice can insure that resources such as evacuation assistance are distributed to all vulnerable populations in areas at-risk for disaster. Social workers have the expertise to understand which populations are most vulnerable to disaster, and what services each of these vulnerable populations will need to survive and, hopefully, thrive after disaster (Zakour & Harrell, 2003).

With their knowledge of vulnerable populations and communities, the participation of social work and social service leaders in disaster preparedness can improve coordination of care for the most vulnerable. These vulnerable populations include low-income and older people, people of color, and those chronically facing the challenges of severe health or mental health problems. Each of these populations will require additional help and services to survive a disaster, and these are the historical clients of the social work profession. With the conceptual expertise of social workers in providing resources for recovery of vulnerable populations, the flow of resources and needed services to the most needy populations can be facilitated (Zakour, 2000). Without the participation of social workers in the preparedness, planning, and response stages of disasters, the most vulnerable populations will receive the least disaster aid, and this aid will not be timely.

Second, social work interventions should be rapidly provided after disaster to help repair the social support networks of everyone in the disaster community, with a particular focus on those who have lost loved ones. As was seen in Hurricane Katrina, the social networks of survivors were torn apart by evacuation and destruction of neighborhoods and communities. Through haphazard busing of family and neighbors to different parts of the country, low-income and African-American families were torn apart. Others who did not lose their jobs were often forced to relocate to different states to retain their employment. For months, many people did not know the location or condition of close family members and friends. Those vulnerable populations who lost the most, including low-income people and people already facing serious illness, were isolated at a time when social support was critical for emotional and even physical survival. An important aspect of essential social support has been the ability of survivors to talk to others about the death of loved ones (Gist & Lubin, 1989). In Katrina, even when other survivors were available for telling their own story, everyone was caught up in their own losses. Because evacuees were relocated for months to distant households and communities, the

disaster community in Katrina was not confined to New Orleans, the Gulf Coast, or even Louisiana and Mississippi. The challenge for the social work profession is to lead a coordinated effort to provide disaster services to survivors and their families throughout the entire country. This is a very different view of the disaster community as a far-flung network rather than geographically contained, as is usually assumed.

Finally, social work professionals need to be prepared to help survivors cope, particularly those survivors who have experienced the death of a loved one. Social work support and intervention in disasters are particularly needed because the social networks, families, neighborhoods, faith communities, and larger communities of survivors are incapacitated through physical destruction or permanent dislocation. If survivors do not receive timely assistance in recovery, many will be unable to cope with great loss and may suffer from long-term post-traumatic stress or PTSD (Kreuger & Stretch, 2003). Part of coping is to regain meaning and find meaningful activities in the context of a world that may no longer seem to make sense. Contrary to a deficit approach to social problems, many survivors can eventually experience psychosocial and spiritual growth after an extreme traumatic event such as disaster. Acquiring new meaning after catastrophic losses can be facilitated through supportive therapies, cognitive restructuring, and learned optimism. Learned optimism is a cognitive-behavioral approach in which individuals learn to increase their optimism through changing their attributional style. In an optimistic attributional style, positive events are interpreted as under the individual's control, as pervasive in effect and as more permanent in nature. Conversely, negative events in a person's life are viewed as temporary and of limited import, and caused by external circumstances and not by the individual's characteristics (Seligman, 2006).

Social workers might encourage survivors to eventually assume new roles that build on the personal strengths of survivors and are valued by their social networks, communities, and the larger society. Survivors can more adequately recover through meaningful

relationships and activities. One possible new role is that of a volunteer who provides emotional support for disaster survivors. Though the volunteer role should not be assumed too soon after a loss, many bereaved individuals find such a role to be meaningful one or more years post disaster (Barton, 1969). Culturally prescribed roles and standards for acting, when achieved, can provide "...self-esteem and the conviction that one is indeed of value in a meaningful world" (Salzman & Halloran, 2004, p. 232). Through these standards of being and acting, survivors who have lost loved ones are able to closely identify with something greater than themselves or even transcendent, such as a culture, nation, or spiritual tradition. The support of social work helpers can enhance post-traumatic growth and reduce the possibility of long-term psychosocial problems for survivors.

### Conclusions

The situation in New Orleans has been one of immense suffering and loss, loss that I have observed and experienced personally. Although I knew that "The Big One" could occur anywhere along the Gulf Coast, before Katrina I was unable to anticipate the level of destruction and loss such a storm could cause. I am gratified that I am not only standing but moving forward; there are thousands of others who have had more loss and suffering than I have. Such loss is hard for me to fully imagine. For many, the traditional New Orleans that people relied on for comfort and meaning is gone and probably cannot be recovered. Massive recovery efforts which intervene at the health, social, and psychological levels will be needed for many years to come. Social work, with its generalist focus that spans clinical, community, and policy practice, is ideally suited to intervene in disasters, which affect societal well-being at many levels (Solomon, 1996). I hope that social work can take the lead in providing timely help for those who have lost so much, and lead the world and nation to be better prepared for comparable disasters in the future.

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Evacuees inside the Superdome.

# A KATRINA TRILOGY: ESTRANGEMENT, EMPOWERMENT, AND SOCIAL JUSTICE

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*This narrative chronicles the journey of three African-American faculty members in New Orleans, Louisiana. The first author details her experience as an evacuee to her birthplace in Southwest Louisiana, where she returns as a faculty member working with students in an evacuee shelter. The second author records her experiences of viewing the disaster from Michigan and tells of her desire to help in the recovery of her University where she feels invisible. The third author, having come of age in a segregated south, experiences a déjà vu of structural racism. All three women were empowered by their collective action.*

## Introduction

On August 27, 2005, I stayed up until 3:00 a.m. packing for what I felt would be a savage storm, unprecedented in the history of New Orleans. Am I a soothsayer? The national hurricane center and the national weather service predicted that Katrina would reach New Orleans with unrelenting fury and potentially catastrophic results.

While my family slept, I listened to the mayor of New Orleans who seemed ambivalent about calling for a mandatory evacuation. I misjudged this ambivalence thinking that he didn't want to be responsible for having to move so many of the "deserving poor" out of the city. Months later, I learned that he was more concerned about the legal ramifications of ordering tourists out of the city away from their paid night's stay at numerous local hotels. I then understood the New Orleans moniker: "The City that Care Forgot," as I watched our elected officials making slipshod arrangements to implement an evacuation.

The all-night watchfulness preceded a seven-and-a-half hour trip some 125 miles away from New Orleans to southwest Louisiana where I was to live for the next five months. I had no idea that we would be gone for so long and that I would re-experience the racially segregated community that I had left when I was seventeen years old. At the same time, I was unaware of the drama unfolding in the lives of two colleagues who had been my

mentors and friends, and who teach at the same historically White institution in the South. We were culturally therapeutic for each other as we often swam in unknown and sometimes uncharted waters. I also did not recognize the extent of both the trauma and lessons learned as we returned to New Orleans in January to begin our work in the School of Social Work. Eight months later, we continue to reflect on our lives as academicians, professional social workers, and "women of the storm." We also felt strengthened by our insider-outsider viewpoints on life in the University and community.

This narrative, therefore, tells the stories of three female African-American faculty members who evacuated and returned to New Orleans, forever changed by breached levees, flooded homes, closed gates, and silenced voices. Although the images captured during the tragedy of Hurricane Katrina were taken by man, they were available courtesy of Mother Nature and exposed the lives of poor Black women. This story also tells about critical events during the evacuation and return to New Orleans where, in our numbness and trauma, we emerged speaking out as a collective—spinning projects with group force. Each unique narrative is linked not just by our association as faculty members in the same School of Social Work, but by our responses to the painful discourse and dissociation that accompanies the lives of Black people in the United States.

The first narrative describes the experience of one faculty member who was



Rebecca Chaisson, Ph.D.

the liaison with MSW student evacuees working with evacuees at a Red Cross shelter. The story tells of the liaison experience, student responses, and the supervisor's struggle with old wounds from a segregated South. The second narrative tells of a faculty member who evacuated to the North with her daughter, observed the devastation of New Orleans through the media, and subsequently began working to respond to the rebuilding and renewal efforts. Despite the perceived "we shall overcome" tone of renewal, this account chronicles episodes of invisibility and silencing that were magnified (fueled) by the media's images of Black people as central characters in a story. The attempted exploitation of knowledge from Black scholars for the service of White scholars is also examined.

The third story gives a brief account of "evidence based experience" as a central concept that relies on the knowledge of a faculty member who "came of age" in a segregated South. She was the "First Black" in several "White only" institutions including the "welfare department" in her community in Mississippi. She highlights events that demonstrate the familiar and painfully challenging workspace that is more often marred by the forces of institutional racism. She speaks of her disengagement with conduct that is common in universities and, at the same time, represents the privileged communication and behavior often enjoyed by our academic institutions (Chaisson, 2003).

These accounts trace each person's experience which serves as a catalyst for a collective dialogue that empowers each individual as well as the group. The collective activity that emerges from recounting the individual narrative fortifies and informs a battle cry specifically against research that exploits the experiences of vulnerable populations. The collective work also retextures the individual story while developing a cultural "restory" for the evacuation-and-return experience of Black academicians in an historically White environment (Schroeder, Chaisson, & Pogue, 2005). The narrative thus shares how the "restory" acts as a foundation for collective empowerment and how reflecting on individual and collective experiences

challenges social work in numerous practice areas including education, research, and social justice.

### **The Evacuee Supervisor and Student Interns**

In September 2005, I was assigned to work as liaison between the University and the field office with three students who were Hurricane Katrina evacuees from our School of Social Work. Two students worked in the Red Cross Shelter for most of the semester while the third student worked for a few days in the large evacuation shelter. She then evacuated to Colorado because her parents wanted her to take MSW courses outside Louisiana. Two of the students were from the local community while the third student was from the midwest. The student from the midwest had just returned from a University-sponsored trip to India as part of her MSW course work. I did not see the students for nearly two months because of the impact of Hurricane Rita (a second evacuation for this author) and because of general logistical issues related to the linkages among the University, the School of Social Work, and the faculty, students, and staff.

I met two of the students in late October. They had been working for two months without a faculty liaison from the University. They had both been attending courses at a local social work program that had agreed to give our faculty and students residence there for the semester. I met the third student in late November as she had completed her course work in Colorado.

The two students who remained in this mid-size city in southwest Louisiana first worked in a large special event's dome, similar to the Superdome in New Orleans. Shortly after the evacuation from New Orleans, they began volunteering at a shelter that eventually turned into their field internship experience. They described a once-in-a-lifetime experience, watching many agencies work with evacuees in attempts to provide shelter, comfort, and service. During this period and in this location, the Red Cross, Volunteers of America, Substance Abuse Mental Health Administration, the State Office of Mental

Health, and other agencies provided services to evacuees.

My first in-person contact with the students was on site at the second Red Cross shelter which was considered a "last chance" shelter. We had the first supervision discussion on a bench on the campus of the shelter which had at one time been a middle school. The students were eager to make contact for this internship. When I finally began the liaison activity with these two students, it was clear that they were flooded with emotions. One of the students was tearful, expressing sadness and powerlessness as they worked tirelessly in the Red Cross shelter. The other student also had similar levels of frustration. She had just returned from an international experience in India where she had experienced third-world poverty. This student had also worked as a Peace Corps volunteer and thus shared a global perspective. The students had no guidelines or criteria with which to evaluate their performance. Because of the evacuation, they had not completed any of the routine forms that outline learning goals and outcomes. Both students had worked and lived in New Orleans, so they were more familiar with the New Orleans population than any of the Red Cross staff. They both struggled with the lack of resources for evacuees, who were now displaced, especially the most vulnerable and fragile ones. They were attempting to understand the Red Cross model of practice. When I appeared on the scene, the Red Cross supervisor was glad to meet the University's link to their organization.

The two-month interval between my own evacuation and the evacuation of the interns would become a temporal predictor for many services in the post-Katrina era. It was as if the rushing floodwaters had pushed needs in "fast forward," while services, similar to receding water, were stagnant and sometimes trickling in slow motion.

The liaison work—which quickly turned to off-site supervision—began to help the students focus on what they had done that was fruitful with the evacuees. They were also asked about their own evacuee experiences. Their trauma experience seemed minimum, particularly in comparison to the evacuees who

were being served in this "last chance" shelter. One of the students felt some guilt about having made it through Katrina with almost no damage to her personal and family property. She struggled with the pain of watching the remaining evacuees, most of whom were African-American males, being marginalized and castigated by those groups who were there to help them. The two students who were White suggested that they received minimum supervision from the on-site Red Cross supervisor, who was African-American. After meeting with the students together and then separately, I met with their on-site supervisor who by all indications was overwhelmed with the numerous obligations of the Red Cross. The students and supervisor introduced me to many other professionals from across the country, some of whom were social workers. Without exception, the supervisor and other workers indicated that the students were doing an excellent job, working tirelessly and doing whatever they were asked to do and more as needed by clients.

During this first contact, I went into the shelter. At first, I felt uncomfortable and sad, seeing the large number of mostly Black male evacuees in a shelter with cots lined up, practically wall to wall. Male and female evacuees were in the same room during the day; there were about eighty beds, making the room seem like a large dormitory for the homeless. A few evacuees appeared disoriented; others seemed to be mentally detached. The evacuees were either near their beds or walking around the large room which had been a gymnasium converted for the emergency. I was surprised and disappointed at the armed guards at the entrance, which seemed to convert the gym into a prison.

On the other hand, with so many organizations being involved, there was some hope that evacuees in the shelter would be helped, especially when I saw many social workers from New Orleans (evacuees) who had been hired immediately by the local social service agencies that were serving the more vulnerable evacuees. At the time, I did not think about how traumatized my colleagues were as the delight in seeing familiar faces who had survived overshadowed any ideas of trauma

related to our own evacuation and relocation experiences. In fact, most of the social workers to whom I spoke in the shelter lost their homes since they, too, were located in the eastern part of New Orleans, which had been flooded with six to ten feet of water. One social worker had been rescued by a helicopter as she and an elderly uncle were stranded in a hotel room in the eastern part of the city. There were so many stories to be told with so little time for social workers to care for themselves. Despite their own experiences, I was reassured by the presence of these social workers who interacted often with the student workers, and I believed that the students would have appropriate on-site modeling even though these seasoned social workers were themselves constantly redefining their work in this new area of practice.

After that initial meeting with students and the visit to the shelter, I scheduled regular, as-needed contact with the students, and worked to bring some of their classroom experience and new information to their work. The teaching opportunity was challenging as students were asked to think about some of the courses that they had already taken so that they could apply knowledge gained from the classroom to their internship. One student felt that she could apply what she had learned from the internship experience in New Orleans prior to Hurricane Katrina. She reflected on the quality of supervision in that internship and the quality of supervision given by the Red Cross supervisor. I reviewed with them crisis theory, trauma theory, and grief work. I also provided information about responses to disaster as a way to assist the students in examining their own experiences while working to apply knowledge about clients to their work. The students seemed to absorb the information and appeared less distressed. Then one day in late November, the Red Cross social work supervisor asked them not to return to the shelter. They called to tell me that they had been asked not to return and that they were troubled by the events of the day. They wanted to meet urgently. We met at 7:00 p.m. that evening at a local coffee shop, which is where their supervision took place when we were not at the shelter.

This urgent meeting included my three year old who was in tow. The students were cheered by his presence and demonstrated their own resourcefulness as they shared a coloring book and crayons with him. In their work at the shelter and in the community, they had been working with children who had been impacted by the hurricanes. Although I was aware of that work, I was able to see first hand how sensitive and responsive they were, given their own immediate concerns. He responded quickly, entertaining and engaging them as they tried to entertain and engage him.

I quickly learned from the students that they were feeling outraged by the humiliating behavior of their Red Cross supervisor: one day they were told they were great, and the next day they were told not to return. They had learned that the supervisor had said disparaging things about them to some of their colleagues at the shelter. The students said that they had been working with the evacuees to help them organize around a cultural event or ritual that was unique to New Orleans. They had done so in an effort to assist the evacuees by linking them to their cultural heritage while organizing them as a group. The two students had placed a flyer about the cultural event, with the permission of the on-site supervisor. They were shocked that the supervisor criticized them for this activity. The two students were appalled and wanted to report the worker to the State Licensing Board for lack of professional ethics. They felt betrayed and humiliated. They were concerned that their reputation was now tainted while their history of good work with this supervisor, as well as with other members of the service community, was being eroded. Clearly the intensity of their disappointment and hurt shaded their experience.

It was somewhat challenging to explain to the students why and how the behavior displayed by this worker, who was not licensed in the State of Louisiana, would probably not mean much to the State licensing board during this post-Katrina crisis period. We discussed their disappointment with the supervisor, in the context of disaster response, and the culture and structure of the Red Cross as an organization. Although this supervisor (through



hearsay) clearly violated professional conduct, it was difficult to assess what had really occurred without speaking to her. I assured the students that I would discuss the matter with the on-site supervisor in order to understand this sudden change and that I was confident that from all reports up to now they were doing a great job at the shelter.

The next morning, I had a meeting with the supervisor who told me that the students were asked to leave for their own safety and that the evacuees in the shelter were thought to be dangerous. She suggested that the Red Cross had sent in another administrator who had experience working with these "tough" cases of evacuees who were criminals, drug addicts, or both. The supervisor said that the students had done a great job but that they were always talking to the evacuees in the shelter space and that the population of evacuees was taking advantage of these "neophyte" social work students. The Red Cross supervisor told me that they had also asked the other social service agencies to stop coming to assist the evacuees. She said that the last day for the evacuees was near and that there was fear of potential uprising and violence as the evacuees knew that they had only a few days remaining in this shelter. They were just protecting the students, other workers, and themselves.

Both students struggled with the injustice that was evident during their work with the most vulnerable evacuees. So did I. These outcast evacuees were predominantly African-American and male, some mentally ill, some substance abusers, and all unwanted by a community that seemed to always manage a smile for everyone else. This set of evacuees was removed and sent to trailers, with accompanying armed guards and local media coverage. The only difference between these homeless evacuees and many of our own families is that we hold and sometimes conceal and treat our mentally ill, addicted, and suffering members. At times, we too may want them evicted but something always gets in our way, some would say enabling, others would say trying to "Save our Private Ryan" who often struggled to stay alive in a war whose weapons are illiteracy, red-lined neighborhoods,

incarceration, plentiful drug supplies, and pay day loans. Somehow, the plight of these leftover African-American men made the evacuation experience in many different ways painful to watch. They seem to be awaiting rescue. But, there would be no helicopter, no boat, just an outstretched hand that would quickly be withdrawn.

I remember how I had felt welcome in a superficial way by the hometown that I had grown up in. The place was segregated when I left to enter college at seventeen. Now returning to my birthplace stirred up memories of intolerance, hypocrisy, fear, and social injustice as I thought about the functionally segregated churches and neighborhoods that still exist.

The experience with these students taught me about the resourcefulness of students, the blurring of professional boundaries during such a disaster, and the mandate for social work education to promote social justice publicly. Some of the challenges with field placement discord remain. However, the trauma of disaster intensifies and reshapes social work practice. The field unit at the School of Social Work had to shift to different and varied types of internship experiences given the dislocation of both students and liaison. The liaison had to shift with unknown and rapidly changing organizational policies and practices. The students had to shift continuously, and the learning opportunity was not a learning community but a bureaucratic organization where top-down decisions were made without concern about notifying a University School of Social Work.

Most importantly to the mission of social work are the clients—particularly marginalized individuals and groups. If the poor and disenfranchised are poor in one community, in all probability this marginalized population will not only transfer to another community but disenfranchisement will be intensified especially during a disaster. The poor and marginalized in this community were seen as "dangerous and unappreciative evacuees." Sightings of "unappreciative evacuees" have been reported in all states that took in evacuees. Although there may be evidence of individually morally challenged evacuees (such as the family that

sold a house that was given to them by a church), most evacuees from New Orleans struggle to fit in and risk being hidden just so that the public can keep them invisible.

This same struggle existed in New Orleans before hurricane Katrina ever entered the Atlantic Ocean. All of these residents had connection in their lives. Some were temporary workers; others were parking lot attendants, hotel workers, fast food workers and other minimum-wage job earners. Most tourists who love New Orleans enjoy the community because of the hard work of this marginalized population that kept the city afloat.

On January 2, 2006, I was back in New Orleans. A week later, at the time of the first faculty meeting in a post-Katrina New Orleans, I remember feeling relieved that all of the members of the faculty and staff were alive, given the extent of destruction associated with Hurricane Katrina. I also felt blessed and lucky that our house had been spared the wrath of the broken levee system and was therefore livable enough to offer others a place and space to lay their heads. The feelings of excitement, relief, and blessing soon turned to disappointment as I continued to hear about all of the changes in the University where the anointed and appointed leaders were male and White. Why did I feel such blooming disappointment? Was it my own desire to have skin color and gender privilege, or was it that familiar feeling of a kind of silent and always culturally private violation evolving from the devaluation of women of color? Had they not heard of White privilege or gender privilege? Was this action of preferential treatment for White men a signal for the reinvention of affirmative action? I was feeling what I imagined the Social Work field students felt when they were asked not to come back to the shelter.

### **Reflections on Empowered Collaboration**

The seminal event tied to Hurricane Katrina that transformed my professional life was the public display of multitudes of poor Black people at the New Orleans Superdome, the convention center, and the federal Interstate highway in New Orleans. This once

invisible group of working poor and disenfranchised individuals was exposed and sensationally exploited for a compelling story that provoked sympathy for the plight of poor and marginalized individuals. This exploitation of the images of poor Black people is similar to the attempted exploitation by researchers throughout the United States who descended upon New Orleans post-Katrina with an eye and an ear for collecting facts and data from local Black faculty in order to inform exclusive research agenda. Thus, the generally invisible status held by Black faculty at the University was reversed for the convenience of well funded researchers who wanted to meet with us, talk with us, and get us to help them conduct research about Black people in New Orleans. The parallel experiences of convenient visibility, and more often invisibility of minority academics fighting their individual battles for professional recognition and respect, are reminiscent of the plight of those Black individuals who did not evacuate, yet fought to be rescued. The accompanying feelings of betrayal, abandonment, and frustration provoke not just a level of empathy but unwanted insight into structural racism.

This parallel process drove the transformation that has led to an empowered collaboration among the Black faculty in the School of Social Work. Though my colleagues and I enjoy a collegial, personal, and professional relationship, we had not had such a sustained, focused, and productive effort as we have had post-Hurricane Katrina. My reflections on the genesis of this empowered collaboration begin with the events that occurred shortly after Katrina made landfall.

In the days after the levees broke in New Orleans I, along with the nation and the world, watched in horror as the waters of Lake Pontchartrain, levee breaches, and other Mississippi river outlets filled the below-sea-level city. The television screens were filled with the thousands of mostly Black faces who desperately spoke out and reached out for rescue, often pleading for someone to save them from the deadly waters. My amazement grew as I listened as news commentators began to sensationalize these images of poor Black children, the elderly, and families in the

context of third-world poverty. How could the same media that report on the status of Louisiana and New Orleans as having the lowest educational achievement, highest child poverty ratings, high infant mortality, and other unfavorable national risk factors, feign shock at the people who make up these statistics? How could the majority members of a resource-rich society not know that pockets of desperate poverty exist within the borders of the United States?

In the immediate aftermath of the catastrophic devastation along the Gulf Coast by Hurricane Katrina, there was an outpouring of compassion. Individuals, agencies, corporations, social groups, schools, universities, and governments of foreign countries all lined up to help individuals and families impacted by this storm. As I closely watched these developments from the safety of my family's home where my child and I evacuated, I began mentally to prepare myself for a return to the city that at minimum would require hard work and unknown stamina. But I stood ready.

Each day I read the daily updates on the University's emergency web site filled with the President's clear determination to have the school up and running by January 2006. The hurricane hit on Monday, August 29, 2005. The levees broke on Tuesday. My monthly paycheck was due Wednesday, August 31. As I anxiously watched these events unfold I assumed there would be no payroll that day. I have direct deposit into my credit union. Normally, I check to insure that my check has been deposited. In those tumultuous days of the breaking news and events it didn't occur to me that I would be paid. It wasn't until I was making plans to get a train ticket headed north and away from the devastation that I discovered that my paycheck had been deposited. I was amazed and thankful. This began my commitment to the University president. I attributed this marvel of technology to him. I later learned that my payment was due to the normal processing of these checks days before the storm hit and that the subsequent appearances of my monthly paycheck were directly tied to management by the University president. Because of his

leadership and determination he assured us that for the entire fall semester while we were evacuated, full-time faculty members were to be paid. As I thought more about the monthly paycheck, I was reminded that most working poor live from paycheck to paycheck. A disaster of this magnitude happening at the end of the month just before pay day for some folks would certainly disadvantage a large number of people.

In those first days and weeks after the levees broke and the faculty and students scattered around the country, it became urgent to find out news of each other's personal safety and evacuation status. I anxiously checked the University website for news of my colleagues. This survivor web site included a link for "signing in" and reporting your contact information. I diligently did this but heard from none of the faculty. I awaited word about expectations for faculty. I finally found the temporary email address of one of my colleagues. He had been in touch with our Dean and updated me on all the news of other colleagues. Now connected, I read the daily updates from the Dean about the developing efforts. In one urgent email the Dean informed us of the President's request for all departments to present a report as to how they could help with the renewal effort. Written between the lines was the urgent message for the need to justify the existence of our school and the relevance in a post-Katrina world. I immediately sat down and outlined a two-page description of all the ways our School of Social Work would be critical to any rebuilding plan. I forwarded these ideas to the faculty. No mention was made of my ideas. I had received several notes from colleagues applauding my ideas so I knew the email had gone through. I felt invisible. In January at the first faculty meeting, I read the final proposal submitted to the president. I did not see any of the ideas I proposed in October. This was another experience of academic invisibility.

Part of the effort of the University to resurrect itself from the debris and devastation of Hurricane Katrina, was a commitment to help rebuild the larger community of New Orleans. The University is the largest private employer in the city with a substantial number

of people of color—particularly Blacks—employed at the staff and service levels. Finding housing, schools, and health care services for staff and faculty was critical to the planned reopening of the University by January. The University President filled the news media as he criss-crossed the country securing commitments and doing the necessary work in order to develop a viable plan of renewal.

One well-publicized effort was the creation of collaboration among three of the local universities. A kind of academic, arms linked together, “we shall overcome” approach was the premise of this historically White university with two private historically Black universities (HBCUs) in New Orleans. All three universities were damaged by the storm, but both of the HBCUs were severely damaged with catastrophic losses. All three presidents were determined and committed to re-open their doors as soon as possible.

When the University re-opened in January, a large celebratory event was planned. Wynton Marsalis, a native New Orleanian and scion of one of the first families of music, gave a brilliant and inspired talk and an astounding musical performance that left all in the packed auditorium moved to tears. Newly returned students and faculty felt the electric charge that rebuilding was possible and the city would come back. The presidents of the two historically Black universities were present on stage, I thought, as a way to demonstrate and talk about this bold new urban partnership. The two presidents of the HBCUs sat silently on stage. The University president acknowledged their presence in his opening remarks but their voices were never heard by the audience and national media. They were visible but discounted. It was easier to use the voice of a local musician than respected academic leaders from the Black community who struggled to return and reopen despite a greater percentage of damage to their campuses. More importantly, the announcement of the partnership between these two historically Black institutions not only lacked credibility at that moment but served to define the relationship between this historically White

institution, the Black musical community, and the presidents of HBCUs.

The common thread with all of these selections was the absence of people of color. In retrospect, these announcements may have been the other catalyst to action. Without any conscious agenda, the Black faculty quietly connected with each other after the first faculty meeting and agreed to meet the following day. At that meeting we all found that we shared a common outrage about the series of post-Katrina events that felt like a return to the racial *status quo*. We shared our individual observations that built on this theme. I shared my observation that at the celebratory event, the face of leadership on the stage orchestrating this event was a White male, front and center, a Black musician, and two Black presidents silently “waiting by the door.”

As we processed the fast-breaking events and various efforts at rebuilding and renewal, another fact became evident. None of the Black faculty had been approached by either the local administration or any outside media or person to help with the rebuilding efforts. Despite the national prominence of each of us individually with publications and work specifically dealing with the African-American experience, poverty, and mental health, and despite the mission of the School of Social Work focusing on poverty and oppressed minority populations, none of us had been contacted for participation in the renewal plan. We had the collective epiphany that we are invisible.

Out of this ugly realization came our commitment to work together collectively to address this invisibility constructively. We began meeting every week and worked as a collective force. We all agreed to defy the attempts of outside researchers, investigating the aftermath of Hurricane Katrina, who tried to distill knowledge from us without inviting us as colleagues. We wrote a concept paper for the Institute for the Study of Race and Poverty. Through our persistence as a collective, a member of our team was selected for the directorship of this Institute. We are writing papers, presenting together at national conferences, and using a number of strategies to make ourselves visible and heard in our

workplace. One of these concrete outcomes is the joint development and authorship of a manuscript on a "*theory of invisibility*."

This experience has given us new insight into the everyday lives of Black, poor people. We have a renewed appreciation for Black men who stand out on the corner and even hip-hop artists who tell their stories through rap and song. From this series of events inspired by Hurricane Katrina came a change in how we operate as academicians. We made decisions to be strategic as a team, lest we be ignored or attacked as individuals.

### **Business as Usual**

This reflection begins after we returned to New Orleans after Hurricane Katrina. Each of us had a different experience during the evacuation process but the seminal event occurred upon our return to New Orleans. At our first faculty meeting, we discussed the renewal of the University. An important component of the transformation of Tulane was the collaboration between our historically White institution and two private historically Black universities (HBCUs). Our University presented in its renewal plan an administrative chart that included each university. However, key administrators could not answer any specific questions about the relationship. They could not name persons from each university who would be involved in the collaborative. As we continued the discussion, it became clear that the partnership among our University and the HBCUs was an afterthought, and there were no plans to involve these universities in significant ways. In essence, it was clear that this collaborative would be more of the same in terms of how predominantly White universities work with Black universities.

After the faculty meeting, I asked Black faculty members to meet for a few minutes. My intent was for us to check in with each other to see how we were doing after the hurricane. I knew that each of us had suffered some impact of the hurricane, including damage to our homes, moving in with relatives, uprooting children, and moving in with and caring for aging parents. Once we had checked in with each other, our conversation turned to the faculty meeting. It became

increasingly clear that each of us had some strong emotional reaction as a result of the meeting. At that moment we decided to meet on a regular basis.

For me, the overriding theme was "more of the same." I was frustrated and keenly aware that even in the midst of such a horrific disaster, it was business as usual in terms of race relations. We assumed that the hurricane became the leveler that made us all equal. However, as soon as the boat stopped, we recognized that our experiences differed and that the boat let some out on the plank, threw some overboard, and kept others on for extended time.

I evacuated to Hattiesburg, Mississippi, which is located approximately 100 miles from the Mississippi Gulf Coast and New Orleans. Hattiesburg suffered extensive damage from the hurricane. The city did not have electricity or telephone contact for at least a week. And, as with this kind of situation, services were restored in phases. The house where I lived did not have electricity for about two weeks; telephone service was not restored until November 17, 2005. We did not use battery-powered radio because we wanted to save the batteries as long as we could. We hesitated to use the generator, because gasoline either was not available or was rationed. Because the city was without electricity, we did not know all that was happening in New Orleans and the surrounding area. Our information came in bits and pieces and not continuously because it came from battery-operated devices, and we needed to reserve the batteries for the radio and the gasoline for the generator.

Unlike my colleagues, I was not surprised as to what unfolded in the aftermath of Katrina at the University. Having grown up (come of age) in Mississippi - a segregated Mississippi - having attended a segregated educational system from the first grade to undergraduate school, having worked in the Mississippi public welfare system, and having been the first Black faculty member at the University of Mississippi, I experienced the harshest of racial segregation. In an odd way, these harsh experiences prepared me to tolerate injustice, at times to expect it, and, more importantly, to advocate for the oppressed as others did for

me. Furthermore, the lived experiences of such injustice create a passionate voice for fairness and sensibility.

### Empowered Collaboration and Social Justice

After we began meeting as a result of our common epiphanies of being devalued and invisible, we were invited to partner with Dr. Rhea Almeida, the founder and director of a community-based organization, the Institute for Family Service, out of Somerset, New Jersey. Dr. Almeida, also a member of the Porter-Cason Institute Board at the Tulane University School of Social Work, came to New Orleans in February with a team of researchers and videographers to interview families of color about their evacuation and return experience. A second member of the Porter-Cason Institute Board, Dr. Julius Harrington from Highlands University in New Mexico, joined Dr. Almeida's team as one of the researchers.

Dr. Almeida developed a social justice model of mental health practice fifteen years ago. This Cultural Context Model makes power and privilege central with an emphasis on race, gender, ethnicity, and class, and it has been used in New Jersey, New York, and California. Now, this social justice philosopher expanded her work to social justice research with and for us (Almeida, 1999). We were engaged as co-researchers who would now own data that would be collected by a well-organized group of community-based researchers. As a result of the collaboration with Dr. Almeida and her colleagues, we all became more aware of our own evacuation and return trauma. We were grateful for the wonderful opportunity to participate as principal researchers in the "natural laboratory" that was post-Katrina in New Orleans. We felt a renewed sense of value and had substantive data for our work. The biggest *lagniappe* was the caring, thoughtful and empowering collaboration of this generously talented group of individuals who helped us "reclaim our power" that had been dulled by the waters of the storm. The *Katrina Project* was born in New Orleans, nurtured and developed by community based researchers and videographers from New Jersey, New York, and California; by the

Porter-Cason Institute; and by individuals from the African-American, Asian, Latino, and White Communities.

Our experiences with racism, sexism, discrimination, and invisibility prepared us in some bittersweet way for the painful responses and uniquely timed opportunities to forge a greater and more intimate bond with each other and with Rhea Almeida's group. We became a forceful collective. At the same time, the vulnerability, curiosity, and commitment to each other and the social justice agenda for African-Americans and other vulnerable populations made us more receptive to being part of a project in order to realize our own power. We no longer spoke as individual faculty members when we spoke about racialized poverty since we felt the power of the group. We made references to our group and to the Katrina Project to faculty and administration alike because we knew that we had been given something precious by social justice warriors who only wanted to see the project and our New Orleans team become visibly valued. Our outside supporters helped us move from feeling estranged to empowered. This transformation mirrors the Cultural Context Model, where culture circles respect local practices while challenging inequitable and self-serving behaviors that maintain the status quo. Furthermore, the intense electronic, on-site, and technology-driven dialogue that occurred during this disaster-response period, similar to the intense dialogue of the CCM, helped to transform us as more confident researchers and social justice advocates.

Our collective empowerment thus propelled us into our own space in the University community. We are forever changed by this experience of social-justice effort in practice, particularly in the research arena. We are now committed to this new model of social justice practice in action as a major approach for social work research, education, and advocacy.

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A message to search and recovery workers.

# **Call for Papers:**

## **SPECIAL ISSUE ON HUMAN-COMPANION ANIMAL RELATIONSHIPS**

The Fall 2008 issue of Reflections will be devoted to narratives about human-companion animal relationships. We are interested in articles about the importance of animals in our and our clients' lives: the nursing home cat who comforts dying residents, the woman who would not leave a domestic violence situation due to worry about her dog's care, services designed to enable older and/or chronically ill people to maintain their pet(s), the dog who lives in the emergency shelter for abused children, a horse riding program for developmentally disabled adults, a vocational program on dog grooming for incarcerated men, the special pet who helps you cope with challenging client or personal situations, and many more. Articles describing cruelty to animals will not be reviewed.

**The deadline for submissions is June 30, 2008.**

Please send submissions to:

Marilyn Potts  
Department of Social Work  
California State University, Long Beach  
1250 Bellflower Blvd.  
Long Beach, CA 90814

Questions may be addressed to: [mpotts@csulb.edu](mailto:mpotts@csulb.edu)

This special issue will be dedicated to all animals described by the authors and to Bobby, Goldie, Diana, Susan, Jerry, Tippy, Skipper, Buttons, Penelope, Clara, Marley, Amelia, Ezekiel, Johnny Cougar, Janice Joplin, Buster, Sparkle, Sushi, Kiko, Snookie, Pookie, Rosie, Sweet Pea, Missy, ChiChi, Ishi, Jack, Crackers, Bull, Bulldozer, Maurice, Oliver, Fluffy, Bear, Cosmo, and Inyo.



# DISASTER AND THE FIRST SPARKS OF RECOVERY

**Barry Pilson, Ph.D., Private Practice Social Worker, Metairie, Louisiana**

*Within two days of Hurricane Katrina, 90% of the residents of the Greater New Orleans area evacuated. This is the story of the residents who returned immediately after permission was granted by local authorities. It encompasses fragments stitched together of the author and private clients as the rebuilding process began within an environment of chaos and hope. In this laboratory of uncertainty, accelerated and productive changes were occurring, recycling the energy of devastation wrought by nature and man.*



The author, Barry Pilson

## **Disaster**

Hurricane folklore suffuses the air in the Gulf South like the evaporated water droplets containing intense energy of sunlight waves (or particles) during the summer. Sweltering discomfort dominates the senses leading to the platitude; it's not the heat, it's the humidity. Stories abound, each one uniquely shaped by the particular reality of a geographic region

and its cultural mores, revealing grains of a larger truth. The themes of the majesty, mystery, and power of mother nature are retold with emotion and awe. Life changing events, sudden loss and gains accelerate the pace of life, bringing forth new forms instantly and persistently.

One of the first scientific learning processes in the region in which all elementary school children participate is tracing the path of a hurricane as it languishes and moves between longitude and latitude data points. All children also learn that the city sits significantly below sea level and is protected by earthen levees, which overshadow the mighty Mississippi River.

Until Katrina, the great hurricane fear was that the surge of the Mississippi River would overtop the levees, drowning people and flooding buildings in the bowl that marks New Orleans' geographic uniqueness. It is well known that if the bowl fills up with water it will take weeks to empty through high powered pumps that are limited in their capacity

according to design, age, available electricity, and current states of repair.

It is interesting to note that the one body of water surrounding New Orleans that did not redistribute its power and pressure was the Mississippi River. In fact, the levees surrounding the river were not neglected. Shipping and commerce hold dominion, which is the paramount reason for the City's existence.

Stories proliferated in New Orleans following Hurricane Betsey in 1965, which snaked its way up the Mississippi River, of people climbing into attics as the water rose in the bowl. People cut holes in roofs hoping for rescue from boats. Horror stories of deaths from dehydration and heat stroke remain in the cultural and social consciousness.

Elements of stories are also left from previous generations. One persistent narrative is water being diverted from higher ground to lower ground and/or from wealthier neighborhoods to poorer ones. Part of this folklore includes the fact that part of the Mississippi River levee was dynamited south of the city during the 1927 Mississippi River flood to prevent the drowning of downtown and uptown New Orleans. The river then inundated and destroyed St. Bernard Parish. A large number of the Parish population had no warning of this planned action. St. Bernard Parish was sacrificed for mighty Orleans Parish with the promise of reparations from the "city fathers." Unresolved lawsuits concerning this matter navigated through Louisiana and federal court systems for the next 50 years.

Evacuation as a decision-making process is a theme that needs to be addressed when a hurricane approaches the Greater New Orleans region. Over 90% of the population did evacuate as Hurricane Katrina approached. They left for safer ground, prompted by elected officials acting on clear information, one to two days before the storm approached. I was one of the evacuees. I am a full-time private-practice social worker in New Orleans. This is the story of me and my clients as we worked together following the immediate aftermath of the storm.

All of my pre-storm clients did evacuate. Katrina became a Hurricane 5 storm quickly as it traversed hot energy feeding Gulf of Mexico water, following its emergence from Florida, targeting New Orleans.

Thus, like all of my clients and most of the region, we evacuated with a few days of clothes, a full tank of gas and some food and water and expected to return in two or three days. After all, over the last several years, there had been regular evacuations from this region, resulting in returns within a few days after fighting traffic jams and competing for shelter. This was our experience. This is what we expected.

The first clear demarcation of this disaster emerges. Two days after landfall, nobody was coming back immediately. We were evacuees, but felt like refugees, displaced from home with no choice about returning. People were scattered. Cell phones did not work. The geographic region had taken a massive hit. We were to later learn that the disaster area was equivalent to the size of Great Britain. Families were split apart, communities torn asunder, material anchors bedraggled or destroyed by high-powered winds and tornadoes.

I had evacuated to North Louisiana. We were staying with my son, a university student, in his apartment. At least we had a private place to stay with electricity and access to the world around us.

Over the next two weeks I obsessively sought information through the Internet and mass media. Sleep was broken. I had difficulty staying anchored. The order of life had suddenly changed. First of all, where were other family members and friends? What was

the next move? Mostly questions, few answers.

Two weeks following the storm, through the Internet I obtained a business pass to return to the site of my office in Jefferson Parish, which is adjacent to Orleans Parish. My son and I journeyed from North Louisiana to the area to assess damage and begin the rebuilding process. Web sites had already told me several feet of water were sitting in my home in Orleans Parish. It was inaccessible. However my office was probably safe. It was upstairs and only a foot of water had penetrated that particular geographic area.

Driving into the area, we could see the wind-torn broken buildings and scattered debris and feel the eeriness and emptiness of the few present indigents. Driving onto the street that housed my office resulted in shock. Half the roof was gone and all the windows had been blown out of their frameworks. My office had been destroyed. The humid atmosphere had caused the mold to grow exponentially. Bacteria were now in charge.

Disasters, like all complex systems, are highly variable in their effects. The name itself implies deleterious consequences. Research has not delineated any clear effects from disasters on the psyche other than the fact that longer exposure and greater severity of damage predict increased psychiatric symptoms. Each disaster is unique with its own causation, circumstances, and response sets. This was a large community disaster where links between individuals, families, groups, and institutions were going to be the means for recovery, change, or a continuation of tragic events. At this juncture, one year later, recovery and the continuation of tragic events are occurring simultaneously.

As a social worker and psychotherapist for over 25 years, I have learned that emerging frameworks within and across systems dissolve, reorganize, and re-form through clear, concrete, and identifiable links. Addressing and approaching the links undercuts polarization, prejudice, fear, and destructive hierarchal grouping. The quality of the links becomes an overriding factor in the management of stress points, where change inevitably occurs.

### Stress

Stress has become an overused word in our current culture and has lost its meaning through its multiple uses. However, I would like to be more specific in this narrative. I am talking about a biological process where the hypothalamus-pituitary-adrenal axis in the brain is constantly stimulated as the familiar environment changes, affecting all types of memory, learning, and general information processing.

Stress energizes the organism. The sympathetic nervous system is on, increasing attention and allowing access to more information. There is no choice following chaos. The management of this system is paramount. The judicious use of this system leads to a more fit adaptation, which hopefully generalizes into other aspects of life. Poor management of stress as defined above can lead to anxiety, depression, post-trauma symptoms, and obsessive thoughts, keeping us stuck. Or as General Honore so eloquently stated several days after the storm, prior to coordinated rescue efforts, "Stuck on Stupid." Emotions are intensified, meanings are reconstructed. Rebuilding begins immediately or fragmentation continues without recourse.

Three weeks following the storm I was able to get my destroyed office phone system forwarded to my cell phone. I was back in business. The phone was ringing. Everybody was stressed. Everybody was affected. Even if you had not lost a material possession, home, or automobile, the routine linkages had been broken. Quick decisions had to be made. Information was abundant but scattered in bits. Sorting through it was another matter. Uncertainty reigned. Judgment and wisdom were needed. The therapeutic hour which calls for a special conversation, where safety and order prevail, accesses these two archetypal healing processes.

Four weeks following the storm I was renting a different office with some of my old furniture, seeing clients again. Luckily, through previous links and willfulness, I was able to locate an office within one mile of my old one.

In addition, I was living in the office. My home had been flooded. Still a year later, despite ongoing diligent attention and

appropriate insurance reimbursement, we have not been able to move into our home, which is located in one of the more devastated areas.

Thus, under the new normal as we call it here, my conversations began to change with my clients. First, each of us had to tell our story, which encompassed the previous four weeks. Embedded in each story were moments of despair, heroism, adaptation, fear, confusion, the break down of the surrounding infrastructure, the breaking of family links, the loss of community, new connections, the quick formation of new communities. What and who had immediately returned. Stress points were common.

My clients wanted to be a part of my story. We were embedded together. They saw the destruction of my pre-Katrina office. How was my home? Where did I live? What about my family? Where was I living? Information sharing was broad based as we all had to deal with insurance companies, financial institutions, food procurement, and transportation as we navigated new routes with population shifts. Debris was everywhere. We were now part of a new community. Everyone talked to everyone. Coyness had lost its allure and adaptive powers. Unmitigated support for those who had returned was the clarion call. We were going to be part of the rebuilding process. What was weak and not effectual was washed away by the storm. New institutions and methods were going to be adopted. Out of the suffering and displacement the phoenix will rise: a new day.

Stress springs eternal. Little goals bring jolts of ecstasy. Dopamine connections are aroused in the brain when that street is cleared, a road is open, a first repair is made, an energy line restored. The dopamine and serotonin become depleted as the totality of the devastation is experienced, including lost memorabilia, lost friends and family, lost familiar environmental niches that make New Orleans unique and unexplainable. Crying is common. Anger is everywhere. Thinking is peripatetic. There is no center. Take it day by day. Keep your decision making limited to small chunks of time. All issues cannot be resolved today.

The above was part of the therapeutic conversation. The present dwarfs past and future. There is no holding back. Some of my home, including baubles, art pieces, and kitchen items, lined various corners of the office. The microwave and small refrigerator were visible. Boundaries were permeable. The discussion was straightforward. It remains like that today. The emotions are not necessarily analyzed. They are simply experienced. There is no other choice. The lines of caretaker are blurred. By necessity we all seek to care for each other. This, however, requires concreteness, courage, sincerity, genuineness, and regard for others. These are the traits in the therapeutic conversation originally identified by Carl Rogers which lead to change.

### **Information Processing**

Cognitive science in the form of associative and social learning, evolutionary theory principles of variation, selection and adaptation, brain imaging of *in vivo* neuro circuits, molecular biology, the study of change processes, and folk psychology are the varied streams feeding the gumbo of psychotherapy today. Best practices are derived from empirically valid research. However, much of the research remains flawed in the social sciences. Methodology is generally poor with inadequate samples and opaquely defined variables. Statistical norms continue to tell us little in relation to everyday case practice. This is generally recognized as other types of studies become valid. For instance, single case situations can now be examined within their own unique universe, using tools to measure outcomes and the effectiveness of processes. From these more defined case studies with narrow outcome and process measures we have learned that psychotherapy practice in general is effective.

I have spent a great deal of my professional life working in the field of addiction, at all levels of care, and teaching courses at the graduate and undergraduate levels. The field has taught me numerous things over the years. The recovery process includes a reorganizing of events, feelings, and emotions such that new stories are created, which then serve as maps and identity

markers. In ongoing recovery, protecting the addictive relationship dissolves, leading to new and different relationship approaches. Reward set points in the brain are lowered. Joy is more easily experienced in the everyday. The addictive process raises the reward threshold point which significantly contributes to relapse and difficulties in change.

With ongoing stress and disorder from the disaster it is necessary to access previous networks and develop new ones in the brain. Trust the dopamine system. Progress can be measured. Pay attention to feedback. There are no previous fully developed maps. However, there are fragments of previously used maps. The adjustments that had to be made after feeling betrayed in a particular relationship, for instance, may now be useful.

Thus, this is a unique opportunity to apply emotional and cognitive learning modules in the surrounding uncertainty that calls for action and ongoing decision making.

For instance:

Dr. and Mrs. Q. had both been involved in individual therapy over the last several years. They had been married for over 30 years. Hopelessness, anger, boredom, and distance had set in. Working 60 hours per week was now bearing small rewards. The children had grown. Focusing on the children only brought frustration. Various medical issues had constrained their energy. Most importantly, frustrations, conflicts, betrayals, unfairness, and ethical dilemmas contributed to a difficult work environment which had continually spilled into their home life. The couple was referred to me by their individual therapists. I had worked with them for about 18 months before the storm. Polarization had been minimized. There was less projecting onto each other. Distance had decreased. However, consequences from a lifetime do not just magically disappear. There were setbacks at times, though the learning experiences in dealing with these crises led to overall progress. Experienced anger could now be linked to iterated themes as they each sought to take responsibility for the relationship. The false issue of possibly separating dampened down. Better questions emerged during the pre-storm therapy process, such as how do

we address anxiety differently? What is the symbolic and concrete meaning of triggers? How do we show care again? How do we imagine living in the future?

The storm comes. One of the previous themes that had been identified was inappropriate attachments to families of origin, resulting in long term grudges, unhealthy coalitions, and political squabbling. The soap operas that resulted from this were consistently in play.

One of the attachment issues had been played out many years ago, when an opportunity to practice in a prestigious teaching institution, where a fellowship had been completed, was quashed in order to move home to New Orleans. From a distance now, both parties expressed regret, each admitting their anxiety and desire to please had probably interfered in their fully launching from their family of origins at that time. The consequent theme of having difficulty managing each of their anxieties was clear from this past distant episode. However, at that time, I hypothesized, their self-organizing couple-relationship system created a set point which continually reiterated. Triangulation consistently occurred with a family member from that time forward in the couple system, creating drama and political intrigue. Both were acting out their roles in predictable and salient modes. The scenes within this play began to change as they discussed and tried new strategies.

The after-storm comes. They are traveling throughout the country. In the middle of the evacuation period a medical conference was being held in the old fellowship clinic. He had previously planned to attend the conference. He is the center of attention. He is from New Orleans. The punch line is clear. He is offered a position. Without hesitation, he takes the position. The couple moves to the new location. By the time I return he is already beginning to work. She is here, preparing for the move. Her anxiety is increased again. She sees me for several individual sessions before selling their home and moving on. The conversation is clear. They both know the meaning of the move and the opportunity. She reports that his anxiety is practically non-existent. Remember, they were still leaving family here. Of course,

family members were in need. However, the final scene of this play involves launching and de-triangulating. Decisions are made with this theme in mind. Plans are created to deal more appropriately with family intrigue and crises. The fear of leaving the old practice is undercut. An appropriate plan is made.

The learning of new processes is now being applied. Old issues of seeming forgetfulness and wandering attention have been arrested. The dopaminergic system seems to be leading this couple to helpful and salient goal-directed behavior. Memories are being used as markers to guide rather than increase anxiety and helplessness. Hopefulness and new energy are now emerging.

If no storm had occurred and an offer was made to work at the clinic, the couple would have probably turned it down. It was half the money, not to mention the heavy obligations already being experienced in New Orleans. The old ways of processing information would have led the couple to focus on the stress (anxiety, fear) and a decision to continue living as is would have been the outcome. This is what they essentially told me as we processed the upcoming change in their life. In the new order the future reward possibilities became the focus, leading to a better overall decision.

#### **Accelerated Applied Learning**

A sigh of relief was felt two days after the evacuation began and the storm had passed. The hurricane had edged slightly east toward the Mississippi Coast. In previous storms, especially over the last several years, this meant that the power of the storm spared New Orleans, and the fact that a levee system was protecting the highly populated regions meant we could probably return home. You know the rest of this part of the story. The reason I mention it is that for those of us who were out of town this was our first real experience of devastation. We knew that the bowl of New Orleans was filling up. It would be weeks, maybe months, before we could return, not to mention the reality of the damage.

Suddenly, the disaster lies in your GI tract like a heavy stone. Flight or fight. Or, nowadays, freeze or withdraw. What do you

do? It's not just your home, but your livelihood, your whole way of life that is at stake.

I have spent the last thirteen years in full-time private practice. Prior to that, I worked in agencies and hospitals. I am involved in peer groups and active in the field. I am not isolated. However, in many ways, in private practice you are on your own. Your work is in reality fully accountable to your clients. Sometimes, when the phone doesn't ring that morning, that afternoon, you wonder what that means. You have to organize yourself. There is no clock to punch. It is easy to overwork. Nobody tells you to stay or to go home. There is no immediate visible community when the clients walk in. They have to feel safe and willing to share. In the long run, everything in that office and about that office is a reflection of you. The immediate feeling was all is lost. Ruefully, the refrain of many survivors is "I lost everything." It is here that one begins to process information and an accelerated learning process has the potential to begin or the stress overwhelms, resulting in avoidance and hopelessness.

Learning has many elements. Memory, an indication of learning, is a complex process. It includes the elements of consolidation, reconsolidation, and recall. The field has had to come to grips with the fact that just as reality is a distortion of our perceptions and own unique information processing, memory is ephemeral as well, driven by emotions, attention, the saliency of events, and our own particular network of relationships.

New stories are about to be written. The beginning point is August 29, 2005. However, every story will be infused with the elements of the past. The present is different. In the stress and dopamine-charged brain, where new goals are sought and new behaviors are about to be utilized, an accelerated learning process can be the new experience.

The first contacts I had when reopening (I began seeing clients on October 4, 2005) were the clients who were actively being seen prior to the storm. I was struck by the high energy and the desire to move forward, to focus and delineate on what was important and to shed the negativity. It is clear in traumatic and disaster situations that once the

event is immediately past, a rebound of energy takes place. People initially become hopeful. Sometime later, a letdown usually occurs as reality creeps into consciousness.

Several of my clients were able to let go of previous, difficult intimate relationships that had been painful, resulting in consistent dysphoria. The learning curve was now accelerated.

For instance:

John Q. is a successful businessman who had been married for over 28 years. Several months before the storm his wife left the house. One of the salient cognitions connected to the pain of the separation was "I had failed," as well as "I didn't love her the way she wanted or needed to be loved." The latter was the feedback he preserved from his interactions with her as the state of the relationship changed. These two statements are packed with historical and emotional events, creating their own unique tapestry.

His duty was to take care of his wife through the course of their life. How this worked was not always clear. However, due to cultural mores, role prescriptions, difficulties in their own launching from family of origins, this was the standard. The standard had been breached over the years at different times, mainly precipitated by the normal stages of a family life cycle. However, like all couples, they had their own unique and difficult stress points.

Over the last several years the caretaking became tested. Resentments as well as fear began to emotionally dominate. The couple had difficulty processing these emotions, became distant and more polarized in their own perceptions and feelings. After the separation, John Q. was lost in shame, guilt, and grief. He was hopeless and self denigrating.

After the storm, John Q. returned to his job, his home, and his life. His home had been significantly flooded. His job was extremely important in regard to the economy of New Orleans. It involved one of ancient economic blood lines that had fed New Orleans over the years. John Q. had more to take care of than ever could be imagined.

Trying to be a better caretaker was no longer going to work. Priorities had to be set.

Decisions had to be made. At an emotional level, the extreme caretaking standard was no longer salutary.

Following the storm, he was able to weave a narrative that helped him understand how the above standard had been created and the difficulty in making changes when reality overwhelmed the standard. His caretaking meant the expression of love; the hero role was the aspiring energy. As the couple matured, a partnership needed to be developed that took into consideration their own particular circumstances as they navigated the rough waters of launching their own children. He came to grips with the loneliness he had felt over the years and the self-imposed pressure of performing well. In fact, at an unconscious level, over the last several years he was seeking to remediate the loneliness. However, the solution always included trying harder to take care of things.

He was now able to move into a different narrative. Stop measuring yourself in terms of outcomes. Relate to others as they are. Don't seek to please. Serve others with judgment and wisdom. Performance is important but it is in the exchange of energy that needs are better met, especially in intimate relationships. These themes began to develop in his life.

Luckily, in the laboratory of the chaos, he met someone and was able to apply the above principles. The storm helped accelerate the process.

Another example:

Suzie R. is 28 years old and has been in recovery for five years. Over the last 2 years prior to the storm she was suffering from symptoms of some type of autoimmune system dysfunction. I am unable to state what the specific system dysfunction is because it was never clearly diagnosed, as is often the case in these syndromes, where stress and past trauma are instrumental in the progression and coping. In any event, she was in constant pain, had become highly dependent on her family, and seemed lost. She had just graduated from college and been accepted into graduate school when her symptoms became disabling, obviating graduate school attendance. There is a history of sexual trauma, physical abuse and, of course, consequences from alcoholism

which contributed to her present story. Symptoms related to alcoholism began when she was 16 years old.

She did not suffer any particular material loss or devastation related to the storm. She had been in therapy with me about three years prior to the storm. Much of the work centered on her consistent replaying of trauma in her present life, revolving around interpersonal relationships. The progress made before the storm was the change experienced in reorganizing the trauma stories, examining her role, trying new roles, and attending to information differently, resulting in new outcomes where devastating loss and betrayal stopped being themes in her life. She worked hard in therapy, was honest and non-defensive. However, just prior to the storm she remained impeded by the pain, lack of energy, and general malaise from her medical condition.

After the storm, over the next four months, she began what we labeled a rebirthing process. Immediately after the storm, there was the scent of death in the air. There was the destruction of buildings, neighborhoods, communities, and lives. Many deaths had occurred several months after the storm, especially among the infirm for whom medical care was interrupted. Most community members had experienced the loss or death of someone.

When the scent and feel of death is experienced, an awakening often occurs. This is the story behind the famous jazz funerals in New Orleans, where the grief of death is experienced and then transformed into a joy-of-life celebration.

As stated above she had been working through the trauma reenactments. The work now accelerated with her applying the previous four years of work to a thorough reworking of the trauma memories. She methodically examined old writings, music, pictures, and other memorabilia. There had been talk in the community of the loss of precious artifacts and family heirlooms, signifying one's journey. Beyond the bedraggled furniture, walls and floors, this was the irreplaceable loss. That talk triggered her into beginning to look at these types of items. She moved deeper into the trauma memory work, reorganizing her story,

being more precise in her responsibilities, examining the false self she had created to negotiate her needs in the world around her. The false self, ignited by addict energy, began to melt away as she accessed a nurturing energy. At the same time, her medical condition significantly improved. Her daily pain was no longer depleting her energy. She was alive again. The type of work she was now doing has been documented by many clinicians. The re-birth was simply triggered by the "new normal." She moved out of the walking-dead energy that was encompassing a significant part of the community.

### **Recovery**

A year after the storm recovery is slow. This type of devastation doesn't just go away. We call it slow because nobody really knows the timetable. How long does it take to recover from a difficult marriage, from past trauma, from addiction, from depression, etc? There is no time-table. Recovery always involves a reworking and transformation of some type of energy.

What is energy? A physicist will tell you it is measured through movement, where constant motion is differentiated from

accelerated or decelerated motion. Isaac Newton gave us the formulas. Albert Einstein significantly revised them, as well as our concepts of cosmology.

This devastation has included material as well as significant immeasurable social-network losses. The cultural fabric tore. Fragments float, in constant motion, as we attempt to stitch parts together. At times the motion accelerates; at other times it decelerates.

The therapy room provides a special atmosphere for inter-subjective, meaningful conversation. The work and process has been exhilarating, when not weighted by the vacuum of broken links.

So, we cry together, laugh together, get angry together. What else is there? In the long run, life continues to dominate. Energy does not die. It simply recycles. Like a hurricane.

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What remained after the water receded.



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

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*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 1) 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.

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# REFLECTIONS OF A STUDENT'S JOURNEY TO NEW ORLEANS

**Jeffrey T. Streeter, Student, Lourdes College**

*The following are the author's reflections and opinions of his experience volunteering in New Orleans with L.I.N.K, a campus ministry program, just six months after Hurricane Katrina.*

After several bake sales, a few 50/50 raffles, and the acquisition of some very generous donations, the departure day arrived. It was a beautiful afternoon and everyone was excited to get on the road for our 20-hour journey. As we loaded up the vehicles, we put a sign on the back of one truck: "Lourdes College, Sylvania, Ohio, Habitat for Humanity - New Orleans." We said good-bye to family, friends, and those from the college community who came to wish us well and give us strength for the next week. For some, this was their first trip away from home. For others, it was a chance to get away for a small vacation. For me, it was another trip on the road of adventure. However, this time it was co-ed, no drugs, and for a great cause.

The drive to and from New Orleans was probably a typical road trip. We joked, fought over what CD's to play, and had deep conversations on the trip down about what we thought it would be like. The conversations on the way back were about what we had just experienced. However, about two hours outside of our destination, something started to look a bit odd to me and the others in our vehicle. I was looking at some wooded land that appeared to be cleared for new homes to be built. Yet, I saw no equipment or signs, and the land was cleared in "pockets." As we continued to drive for another half an hour, it became clearer that we had reached the outer lines of the hurricane. As we began to get closer, we noticed trees bent over, if not uprooted, from the power of the winds that had blown through just six months earlier. Coming down the highway into the city of Slidell, Louisiana, I was in disbelief. This is

the only way I can describe how I felt at this moment.

When you have someone you love or care about and they are very sick and you know they are going to die, you prepare yourself for their death. However, when they die, you still are not prepared or ready for it. I knew I was coming to New Orleans to see devastation; I had seen the footage on TV. I was up on current events. I knew what was going on. I even wrote a letter to Mayor Nagin after I saw him give an interview one Sunday morning. I offered him my support and let him know that Lourdes College was coming down to help rebuild one of America's greatest cities. I thought I knew what to expect. I was not prepared to see shopping centers on both sides of the road closed and boarded up with parking lots full of trash. Huge marquee signs inviting people from the highway to eat, sleep, or shop at their establishments were blown out, twisted, bent over or destroyed. Blue tarps covered almost every rooftop. Hotels were closed. Other than the traffic on the road, there was no sign of life, let alone any indication of a clean-up or rebuilding effort. As we came down Interstate 10 to the bridge to cross over Lake Pontchartrain, both sides of the road were covered with litter including lawn chairs and coolers. We were on the same road where people had been stuck in traffic trying to escape the disaster. As stunned as I was, little did I know it would only get worse.

One of the things that we take for granted is organization. Even if our personal lives may seem a bit disorganized, our surroundings are still orderly. Just imagine if the city or town where you live, and that you know so well,

suddenly had no traffic lights, stop signs, speed limit signs, one-way street signs, or street names. You may know where you are, but what about all the people around you who don't? Just think if you were in a strange city and you had to be somewhere at a certain time. This is the situation we found ourselves in on our way to orientation for Habitat for Humanity at Loyola University in New Orleans. As we drove towards Loyola we learned very quickly that all corners are four-way stops. If we saw the name of a street we had to make a note of it; it might come in handy later.

Since orientation was considered our first day of work and only lasted half a day, we were able to walk around the French Quarter for the rest of the day to see some of the popular sites of New Orleans. The area where Mardi Gras had happened just a week prior to our arrival was still a mess. The media portrayed Mardi Gras as a symbol that New Orleans was back to "normal." The portrayal could not have been further from the truth. Many stores and restaurants were still closed due to the damage they had sustained from Katrina. Yet, the media suggested that the situation was no longer as bad as it had been six months ago. When we looked in the windows of some of these businesses, we could see the watermarks on the walls as well as the damage that had occurred inside. Again I was in disbelief of the destruction, and still I had not seen the worst.

The next morning as we headed to our work site, we began to see more of the outlying areas of New Orleans, which resembled much of what we had witnessed on the way in. Our first day of real labor was to clean out a section of a warehouse that a hospital had donated to Habitat for Humanity. This was to be used as a center for all the building supplies that would be used to help get people back home. Upon arriving at the job site, we had a difficult time finding a place to park because the parking lot was used as a commuter parking area for people who were taking the bus to work. Once inside the warehouse, we saw a great pile of trash that looked like a garbage dump and given two very large dumpsters. We were told that when they were filled, we could call and someone would come to empty them. We filled

the trailer-sized dumpsters within two hours, then learned that no one would come and empty them. Fortunately, while we were emptying the warehouse, our site supervisor went to get some tools. Also during this time, a supply of 4x8 sheets of plywood and a number of 2x4's were delivered to the site. The lumber was to be used to build shelves to hold supplies. Throughout the week we found out that supplies were difficult to obtain; people could not just go to Home Depot, so it seemed that it might take quite a while to fill those shelves to provide for job sites in need of supplies.

After working at the warehouse for half the day, we ran out of materials to build any more shelves. As a result, we were told we could leave and report to our next job the following day. The day before, I had gone into the Quarter while others viewed the Lower Ninth Ward where Katrina hit the hardest. On this day I decided to use my free time to travel to the Ninth Ward. On the way to the Ninth Ward, a lady pulled up beside us thanking us for coming down to help (she had seen the sign on the back of the truck) and to tell us "God Bless." This was repeated as the week went on.

When we pulled into the Lower Ninth Ward and drove down the main street, my heart sank into my stomach. There was devastation as far as our eyes could see. Homes were in the middle of the streets; toys and dolls—including a Big Wheel—were in the trees that were still standing. Fallen trees were lying all over the place. Neighborhood churches were destroyed, with pews flipped over on top of each other. Even most of the cars we saw were on anything but four tires. We even saw a boat that had landed in the front half of a house. All of this was in the first several blocks. I was witnessing the most disturbing scene in my life; and I can assure you that my life has been quite eventful.

When we returned to the church, everyone began to take a shower and get ready for dinner. I went outside and called my dad. My mind was so scrambled. I told my dad about what I had witnessed and expressed my concern about how things were down in New Orleans. I told him that I was not sure if I

even wanted to return home because the need for assistance was overwhelming. He was very supportive of my feelings, but added that I should think things over for the next couple of days before making a final decision. After our conversation, I sat down alone outside and reflected on the trip to this point. Some fellow students came out to check on me to see how I was doing and to offer their support while I took in the enormity of it all. I went in to get a plate for dinner and returned outside so I could attempt to put things into perspective. As I ate the little bit of food from my plate tears ran down my face. It was so hard for me to deal with the thought of people not stepping up to help others who were living in tents. Although it was only March it was getting warmer, and bugs were starting to return faster than the people who were displaced from their homes. I couldn't grasp the fact that some people were safe in their homes not doing anything to help others. Seeing the amount of destruction, I knew those extremely hot and humid days were only a few months away and there were people who would be unable to escape the heat for any comfort while they slept and lived in their tents.

As I sat there feeling despondent, Sr. Barb Vano, our advisor, came out to see how I was. During our conversation, she repeated everything my dad had said to me; she emphasized that the devastation was of great magnitude and that I would do more good by returning home and letting others know what was really happening down in New Orleans. Sr. Barb was very consoling and of great comfort. To this day I am very grateful for the guidance she gave me, not only that day but since then as well. Because of her and my dad, I have worked to inform others of my experience in New Orleans after Hurricane Katrina.

On our final day we worked in the Musicians Village, an area funded by Harry Connick Jr. and Branford Marsalis, celebrity musicians who came from this area. They believed that the revitalization of New Orleans would come through the music and musicians that make New Orleans what it is. This part of the project focused on building several new homes for area musicians and a neighborhood

community center. The day was truly groundbreaking. Some people helped dig areas around what would be the foundations of the new homes. Others painted the trim that would go inside houses. The rest of us bagged up dirt and sod that had been placed in huge piles. We must have filled a hundred contractor-size trash bags. Once this task was completed, our mission in New Orleans had come to an end.

There were many frustrating moments on the trip. For example, each day we would come back to the church where we stayed in Metairie and see people working on the road. On the side of this road was a sign that read "Road Repair \$6 million." As I looked around this area, none of the roads appeared to be in very bad condition. I understand how governmental budgets work; if money is designated for one such purpose it presumably cannot be used for other reasons. Yet when people not even ten miles away are sleeping in tents, is road repair really a top priority?

Yet, in the middle of frustration were signs of hope. If it were not for the church in which we stayed, one family would not have been given a FEMA trailer. The family explained that the church jumped through multiple "flaming hoops" to allow the trailer to sit on the church property. This prevented having another empty FEMA trailer. FEMA claimed that there were no more trailers available because they were all "stuck in the mud." Here is an idea: pull them out of the mud and put them in the parking lots of the empty department stores. Create trailer cities with portable showers and port-a-potties so people can be much more comfortable than in tent city!

Based on my experience, I believe that the "blame game," red tape, and disorganization are in full force with respect to the government's actions in New Orleans. No one is willing to suggest any ideas because, if they are wrong, they will be fired. So instead of even building on the smallest success, it becomes a "pass the buck" system.

In August of 2006, I was in a hotel in Washington D.C. On the bottom of the TV screen scrolled the results of a study that had been conducted about people who had been affected by Hurricane Katrina. It stated that

those who left pre-Katrina and went to Alabama or Georgia were better off than those who were displaced after Katrina and shipped to Houston or San Antonio. Did we really need a study to know this? How much money was spent on this research that could have aided those who were not doing so well? Why do we continue to turn our heads?

As a dedicated sports fan, I love to find the stadiums and arenas of the area sports teams when I travel, so I was looking forward to visiting the Superdome during our visit. As we drove into New Orleans after our twenty-hour drive from Sylvania, I saw the home of the New Orleans Saints still damaged from Hurricane Katrina six months earlier. In spite of the damage I had been viewing for over the past 100 plus miles, a bit of rivalry pride came over me. A banner on the side of the Superdome read "The Saints Return Home September 24, 2006," and I noted that they would be playing against my favorite football team, the Atlanta Falcons. I immediately started to "trash talk" saying, "It's not good that they scheduled their first home game as a big loss." Unfortunately for us Falcons fans, just the opposite happened. The Falcons got caught up in the hype of the Saints and all their fans on that Monday night in September. The Superdome was rocking with excitement and the Saints beat the Falcons. These fans were pumped! It was the complete opposite of what took place in the Superdome a year earlier, when people were living in the stadium with no running water for drinking or bathing, no ventilation, no working toilets, and no food or medical supplies. Imagine if the Saints' fans had been deprived of these basic necessities after paying enormous ticket prices and other costs to be at the Superdome.

I remember watching a morning news show that reunited two people who had never met before their time being stranded in this "hellhole." One of the women had diabetes and was going into diabetic shock because she had no insulin. The other woman started yelling and going up to people to see if anyone else had any insulin. Because the second woman didn't sit around, the first woman's life was spared and she was able to live through this tragedy. This was just a small piece of the

tragedy. Mix in rapes and assaults, and you have the real disaster of Hurricane Katrina. Then, as the roads dried, people began to be bused on a one-way ticket out of New Orleans, sometimes separating families that had managed to stay together.

The morning after the Falcons-Saints game, I was listening to ESPN radio when host Mike Greenberg stated that the people at the game were not the people who were trapped there a year ago. A guest on the show, Hall of Fame football player (and former coach of the New Orleans Saints) Mike Ditka, repeated the thoughts of Mike Greenberg and my own ideas. Ditka added that although the downtown area was looking better, just across the bridge the Lower Ninth Ward still looked as if Hurricane Katrina had hit yesterday. Coach Ditka's comments still haunt me. I keep wondering about the fact that the supposedly most powerful person in the world, the President of the United States of America, flew over this scene just days after it happened. He then stood on the ground a few weeks later, and he stood there again while I was there, *six months later*. And nothing of significance has been done. It still bewilders me. But hey, the Saints came marching in!

On the way home, about two hours outside of New Orleans, we stopped for gas. A gentleman and his family kindly went out of their way to say "thank you." They were on their way back home to New Orleans. About four to five hours outside of New Orleans, we stopped for dinner. While we were eating, a woman who had gone through the drive-thru saw our sign on the truck and came into the restaurant to say "thank you" with tears running down her face. I will never forget how the people who were severely impacted by this traumatic situation were always more concerned with our well-being and comfort than their own. I believe that I ate better that week than I have since I was a boy staying with my grandparents. I can honestly say that I believe the people of New Orleans are a "people first" community. I can only continue to pray that someday we will all put others before ourselves even in the middle of a tragedy.

This was definitely a life-changing experience for me. I discovered who I am on a much deeper level. I also see how others look at their lives and the lives of those around them. I am very grateful for being a part of rebuilding one of America's greatest cities and for the experience that reminded me that people, not objects, are important in my life. True, I do not want to lose any special keepsakes or possessions, but it is my relationships, experiences, and memories that make life real.

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A row of FEMA trailers, 2007.

# THROUGH US THEY SPEAK: LISTENING TO THE VOICES OF THOSE WHO WEATHERED THE STORM

So'Nia L. Gilkey, Ph.D., University of Pittsburgh School of Social Work

*The following is a narrative about the author's visits to the Gulf Coasts after the two storms; both in private capacity and as part of a mental health disaster response team. The author heard stories of survival, resistance, and ultimately resilience from those she met who were deeply affected by the devastation.*

## First Stop on the Road to Recovery

"Through us they speak." This is the unofficial motto of the Pennsylvania House of Representatives. It was initially uttered as part of a farewell speech by the Honorable K. Leroy Irvis as he concluded his elected responsibilities as Speaker of the House of the Pennsylvania House of Representatives. In those four words, the Honorable Irvis declared the special role elected officials should embrace when given the charge to be a public servant. It would come to stand for the legacy and/or legitimacy of their work as public servants. It was not until I was asked to give a presentation of my experience as a social work mental health provider in the Gulf Coast region after Hurricanes Katrina and Rita that I gave serious deliberation regarding what "through us they speak" means in the life of those of us charged with the public responsibility to help individuals, families, and communities recover, rebuild, and reconnect.

The first time I went home to the Mississippi Gulf Coast area, a week and a half after the storm, I asked a 96-year-old resident what she thought about the disaster; about the storm that devastated so many lives in her community. I will never forget the words she uttered as I listened anxiously for her response: "This is not a disaster, this is my life." When I hear people say disaster, worst disaster, unbelievable disaster, I wonder, how anyone can look at all the destruction, loss, and death around them and think "life." Everything around you is dead. There seems to be no end to the miles and miles of destruction and loss. Life as you once knew it will never be the same. The life you embraced for ninety-six

years along the Mississippi coastline will never be the same. It is gone forever. Now in my mind, when I think about what surrounds this woman's home, I see a disaster, not life. She takes me by the hand, looks me square in the eyes, and says to me, "Can you feel my hand? Is it warm to you? Do I appear to be alive to you? Does my voice still crack at every fifth word? Can you see the bend in my back as I stand before you? Is every inch of my gray hair standing straight on my head except on the top that always seems to lay flat?" I look at her for a moment, and as I begin to prepare my response she says to me, "When you look at me, what do you see? I'll bet you if you had to write down one hundred words to describe what you see, not one of those words would be 'disaster'." "What do you tell people about what has happened here?" she asks. Do you tell them about the so called "disaster" or do you tell them about life that has survived it?" She reminds me that after the storm, she and others like her are still the same people who get up every day and bathe, clothe themselves with pieces of garments mercifully left by the storm or by others who come to help, eat ready-to-go meals from their kitchens or backyards if they are so lucky, and step out into the world charged with the task to reach back into the past to gather the pieces of their lives that still remain, while seeking an unknown future that they tell themselves to be grateful for because they are still among the living.

It's hard to look into the eyes of a thin, frail, ninety-six-year-old widow and not see wisdom. As I acknowledge her words of wisdom, I turn to leave for my car. She has one final word of remembrance that will bring

me back for future trips to "help." She tells me that it is good to help and it is good to receive help. She says that when help comes, she takes it by the hand one hand at a time. She then admonishes me to remember this when I am helping others. She says I should take each person as one life charged with the responsibility of living, and not just the responsibility of recovering. I was puzzled as to why she was telling me this, but indicated that I understood with a southern sign of respect, "Yes Ma'am."

As I leave this woman's presence, I turn around and look at the few homes left standing in her neighborhood which is just below the railroad tracks where the greatest devastation can be seen. There are four homes left standing intact: her home; two homes at each corner of the street; and one home just at the point of the tracks that separates the beach homes that exist no more from the homes on the other side of the tracks. Now I've driven throughout the community well into the city limits and out into the county. Every neighborhood looks the same, much like this ninety-six year old woman's. There are few homes left standing or undamaged. Trees are pulled up by the roots and left standing at attention in the middle of almost everyone's home. Debris is seen as far as the eyes can see, and broken glass is piled so high it creates mini rainbows from the sunlight that hits subsequent piles of broken glass in people's yards and on the side of the roadway. Nothing is like I knew it to be. The city as I remember is gone. At that moment I had to ask myself what it means to help. Am I missing something in my self-appointed desire to serve as a social worker, as a volunteer, as a public servant who just wants to help? I would ponder this question as I exited the Mississippi gulf coast for the first time. I would come closer to an answer on my second visit.

### **Second Stop on the Road to Recovery**

It has been three months since my first visit to the hurricane zone. The landscape still looks much like it did during my first trip. This time I have been elected by SAMHSA (Substance Abuse Mental Health Services Administration) to serve as part of its mental

health disaster response team. Groups of mental health and substance abuse professionals are sent to the "hurricane zone" to provide mental health, substance abuse, social service, and community recovery support. As a representative of SAMHSA, I was contracted to identify and work with people who may be in need of mental health support and/or social service and community referrals. I met a number of people for whom I provided brief intervention counseling during my three week stay.

One of these individuals was a distraught young father. He was so distraught, not about the losses suffered during the hurricane, but the fact that his three year old son saw him cry for the first time and now tells his father, "No more teary eyes, Dad." This young father expressed feelings of shame and guilt because he had taught his son that crying was not for men. He would often tell his son, "No more teary eyes" when he would cry. He said he could see the disappointment and fear in his son's eyes when he saw him cry. How could he let his son down like this? What would his son think about him? For him, his greatest loss was his son no longer seeing him as the strong man, he had tried to teach his son to be. Being strong for his son, and teaching his son to be a strong man meant no teary eyes. It meant everything to this young father.

This man who had lost his home, his job, his car, two members of his family, his close friend, and most of his community was not concerned with these losses. His greatest concern was that his son saw him cry, and his son believed he was no longer a man. I began to talk to him about how the hurricane had taken so much and that it was okay to cry. I tried to explain to him that crying did not make him any less of a man, and that the hurricane and all of its destruction would bring the strongest man to tears. It's a perfectly normal response I said to him. As I begin to continue my effort in counseling with him about the hurricane and him giving himself permission to cry and experience his emotions, he stopped me in mid sentence. The following is a summation of what he said to me:

*"I'm listening to you and others talk to me about the hurricane, and I can tell that you just don't quite get it. Everything you talk about is in relation to the hurricane. It's all you people seem to see. I'm standing here telling you about how I feel about my son no longer seeing me as a man, and all you want to talk about is it being okay to cry because of the hurricane. It makes me wonder sometimes what you people really believe helping is all about. Ask yourself if you were me, and your son saw you cry for the first time and was afraid, what would you want me to say to you?"*

He then challenges me to think about my idea of helping, to think about whether the people I'm helping would agree with how I have chosen to help. As he walks away from my table, he asks me how helpful I thought I was to him. Well, of course I'm thinking, "Is he challenging my commitment to helping in times of need, to taking action and responding with resolve and diligence? Is he challenging my own election and that of others as public servants who have come to help when the need for help is so great? What could he possibly be trying to tell me?" As I begin to start an apology for not responding the way this father needed me to, he turns quietly towards me and says, "You will be back. I can see that you really want to help. You just have to get beyond the hurricane and see the people. The hurricane is one thing, and I am more than someone who was affected by it. Remember that the next time you come to help."

With those parting words, I board my plane a few days later to return to my "normal" life. How many times will I have to be challenged before I finally get it? I believe that I am a competent and compassionate professional. There is no question to me I know that what I am doing is good and helpful. I've been doing

this as a social worker for more than thirteen years. Surely I would have been challenged before now if my idea of "helping" was so wrong. I couldn't help but wonder how my next trip to the "hurricane zone" would unfold. I was certain that I would return to help once again, and the next time they would see that I really do get it. I understand what it means to help.

### **Third Stop on the Road to Recovery**

It has now been six months since I returned to the hurricane zone. This time my election finds me in St. Charles Parish, located about 35 miles outside of New Orleans. Although this area suffered wind and rain damage, most of its residents were able to return home and resume their lives a couple of weeks after the hurricane hit. The children are back in school, and life is getting back to normal for some. Not true for the residents of New Orleans who wanted to return to their homes but could not do so because the damage was so extensive, and there was still no housing, affordable or otherwise, for the most. As part of my continued efforts as a mental health disaster responder for SAMHSA, I worked at a high school with students grades 7 through 12. There I spent most of my time counseling children from the 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> Wards of New Orleans, as well as children who lived in uptown New Orleans. After visiting these communities the day after I arrived, I was convinced there was no life left in these places. Everything looked so morbid. How could anyone return to these communities that looked like relics of a ghost town? Why would anyone want to return to essentially "nothing"? These were my honest thoughts as I surveyed what was left of the communities these children called home.

Each day I walked the halls of the high school pulling children identified as possibly in need of one-on-one counseling out of their classrooms. Sometimes, I came across teachers who lost everything they owned in the hurricane and needed to talk, but were more concerned about the children. They wanted to make sure that at least the children had some kind of outlet. I tried to convince the teachers that they needed to be able to



talk as well. I was convinced that they too needed help. They, however, insisted that I and my team take care of the children. Seeing the children laugh and try to resume some kind of normalcy seemed to help the teachers I talked with to get through the day. They wanted the children to be taken care of. Should I expect anything less from teachers? While they often are not given the credit they deserve, I was determined to do what I could to honor the commitment these teachers had to their students. So, along with members of my team, I spent my two weeks taking care of the children through counseling and organizing a coping and recovery group.

Three days before I was to conclude my service at the school, I met a seventeen year-old Hispanic girl who was anticipating graduation. Her teacher explained that she was a shell of a girl. She would not talk to anyone and seemed to be very angry. He asked if I would try talking with her to see if I could get her to open up. After about half an hour of trying to get her to talk and acknowledge that I was even in the room, I decided to tell a joke. It wasn't particularly funny, and my delivery I'm sure was not the best, but she cracked a smile at me. She then proceeded to tell me to keep my day job. Telling jokes was not my forte. Then she asked me, "Why are you really here?" I asked her to explain her question to me. She instructed me to ask this question of myself. "Why are you here?" I answered her by saying that I was there to help. I wanted to help her and her peers talk about what had happened and how they were feeling about it. I asked her why she thought I had come to talk to her, to "help" so to speak. We began to talk about her experience. The following expresses her feelings about those who came to help.

*"People have been coming since the hurricane to help, and they all do the same thing. They want to talk about the hurricane and how it has affected my life. They act as if my life is gone. They act as if the hurricane has taken everything, including me. Don't*

*you people get it? I'm still here! All you want to talk about is the hurricane and how it has affected my life. Well, what about my life? Do you even see that a life is still here? You people treat the hurricane with greater attention than you do the people left to live with it. The hurricane did not just happen, you know; it happened to people just like me. We mattered before the storm, and I just wish you people would see that our lives matter not because of the hurricane, but because we matter. Do you see a hurricane, or do you see me? Do you see destruction and suffering or do you see a life worth getting to know outside of the destruction and suffering that the hurricane brought? I wish someone would tell the people coming to help to talk to me about life, my life. Ask me about me, and not just as it relates to the storm. I don't want to talk just about the hurricane and what it has done. I want you people, when you come to help, to talk to me about life, about hope, about community, about living because I still have today, and want to look forward to tomorrow. A hurricane did not just happen here, life happened here. Community happened here. Hope happened here. And oh yeah, people happened and are still happening here. We are not just victims of the hurricane, and I wish everyone would stop treating us like we are. We are people with the same hopes and dreams before the storm. These hopes and dreams are here with me in the present. I just want you to see me in my present. I still need community. I still need*

*hope. I still need today, and I still need the sun to come up tomorrow. Once you people realize that helping is not just about me and the hurricane, but about your willingness to see me as a life before the hurricane, maybe you can begin to see me in the present and work with me to help you help me hold onto my dreams. After all, my dreams were built on hope, family, community, and the desire to live life. People who really want to help should remember this and work to help me get this part of my life back again. People who come to help should tell the rest of the world about me, about my life. When you share my story, you help us all, including the people who come here to help."*

I listened carefully to the words out of the mouth of a babe, and thought once again I had failed to get it. Why am I not hearing what has been said to me each time I have come to help? When would it finally click? I left this trip feeling that I had failed this child, failed her community, and failed myself as someone who believes I am truly committed to helping others as best I can. Perhaps one more trip to help would give me the insight I needed to finally get it.

### **The Not-So-Final Stop on the Road to Recovery**

It has been one year since my first trip back to the hurricane zone. It was to be my final trip, but the value of lessons learned in previous trips motivates future efforts to continue the journey of what "helping" has come to mean to me. This time, the trip ends with one final act. That act comes in the form of this article. Because those I went to help helped me to fully understand and embrace a truth that says that the person standing before me is just as important, if not more so, than the things that happened to them.

I started this journey of helping by being admonished to take my self-appointed election of helping one hand at a time, one life at a time. I then was challenged to look beyond the circumstance and see the person, to see the person in relationship to the circumstance and not just the circumstance in relationship to the person. I was challenged to see myself and what helping meant to me. Would I want the help I was giving? Would I want to be seen only as a result of my circumstance? And if that were the case, what would that say to me about the value of who I am and my life before the circumstance that brought the "helper"? Would my life mean more than what had happened to me?

Children and adults alike questioned me about what I would tell others about what had happened and what I would say about them. I think about the stories I told the two trips after the storm and the story I tell in my not-so-final act one year after the storm. Today when people ask me about what happened, I tell them in the words of one young teenager, life happened, people happened, community happened, and hope happened. When they ask me about the people that survived the storm, I tell them that people are more than their circumstance. Their lives are not just what happened to them. Their lives are a reminder of what could happen to the rest of us. And how would we want others to respond? What would we want others to see when they came to help? Not just the circumstance, not just the people caught up in the circumstance, but the person separate and apart from the circumstance who was important before the tragic event happened, important during the need for help as a result of the tragic event, and most important long after the help has come and gone and the stories being told no longer make headlines or are a part of social deliberation. I was reminded by each of the people I encountered during my trips to the gulf coast that helping others helps me, and sharing and honoring one life's story helps us all.

Finally, through my not-so-final act of personal deliberation I finally do get it. I suspect I knew it all along. It was only after I was challenged to really consider not only how I

see others and their circumstance, but how I see others separate and apart from their circumstance, and how I respond to the lives before me that I am charged to give my best. I learned in a matter of months, after thirteen years of practice, that the work I do is the legacy of the social work profession. It is a legacy with the legitimacy of helping others and the nobility of the human spirit that speaks to us through the voice of innocence, wisdom,

and most of all humility. We are more than our circumstance. When we can embrace this, then we have taken our first step towards helping.

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An empty public school in New Orleans, Summer 2006.



Alternative options are needed during the slow rebuilding process.

# 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 topsyturvy, but victims, witnesses or visitors were few and far between. Driving through the 9<sup>th</sup> 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.

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

Cheryl Dozier, D.S.W., Nancy R. Williams, Ph.D., Mininder K. Sodhi, Ph.D., and Ra'Shanda S. Robinson, M.S.W. Student, University of Georgia

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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# RAYS OF LIGHT THROUGH THE STORM

**Terri Swartzlander, LPN**

*The following narrative describes the author's two-week experience as a volunteer at a shelter in Texas.*

I had never been away from my family before, especially for a long time. After seeing the devastation on television, I felt a strong desire from God to go to help out, medically, in some way. I was praying about it in my car one morning on my way to church. A song was playing on the radio; the verse said, "I want to be your hands. I want to be your feet. I'll go where you send me. Go where you send me." At that very moment, God's presence was so strong that I knew what I was supposed to do.

## **October 4, 2005**

I finally made it to Austin, Texas. I took a shuttle to the headquarters where I checked in. The people at the headquarters were so nice. I had a lot of paper work to fill out, but they were so helpful. I spoke with a nurse and a doctor who were doing the health service check-in area. When they told me that I would have a car, I freaked out! I told them that I get lost very easily, but they reassured me that I would have good directions and cell phone for use while volunteering in my assigned area, San Antonio, Texas.

I was in awe when she asked me where I worked. I told her I was a diabetic educator at a pharmacy. She gave me a funny look, grabbed a piece of paper, and showed me that the area I was going had a diabetic clinic. WOW! How unreal was that! I would be working with diabetics; hundreds of miles away from home and I would be doing what I was comfortable with. This was definite affirmation that I was where the Lord wanted me to be. I checked in at the nurse's area for

a health check-in. An older nurse working there told me she wished she could go with me to San Antonio so she could work directly with patients. She felt that the job she was doing was very boring, but I told her she was there for a reason. That made her feel a little bit better. She wished me luck and then it was time for me to leave.

I was very nervous about driving in a strange area and got turned around a few times and found I was heading east instead of west. What a big goof I am! I just learned to laugh at myself with each mistake I made.

## **October 5, 2005**

I did it again! Most of the drive to San Antonio was a straight shot. Once I arrived in San Antonio, I had to pull over and call someone for directions to the shelter. I would be working at Kelly Air Force Base, and, once again, I got lost trying to find my way to it. When I finally arrived, I was shocked. There was a trailer in the middle of the parking area, with hundreds of people in line. I later found out that this was where the bank and the post office were. Most of the people at the shelter were Katrina evacuees. Almost everyone had on a backpack. It was very sad to see all of the children roaming around. When I entered the building, I was scanned by a security officer and went in through the main entrance, only to find out that there was a different entrance for volunteers. I had to walk through the sleeping area to get to where I needed to go: there were hundreds of cots and personal belongings were everywhere. I found out later that FEMA had provided the evacuees with some money, which some people used to buy

televisions. You would see a bunch of the evacuees sitting together watching someone else's television.

In the diabetic clinic, I worked with Deb, a registered nurse who was a great resource for me, as she has her certification in diabetes education. The clinic had lots of meters, lancets, and a refrigerator full of insulin that had been donated by different companies. The name of each client that received supplies was listed in a notebook. I was able to meet a few of the people, and one of my favorite clients was Elmo. He was hard of hearing and did not wear his hearing aid that often, but he was a very sweet man. He was frustrated because his blood sugars had been in the upper 200's to 300's. He was afraid that the 300 would put him into a coma and would say, "I don't like that, they need to do something for me." He had just been to another clinic for a doctor's appointment, but the doctor didn't make any changes in his insulin dose, so was very frustrated and afraid he would get sicker. Deb led him to another medical clinic, but the only thing offered was to have a doctor see him. He got angry and said that if they didn't help him, he would just forget it—he would not take any medicine at all. Deb was able to convince him to go to see the doctor. Later on that day he came back to see us. The doctor changed his insuline dosage for him, and this made him feel much better. I can't imagine going through all of the hassles the evacuees would go through just to receive the medical care that they needed.

#### **October 6, 2005**

This day was quite an interesting one for me. To begin with, I again got lost on my way to the shelter. I began a collection of all of the directions that people have given to me and was learning to laugh at myself. Upon arrival at the diabetic clinic, I was able to meet some of my clients. One lady named Barbara really touched my heart. She called us her "snow bunnies" and she was known as "brown

sugar." She always had a huge smile on her face and did a little dance for us in the morning. That day she found out that she would be flying to California first-class on October 12, the day after her birthday, to see her son. This would be a birthday that she would always remember.

I also met a lady who was just diagnosed with Type II diabetes. She was very nervous about the diagnosis, and hated the thought of poking her finger every day. She called me the "blood sucking nurse." I told her that I would work with her and teach her to be able to check her own blood sugar levels before too long, which I hoped would relieve some of her anxiety about poking her finger.

Near the end of the day I had some down time. I noticed an older woman sitting with her two sons and I went over to talk with them. They were from New Orleans. Right after the storm they were all separated; the older son was at another shelter and it took a few days until they were reunited. They told me they planned on going back to New Orleans. One son was a security guard, and he told me over and over that he was excited to get back to work because he loved his job. Both brothers were in wheelchairs. The younger son had a stroke at a very young age. He slept the entire time I spoke with them. To be able to see them together as a family really blessed me. They thanked God that they were back together and were doing ok.

#### **October 7, 2005**

Today the diabetic clinic was moved to a medical clinic. I felt a lot safer there because they had police officers outside of the door. One officer joked with me and said, "Yell loud if you need us so that we can run away." I told him, "Thanks! I feel really safe."

I worked from 7:00 a.m. to 5:00 p.m. It was so busy that I didn't even get a break. We saw over 40 people. Some of the people were workers, and a lot of people were having

sinus and cold symptoms. Faye, a very tiny lady—she weighed about 90 pounds—came to the clinic to receive all of her medications. We kept them for her because when she kept them on her own, she took too many at a time. She had a psychiatric history: she may have been tiny but she sure was mighty! Another nurse I worked with (not a very compassionate nurse) did not get along with Faye, who swore at her and told me she couldn't stand her, although Faye and I got along really well. She told me the story of her evacuation during the hurricane. She is hearing impaired and had a little dog who was her hearing aid dog. During the storm, she was thrown all about. She showed me all of the bruises on her legs and arms. She said there were other dogs all over the place fighting with each other. She told me that when they came to rescue her, they took her little dog and threw him out of the way. She was so upset that her dog was gone. She had to spend a few days in the hospital in the ICU area and only remembered a little bit about those days.

During the day a nice lady from Louisiana who'd been living with her sister came in for a prescription voucher. At one point her brother had been missing and she thought he might have been stranded on a boat. Eventually she met up with her sister-in-law, and soon they were all united again. She joked with her sister-in-law and said, "We have no home, no job, and no possessions. We are the 'ya ya homeless sisters!'" I laughed and let her know how impressed I was that she was able to keep her sense of humor during a time like this. She came back later with some pictures of her mother's house. Her mother lived near where the levy broke, and the media hadn't shown anything compared to what these pictures showed. Her refrigerator was turned over; the ceilings and walls were caved in; her new large screen TV was ruined; mold was everywhere. Then she showed me a picture of her bedroom, where everything was

still intact! The bed was made, nothing was out of place. In the same picture was an outline of what appeared to be a woman with a pink scarf on. It was the most bizarre picture I have ever seen.

### **October 8, 2005**

This morning I had an opportunity to work with a nurse practitioner named Terry. We really clicked and worked well together. A new group of nurses began to come in today for work. I was amazed at some of their attitudes. They only wanted to work in certain areas at certain times.

My biggest frustration has been the organization. Until then I hadn't had a supervisor. No one had any idea how many people we had seen or if we had any suggestions to make things run easier. I felt that when new nurses come in, someone should be there to greet them and show them around the facility. I also thought it would have been nice to have one person in each zone available to report in to and talk to with any concerns or issues. The volunteers come and go, and there is no way of checking to see how long they worked or if they even showed up to work. I saw many people abuse their volunteer time. To me, being a volunteer means you go where you are told and do whatever work is needed.

Today a man came into the clinic complaining of athlete's foot. He told me he was an evacuee from Hurricane Katrina and told me an amazing story. The water was coming in very quickly and as he was trying to escape he saw some elderly women holding on tightly to doorknobs so that they wouldn't drown. He knew he had to save them. He was able to get a boat and went back to get them. He was able to get them in the boat and saved their lives. They were all placed in a shelter but the women had since been able to get their own place. He said that they came back to the shelter to visit him; that they were all doing well and thanked God

for him. This man was so humble! He said that he just wanted to go to church and be able to praise the Lord for all that the Lord had done for him. When he left, I spoke with Terry. I got pretty choked up and told her I felt so selfish after meeting all of these people. I've always let the little things in life bother me.

#### **October 11, 2005**

All the evacuees have amazed me. They always bring me such joy. A man came into the clinic today complaining of foot trouble. He told me that he'd been stranded in brown water for four days, having to move dead bodies out of the way while swimming. He was finally air lifted to safety.

A family that came in to the clinic today really blessed me. They had two children, ages 12 and 14. The mother was having an asthma attack and had run out of her inhaler. When Terry listened to her lungs, she could hear wheezing. She asked the woman if she wanted to go to the hospital where they would probably give her a breathing treatment, some medications, and then send her home. She would have to pay out of pocket and then FEMA would reimburse them. It would probably cost about \$130.00. They chose to wait until the morning.

One of the biggest frustrations was trying to lead people in the right direction for their medications. At one time they would go to the clinic for vouchers to be able to get medications filled. The nurse would fax a form to the pharmacy, the pharmacy would fax it back to us with the cost of the medication, then the client would receive permission to go to have it filled. Since then the procedure has changed. Clients were to go to another building to have the paperwork filled out. Clients were returning to us and telling us that they were no longer doing the prescriptions. People were getting very angry and upset! They had no idea how to get the medications filled. These people had been through so much! A lot of the people needed cardiac,

hypertension, respiratory, and diabetic prescriptions filled. Some of the people had gone days and weeks without getting their medications.

#### **October 12, 2005**

Today was an emotionally draining and frustrating day. The system for the evacuees was adding more stress to their lives than they needed. People continued to come to us for medication vouchers. We had to tell them to go to another building where FEMA was to get the voucher for them. They were being told that they would have to pay for the medications up front and that FEMA would reimburse them. Most of the people didn't have the funds available. A man came to the clinic who had a tooth extracted. He was unable to get his medication filled because a number was missing for the D.E.A., and the pharmacy was unable to read the dentist's name. I tried to call for him but the dental clinic had already closed for the day. He would have to wait until the morning. How frustrating! It did not seem fair that these people were going through these problems on a basis.

Miss Rosalyn came to visit me today. She hadn't been in for a few days and was very depressed over all she'd been through. She had been to mental health. I was able to spend some time with her. I kept telling her that God loves her and would help her through this. I blew her a kiss as she was leaving. She stopped and said, "I love you Miss Terri." I told her that I loved her too.

#### **October 13, 2005**

Today was a pretty slow day but we were able to spend more time with the residents. I have really grown to love Elmo. In conversation with him, I found out that his father was a preacher. He knew the Bible quite well. Elmo shared his story of the hurricane with us. He said that his family tried to get him to go with them but he told them

no. The water was coming in quickly and kept getting higher and higher. He cried "God please help me!" He then saw a light. The light led him out. He said that someone appeared to him and said, "I have been sent by God for you." The man had a boat. He got into the boat and lay in the bottom. He hadn't had his insulin or other medications for a few days and was very weak. He was unsure if the person was going to hurt him or not. He was safely lifted by air to a hospital for treatment. He hadn't eaten for a few days and had not been able to take his insulin. He said his blood sugar was okay but that his blood pressure was very high. Elmo is an amazing man.

#### **October 15, 2005**

Today was another slow day. FEMA was about to take over the shelter, so we had to pack up our supplies. Half of the supplies were to be sent to the Red Cross; the other supplies would stay with FEMA. My friend Elmo came in for his medication. He pointed at me and gave me a huge smile! He wasn't sure if he would see me again. My time volunteering was almost over. That was the last day that I ever saw Elmo. I miss him—I often wonder where he chose to live.

Another man came into the clinic for some Tylenol and shared his story with me. He told me he had never gone swimming before, and as the water was coming in, he called out to God. He told me that God had given him the ability to swim when he needed it. He was in the water for quite a few days. He slept on the tops of cars and held on to the door handles. In the morning he would continue to swim until he hit land. He told me he swam over barbed wire, past cats, dogs, even snakes. He was so thankful to be alive.

#### **October 16, 2005**

Today I had to be processed out. It was my last day in San Antonio and I was ready to leave. I missed my family, but I would also miss the amazing people I met. The people that checked me out of the shelter were very rude to me. They told me I would have to return my car to the airport. I told them that I was not going to do that, that I had been told of construction that was going on, and that I get turned around so easily that I didn't want to risk missing my flight home because of detours. They kept telling me it was my responsibility. I again asked them to please keep the car because, after all, it was one less day they would have to pay for it. Finally, after speaking with my supervisor and making me feel horrible, they agreed. I also had to turn in my credit card. The Red Cross gave each volunteer a credit card with \$500.00 on it. I had almost \$200.00 left on mine and I'd been there for two weeks. Some volunteers actually asked for more money. Some were spending the money on drinking. I think there should have been more rules on how to spend the money, but one of the supervisors from San Antonio said she didn't care if people used it for drinking. This was money that people had donated to help those that were in need!

I have no regrets about going to Texas to help. It was an experience that I will never forget!

Terry Swartzlander, LPN, is a diabetic educator at The Pharmacy Counter in Oregon, Ohio.



# FOREVER CHANGED: PARALLEL PROCESS THROUGH THE EYES OF TWO HURRICANES

Sharon B. Templeman, Ph.D., and Kathleen Belanger, Assistant Professor  
Stephen F. Austin State University

*Surviving an M.S.W. program took on new meaning for the players in this scene when nature decided to redesign the set. The 16 students and two instructors in this real-life drama of survival had no idea that their classes would be joined by two additional members: Katrina and Rita. This is the authors' story of helping, hurting, loss, recovery, empowerment, and multiple parallel processes in social work in the midst of Katrina and Rita. Participation in these processes was not symbolic, not virtual, but actual paths forged by two hurricanes.*

"I realize some may not be able to stand under the pressure of this program AND rebuilding their lives, but I, for one, am gonna give it my best try. I really want my master's degree, so I will do it...I am sorry for you that you have had the added responsibility for us at this time. My one real concern is that you and Dr. T. will decide we just aren't worth THIS much effort. I will do what you ask and to the best of my ability at the time" (M.S.W. Student, personal communication, October 4, 2005).

## Prologue

Our story would be one dimensional if we did not first share the context of our work and our understanding of how the concept of parallel process emerges and extends from client to the social work classroom and back to the client. So before we begin our story, we will introduce our readers to our East Texas Region and to the concept of parallel process.

Jefferson County (pop. 252,000) is located in southeast Texas on the Gulf of Mexico, about 90 miles east of Houston. The county seat of Beaumont (pop. 112,434), and the city of Port Arthur (pop. 57,755) are the major population centers, although part of the county and nearly all of the surrounding counties are rural. While the area has many challenges, in 2004 there were no programs for graduate social work education within 80+ miles of the area. After multiple requests for assistance and because of its focus on rural advocacy and rural empowerment, administrators at Stephen F. Austin State University, located in

Nacogdoches, Texas, agreed to offer its M.S.W. program in Beaumont beginning August 2005.

The two authors (KB and ST) have long been committed to providing advanced social work education, particularly to practitioners without access, and agreed to make the weekly round trip of 250 miles to begin the program. However, the 16 students and two instructors (authors) had no idea that their classes would be joined by two additional members, Katrina and Rita, who ultimately became the real instructors, teaching the students and professors what they cannot learn from a textbook. This is our story of helping, of hurting, of loss, of empowerment, and of multiple parallel processes in social work. It is also a story of survival – how people have the inner ability to survive not only what is known to them but also what is unknown.

## Parallel Process

Parallel process, first identified by Searles (1955 as cited in Ganzer & Ornstein, 1999) as the "reflective process," is a concept that is most often related to clinical practice in which therapists unconsciously enact the issues they are dealing with in the supervisory experience. After years of practice as a clinical social worker and supervisor of practitioners preparing for licensure, ST considers parallel process to be an important element across social work settings, particularly in social work education.

Kahn (1979) refers to parallel process as a situation in supervision in which emotional

difficulties in the social worker-client relationship simultaneously play out in the supervisory relationship between the social worker and supervisor; the emotions felt by one are acted out in the other, implying that the difficulties the supervisee experiences with the client are carried into the supervisory session and reenacted with the supervisor. For example, many of the apprehensions that a social worker takes into a new supervisory relationship are similar to those experienced by a client in initial interviews with the caseworker. Seminally and simply stated, Arlow (1963) refers to parallel process as similarities between the supervised case and the supervision of the case. In contrast to the concept of secondary trauma in which "bearing witness to trauma stories can evoke in clinicians the confusion and emotional turmoil their clients' experience" (Geller, Madsen, & Ohrenstein, 2004, p. 415), parallel process refers to a situation where both the social worker and the client or the social worker and the supervisor experience the same phenomenon. Although the literature refers to the fact that both social worker and supervisor experience the same phenomenon, it may not always be at the same time. The occurrences described in this narrative were such that both supervisor and social work student experienced them at the same time.

While most literature focusing on parallel process targets clinical practice, this phenomenon extends beyond the clinical arena. Workflow Management Coalition [WMC] (2006) for example, defines parallel process straightforwardly as "a process in which two or more sequences of activities are going on simultaneously." Sullivan (2002) reports that parallel process is now an appreciated facet of organizational research and consultation as consultants and clients relate and tend to reflect dynamics that exist within the organization under study. From this narrative, it is clear that the reflective nature of the parallel process is not only limited to the clinical context.

We found one reference to the application of parallel process to teaching in general (Miller, 2004) and one to social work education, which is Ganzer and Ornstein's (1999)

discussion of parallel process in field instruction. In this reflection of our experiences with graduate social work students who faced hurricanes Katrina and Rita as both helpers and victims while being taught by faculty who lived through the same events, we follow the lead of Ganzer and Ornstein (1999) as we apply parallel process to social work education. These authors relocate parallel process from psychodynamic supervision to a larger relational matrix where it is "one element in a complex, interactive process and serves as a marker for further exploration in reflective social work practice" (p. 231). Further, we expand WCM's (2006) understanding of parallel process as a situation in which multiple sequences of activities are occurring simultaneously and add, from the traditional clinical perspective, that these events occur on multiple levels within the system. In this instance, victims of hurricane Katrina received help from M.S.W. students who were victims of hurricane Rita and were studying under social work faculty who were both helpers to Katrina evacuees and victims of hurricane Rita, as well. Community of Works, Inc. (2006) captures the essence of our experience as they speak of the complex parallel process interactions that occur between traumatized clients, stressed staff, pressured organizations, and hostile economic and social forces in the larger environment.

#### **Parallel Process in Action**

We believe that the experience with these M.S.W. students in the midst of hurricanes has given birth to new dimensions in the parallel process. The evidence of the birth of new dimensions is found in the narrative provided in this article. These dimensions add important new knowledge to the broad knowledge base of parallel processes. Perhaps there should be another term for exponential parallel processes such as these that encompasses multiple levels of intervention beyond that of the social worker - supervisor relationship where these students, feeling overwhelmed by the challenge of locating resources and services within an already strained rural system, not only came to class each week seeking strategies and solutions from their professors,

but also sought solace for their own beleaguered selves.

They were secondarily experiencing the helplessness felt so strongly by their clients, the families seeking the barest essentials of shelter, food, and safety. Maslow (1943) would most assuredly have exclaimed, "Ah ha, I told you so! Students cannot focus on A.P.A. format, social work theories or the ideal intervention when their clients have no place to sleep!" Pure research, such as grounded theory, begins in this type of experience. And so, much of the time in the classroom was spent helping students cope with their own frustrations and feelings of inadequacy as helpers in crisis work while we as educators struggled with our own anxieties about ensuring that the students received the content necessary to prepare for advanced generalist practice. As one student commented, "...this is the Olympics of social work." The following ominous forecast came from another student in an email:

*"I know that there are so many things that still need to be done for the hurricane victims. I have to admit I am relieved that the news has slowed down somewhat. When I watched TV, I was just pulled into it all and it was hard to turn off. But it has really made me look around my house and examine what is really important should this happen to me. I think about all the wonderful "things" I have and how comfortable I am. I can empathize with these people who just want to go "home." Home, where they have all the things that comfort them. And it doesn't matter what kind of people we are talking about...rich, poor, or in between. We all have our comfort zone and when it is taken away, we have lost so much. I pray these people find peace wherever they end up."*

### Students as Helpers

The following are excerpts from class correspondence, including emails and discussions, and a timeline of hurricane-related events. KB refers to Kathleen Belanger and ST refers to Sharon Templeman, the authors of this narrative. Other speakers are the students in the class (S).

**8/23:** KB—*Welcome to SFA! I'm delighted to meet all of you and to learn together. Make sure you read your email on WebCT, since this is the way I'll be communicating with you....*

**8/27:** HURRICANE KATRINA, AT LEVEL 3, APPROACHES THE LOUISIANA COAST AND A FEDERAL STATE OF EMERGENCY IS DECLARED,

**8/28:** 7 a.m. HURRICANE KATRINA HAS BEEN UPGRADED TO A CATEGORY 5 HURRICANE, AND A MANDATORY EVACUATION OF NEW ORLEANS HAS BEEN ORDERED.

**8/28:** KB—*We have been assigned the following classroom at Lamar University... textbooks are available at.... We have materials available through the SFA library... See you tomorrow!*

**8/29 7 a.m.:** HURRICANE KATRINA, A CATEGORY 4 HURRICANE, SLAMS INTO NEW ORLEANS

**8/29 7:30 a.m.:** NEW ORLEANS LEVEES BREACHED; 20% OF CITY FLOODED.

**8/29:** Classes begin; KB teaches SWK 504 and SWK 514 in Beaumont.

**8/30:** 2<sup>ND</sup> LEVEE BREACHED IN NEW ORLEANS; 80% OF CITY FLOODED WITH WATER AS HIGH AS 20 FT.

**8/30:** EVACUEES FROM LOUISIANA POUR INTO EAST TEXAS, INCLUDING BEAUMONT AND NACOGDOCHES.

**8/30:** ST teaches SWK 525 in Beaumont.

**9/1-2:** Questions about texts, assignments, etc.; numbers of evacuees in East Texas increase dramatically; all social work students, KB and ST volunteer at Red Cross shelters.

**9/2:** *KB—It appears that the texts will be arriving soon...I know this is a hard time for many of you. So many of you work in responsible jobs, are already doing incredible things to help others, and many are returning to school after several years...the hurricane is a very real disaster, with evacuees in both Beaumont and Nacogdoches. There might be ways we can use the work that's being done in light of the current crisis...*

**9/2:** *Thanks for the encouragement. Many of us need it! Local government is looking to our N.G.O. to accomplish the disaster relief needed for our new neighbors. There is a pervasive feeling of neglect from the Feds and national organizations. We are in reality the "poor relations" of Houston/Harris County. We are in fact doing fabulous work without external support or resources. To the best of my knowledge, FEMA has not appeared and is not expected until Tuesday...Please tell Dr. T. that I would like to attend class Tuesday, but I may be compelled to continue working the disaster. My team needs a break and there is none in sight. Please keep us in your prayers. You are in mine.*

**9/3:** *KB—I am sure that by now you have already reviewed the history of social work.... If you have a little time to spare, spend it helping the agencies who are overwhelmed helping evacuees. We don't have class Monday since it's Labor Day.*

**9/3:** SUPERDOME EVACUATED; LARGE NUMBERS OF EVACUEES ARRIVE IN BEAUMONT AND AT MIDNIGHT IN NACOGDOCHES; KB STATIONED AT A NEW SHELTER AROUND THE CLOCK; ST ASSIGNED

TO MENTAL HEALTH DUTIES ACTOSS SHELTERS.

**9/4:** *KB—Helping the evacuees is more important at this point than any class assignments. Class on September 12<sup>th</sup> will be a debriefing in relation to rurality (SWK 504) and professional practice (SWK 514). Any contributions you are already making toward assisting the evacuees are all the preparation you need for class. By the way, I'm writing this from a temporary shelter (one of three) in Nacogdoches. While we've had families here in our city all week, just tonight the city received hundreds of evacuees from the Superdome. The ordeals they have survived have been horrific. We have several people here still looking for their children and other members of their families, many separated by the evacuation effort in New Orleans. If you have people in a shelter there, email me outside of class and I'll send you the names of the families I'm hunting.*

**9/4:** *I spent the day helping people post on the Internet. The Ford Park shelter is using [www.gulfcoastnews.com](http://www.gulfcoastnews.com). They have consistently had 1,500 people there so the list is growing and growing. Try that one.*

**9/5-20:** Classes continue in Beaumont during which there are numerous student comments concerning efforts to help, appreciation for instructor recognition of the crisis, and encouragement in helping.

**9/11:** *I am so blessed to be in a position to really help, and that has inspired me beyond my expectations. Every time I accomplish something or find information that helps someone, I did my touchdown dance and said "Social work rocks!" Those people could not avoid laughing at my fool self.*

#### **A New Storm Rages**

Meanwhile, the authors are heavily engaged in our own volunteer efforts to serve Katrina evacuees in the crisis shelters in our own community over a hundred miles away.

Then, just as we began to feel some sense of stability, reports of another hurricane appeared in the news. Anxieties arose again.

**9/18: TROPICAL DEPRESSION BECOMES TROPICAL STORM RITA.**

**9/20: HURRICANE RITA REACHES CATEGORY 2.**

*9/20: Just wanted to touch base before I become an evacuee myself...We are now under mandatory evacuation. Port Arthur and most of Beaumont is supposed to flood...Please pray for everyone down here – leave it to Texas to be the “biggest and best”... Now we will see it straight on from the other side of the hurricane issue as the Katrina folks did...My family is splitting up – going to three different places in the Lakes area. But honestly, there is no place to run and no place to hide; the storm is just too big. There were no hotels short of going to Lubbock [575 miles]...I will let you know how things are as soon as we return...now the question I ask myself is what is important as I leave my home with the uncertainty of what may come of my worldly possessions. It is truly a...humbling feeling.*

**9/21: HURRICANE RITA STRENGTHENS FROM CATEGORY 2 TO 5. GALVESTON, HOUSTON AND THE COASTAL AREAS (BEUAMONT, PORT ARTHUR AND SURROUNDING TOWNS) BEGIN EVACUATION, INCLDING EVACUATION OF HURRICANE KATRINA SHELTERS.**

*9/21: In the event that Rita were to force our evacuation, I'd be compelled to accompany my nursing home employer and its residents to Tyler. I know it's unlikely to unfold that way, but things do happen. We'd likely be back in time for Monday's class in any case though.*

*9/21: I am taking my children and we are going to stay with family in Louisiana. I own a mobile home and don't feel*

*comfortable here. My three-year old is running around packing all her favorite toys and wondering how my five-year old will have enough time to get all his things after school... I think she must sense something is wrong...*

*9/21: It has been the longest few days of my life. I am afraid and plan to evacuate during the early morning hours. I don't know when I will be able to get back to a computer and/or if I will have a computer when I return. I reside in Port Arthur, in one of the three flood zones...*

How interesting it is that so many feelings experienced by the students are the same as those felt by our clients.

**9/22-23: TRAFFIC JAMS, GAS SHORTAGE AND STALLED CARS HIGHLIGHT THE EVACUATION OF THE GULF COAST.**

**9/24: HURRICANE RITA SLAMS INTO THE GULF COAST, INCLUDING PORT ARTHUR AND BEAUMENT AND CONTINUES IN HURRICANE FORCE TO NACOGDOCHES, 145 MILES INLAND.**

**9/25, 26, 27, & 28: POWER AND GAS ARE OUT THROUGHOUT EAST TEXAS; GAS SHORTAGES EXACERBATED BY HOUSTON EVACUATION INTO HURRICANE PATH.**

Rita ransacked East Texas with destruction so severe that the students fled to places across the nation to maintain their own safety and that of their families. While not displaced, KB and ST also struggled to provide for ourselves and our families and to help the thousands of new Rita evacuees in the community. Seven additional shelters were opened in Nacogdoches, almost overnight, with KB now stationed at a new church that had no previous Red Cross training, no supplies, and limited facilities; but there were volunteers with big hearts. With no electrical power for a week, even in many shelters, most relied on

the rumor mill for news. KB kept apprised of events through local police and the Office of Homeland Security. The August heat was insufferable. The lines to obtain bottled water, ice, and gasoline were endless each day until the signs appeared announcing that supplies were depleted. What a sense of relief came with the arrival of each truck with new supplies; we were totally dependent on our environment.

For what felt like an eternity, we had no information about the safety or whereabouts of our students, reminding us that powerlessness exudes from the absence of information. Then gradually as they located Internet access in their places of refuge, they began to report to us of their whereabouts and situations across Texas; later we learned that some had fled to other states. All had evacuated. We set up discussions through Web/Ct so that students could communicate with one another. Most did not know if their homes were damaged or destroyed, if they had jobs to return to, or when they could return. Other students maintained contact with us through relatives who had cellular telephones and knowledge of their status. Each had a heart-wrenching story to tell:

**9/25:** *I can't believe I got into this screen. Yea! I heard I have one of my chimneys in my front yard. They won't let anyone in Beaumont yet. The doors were blown off of our shop...*

**9/26:** *...You're right of course. We are social workers, after all. At this time, however, my social work skills are simply trying to keep my head together enough to get through this emotionally intact. Certainly, almost all of our homes have at least some damage and the institutions and organizations that we count on for our day-to-day lives are simply not there. Very hard, indeed. I keep thinking that when I watched TV news about people being evacuated all those years, I have always felt so sorry for them but could not even imagine what they were going through. Well, now I can certainly imagine. I wish I had been left without this knowledge...we will definitely*

*have a lot of talking to do the first class we get together. It's somehow comforting to have you on the other end of this computer connection. You're once again the quintessential social worker. Now your skills are helping us.*

**9/26:** *I am OK. I have heard that my roof has blown off, fencig down, but all that is OK. I have no idea what to expect about my daughter's school. I have no idea what to expect from S.F.A. I don't know if I have the strength to continue. But I want to. How are we going to handle all this? Please email me even if you do not know. I need stress relief!!*

**9/27:** *Yes, thank God! Insured!*

**9/28:** *Just checking with you (from Austin shelter). I'm very blessed that all my family made it out of Rita's wrath. It took us 25 hours to go from Beaumont to Austin [250 miles]. We checked in at Henry's Middle School and were later transferred to Vistas Ridge H.S. Oops! My baby just woke up. I will continue tomorrow.*

**9/28:** *I haven't been in touch. I was doing the FEMA, Red Cross, find a hotel shuffle. I am tired and really feel for those (us) hurricane people now for sure. I'm sorry the storm has interrupted our program... I am uncertain of the damages to Lamar...Law enforcement is not allowing anyone in Jefferson county...I'll try not to worry too much.*

**9/30:** *...I finally found my nursing home (relocated in Houston) and am staying here while I work with our poor, disoriented residents. They are suffering so much more than we are. The ones we have in our care here (two hospitalized) are disoriented and afraid. I am learning a lot here. My house is... a total loss. My mother's house, however, was unscathed and I will stay with her when the power comes back on. So, I am fortunate. I am soooo ready for regular work, school and normalcy!*

Reports continued to trickle in sporadically:

*"We are in Dallas. I'm staying at my ex-husband's youngest sister's house. My ex and his wife went back...yesterday morning and found their house destroyed. My house is much damaged as well. It may be totaled. Man, this is TOUGH! I am worrying about that as well as what this all may mean to our continuing the program in Beaumont.*

*I have not heard about my house or my parents' house. However, I spoke with my supervisor...she said that a restaurant that was down the street from our unit in Orange...the roof was blown off...roofs have holes...porches flew away...power lines are down, no water, no lights and no phones for a few."*

**9/30:** BEAUMONT, PORT ARTHUR AND OTHER CITIES ALLOW RESIDENTS TO RETURN AFTER 7 A.M. BUT REQUEST THEY LEAVE THE AREA BY 7 P.M. IN GENERAL POWER IS STILL OUT; THERE IS LITTLE FOOD OR OTHER PROVISIONS.

*"I have been out of reach lately. We have returned to Port Arthur, to such a depressed environment. My Internet access is limited to my church's computer and the house that...my family is staying at had their phone service restored on Thursday. I am hopeful that things will get a little better now. My house...is in an unlivable state and so is my parents' home. This is such a frustrating situation...nonetheless, I will be...ready to gradually jump back*

*into my graduate schooling experience."*

The Internet emerged as an important method of catharsis during this time. For a month we remained in frequent online communication, providing support to one another and continuity for the students as best we could and in our own ways, knowing that this was an extremely vulnerable time for student commitment to the M.S.W. program.

**10/7:** *On top of dealing with my family and the hurricane itself, my job instructed me to return to work this week and for the first time in a long time I felt like a helpless single parent because there was no one to care for my daughter. When I expressed this to my employer (State of Texas), I was told that they could not help me and that I should attempt to locate friends or relatives. Needless to say, I am seeking other employment. [Expresses gratitude for help and concern.]*

**10/7:** *I will be leaving Texarkana tomorrow to go back to Beaumont, but probably to a shelter, [because of] mold in my house. The kids start school on Monday and I'm supposed to work on Monday. I may not be able to get my paper to you in time because my system is not running. My husband said the Cable (our carrier) is not working. I am going to try to use someone else's system. If I can't, will it count against me? I know I am going to need all the points I could get...Thank you and have a nice night.*

**10/8:** *I have a co-worker who was living in Port Arthur with her four children. Thank goodness she was able to evacuate to Austin. But due to the damage at her apartment complex, she has been evicted...She and her children are staying in Austin under the assistance of FEMA and Red Cross and are being moved from place to place. Right now she is on leave without pay and is unable to return to work because she has nowhere to live and no child care.*

*Her children are not enrolled in school because there is no transportation available...*

Classes resumed quickly on the main S.F.A. campus, but we had no idea when and how classes could resume at our distant site at Lamar University. That university sustained severe damage, especially to the technological infrastructure upon which we depended so heavily. Our contacts reported a series of three contingency plans as outlined in emails. The most optimistic prediction was for classes at Lamar to resume October 12<sup>th</sup>. More likely they would resume on October 19<sup>th</sup> or 26<sup>th</sup>. At the latest the university would be functional by November 2<sup>nd</sup>.

**10/12: EVACUEES ALLOWED TO RETURN. SUPPLIES SUCH AS WATER, CLEANING PRODUCTS, ETC. ARE DISTRIBUTED TO PEOPLE IN FORD PARK ACCORDING TO ZIP CODE**

Ultimately our classes resumed on October 24<sup>th</sup>, one month after hurricane Rita pounded the region. KB taught SWK 504 and SWK 514 in Beaumont; ST resumed with SWK 525. Meanwhile, students continued to struggle to care for their own families.

**10/28:** *[My daughter's] reverse walker was damaged in the evacuation and her breathing machine melted.*

**10/31:** *Do you know anyone who has 4 airbeds we can have? My parents' home is flooded so we have to throw everything away because of mold. My sister is housing 11 people at present, including my parents and family. Medical called about the new walker and breathing machine [for my daughter]. They said that the lifespan of the equipment is 5 years, and the walker and breathing machines are only 2 years old [evacuation damage makes no difference].*

But returning to class was only half of the challenge. We also faced the challenge of somehow making up the material missed while

moving forward with new social work content and maintaining the integrity of the M.S.W. program. Just as the students sought a sense of normality in their lives, we sought a sense of normality for the profession. We were committed to covering the same material and having these students complete the full slate of assignments required by all students in the program. Through close collaboration we developed an intensive weekend-long make-up schedule in which we would cover the most critical content and processes. With hotels in Beaumont closed due to damage, the university still closed, and no other sites available to meet, we brought the students to Nacogdoches for what became affectionately known as the social work "marathon" weekend and to others as the "retreat," referring to the relief the students felt to come away from their hurricane-ravaged city to a more relaxed environment. Logistically the main campus also had the library and technology resources necessary to make the weekend effective. Meanwhile, the distant cohort was nurtured with meals and support from the Graduate Association of Students of Social Work (GASSW) on the main campus. GASSW members loaned textbooks to their distant colleagues and managed to replace some of their destroyed texts through advocacy with publishers. Clearly, the strong bonds developing between the professors, the professors with the students, the members of the Beaumont class, and the Beaumont class with the students on the main campus revealed parallel process in action.

The two-day agenda was packed to include critical thinking exercises; development of a researchable question; how to conduct a literature review; the uses, components, and application of social work practice theories with all types and levels of populations; library training and how to use PowerPoint. To maintain interest, optimism, and enthusiasm for completing the semester, a variety of teaching techniques was utilized: role plays; a game of jeopardy to learn social work theories; and the use of puppets, games and art supplies to practice assessing make-believe child clients all evoked frequent laughter and playful bonding. Even the librarian who volunteered



to work on her weekend off opened her session with karaoke to lyrics she wrote to mock Katrina and Rita. Perhaps the students' own words best sum up the marathon/retreat experience:

*"I think this weekend was extremely beneficial in providing a significant amount of information that was missed. I felt much better about being able to complete the program. I think the exercises and games that were played were excellent for practice application. I truly feel that this weekend provided us with a sense of calm that we have all been lacking. It also gave us a chance to bond as a class without having to be concerned about being home to make dinner!"*

*"This weekend is really great and very helpful for me...the timeframe is what really works for me. I was ready to drop this weekend, but the two of you make it very hard for me to do so. You are both so understanding and 'motherly'...I rate this weekend a '5'. I know that I can do it!"*

*"Before coming to S.F.A. this weekend, I was feeling as though the best thing for me was to drop. I was feeling stressed, couldn't concentrate or focus. Today I feel empowered to move forward to progress in my studies."*

*"On a scale of 1 to 5 this weekend rates a 5+...you guys are THE GREATEST! Not only was this weekend informative, but it also had some therapeutic qualities which were extremely needed for most of us...I now have a clearer*

*understanding of what's expected of me as a graduate student and, too, a better understanding of how to deal with...my own anxieties and issues regarding this journey. I honestly have a renewed mind and I am hopeful that I will be able to put my best foot forward and produce quality graduate school work...if I could have chosen a time to experience a natural disaster while in grad school, I would have picked to go through this struggle with you guys!"*

What was once "we" and "they" transcended into "us." Parallel process continued to evolve as we each learned from one another...isn't that the way it should be? For example, not all feedback was positive and caused us to evaluate our own performance as we reflected on feedback such as this:

*"I am still concerned about the problems with using the library resources. The lab yesterday just exacerbated my concern...I worry, still, about not getting articles that...will be on the test. I am worried about getting these papers completed and done well. Other than the worries with the library, I love the program."*

*"I think more time in the library was necessary for me because I was so mixed up with a doable research question...if we would have had access to the articles instead of emailing them and no computer to pull them up."*

*"On a scale of 1 to 5 = 3 (better than indifferent) because certain, more vocal students received more one-on-one with professors, therefore will leave*

*with more done and feeling more productive. Although, breaking down the paper into pieces was very effective and the support from both professors was very much appreciated and needed."*

*"I was not prepared to enjoy this weekend – what a nice surprise! Most helpful – better understanding of fallacy and theory. Least helpful – tutorial on RefWorks."*

We knew we had reached a pivotal point when students laughingly referred to their two invaders as "Katrita" and we received this email from a student. "On my way home from school I saw this sign on the billboard of Elegante Hotel, 'Dear Santa, please put Rita on your naughty list!'"

Six weeks after Rita crashed into the area and as the semester ended, 13 students of the original 16 remained in the program. Only two opted for a grade of incomplete to allow additional time to finish course assignments. To commemorate their victories over the devastation of "Katrita" and their successful completion of the first semester of the M.S.W. program, in December the students planned and held a celebration to which we were invited. The evening was filled with both tearful and joyful reflections and stories of challenge, trauma, survival, victory, and the type of true camaraderie that can only be shared by those, such as soldiers, who have endured unimaginable adversity together.

### **Student Assessments**

At the close of the semester, students were asked to evaluate the distance education track of S.F.A.'s M.S.W. program. The students were asked to comment on both the positive and negative impacts of the hurricanes on their education. Most students agreed that on the negative side, the traumatic events surrounding hurricanes Katrina and Rita triggered confusion and an inability to focus or concentrate for a period of time as they

were displaced. "It is hard to concentrate on school when your home, business and financial status [are] in the negative," said one. "Papers, tests, readings are due and with full-time work, family, activities in church, conferences, etc., there is not enough time to do everything," said another. We are reminded of the adage, "When you are up to your armpits in alligators, it's hard to remember that the original objective was to drain the swamp." Another student noted, "I discovered I am human and that post-traumatic stress can hit me, too."

When reflecting on the positive impacts of their experience, several students noted an awakening to their own resilience. Others expressed a new appreciation for what it is like to understand the impact of crisis, including involvement in crisis work and knowledge of disaster preparedness. In the voice of still another, "I think the hurricanes positively impacted my education by testing my capabilities and providing an experience that I have never had before. I had to learn how to relate to people in a completely different way." Indeed, this kind of learning cannot be found in a textbook.

Finally, we believe the following comment from the evaluation captures the essence and benefit of recognition of parallel process in social work: "During hurricane Katrina I was involved with helping victims obtain services and sometimes just to listen. Hurricane Rita humbled me and I was able to see through the eyes of a survivor in a natural disaster."

### **Forever Changed**

Social workers know about crises. We've studied poverty and homelessness, crisis intervention, numerous ways to assess, intervene, and evaluate in numerous contexts. But do we understand? We, the instructors and students of S.F.A. and particularly those in the Beaumont cohort, believe that we are changed because we understand what we thought we knew.

### **Feeling Insecurity/Understanding Hope**

For the first time we all, particularly those in "Rita's wrath," felt real insecurity. Dealing with the evacuees from Katrina, we were compassionate toward those suddenly evicted

into uncertainty. "We have trouble deciding what shoes we're going to wear...but having to redirect your whole entire life..." But even after the countless hours of working with those displaced in Katrina, the students were shocked to feel it themselves.

*"When you are forced to leave everything that you know, it gives you a strong feeling of hopelessness and lack of self worth."*

*"One thing I know for sure is that no amount of reading about what it is like to be evacuated during a catastrophe will ever make a person truly know what it feels like. Not knowing what you are going to have when you finally do get back to your home is almost more than a person should have to bear."*

However, now we all understood not just the importance of hope, but its components. One student who worked in a Beaumont nursing home helped the residents relocated in a Houston gym to find normalcy in abnormal conditions. She helped them to discuss their shock and talk about their worries; she brought simple games to play and set up activities with which they were familiar. Meanwhile, as a Red Cross mental health volunteer in a Nacogdoches shelter, ST remembers the overwhelming feelings of helplessness as a young man sobbed with guilt over the loss of his father to the flood waters of New Orleans. While helping his elderly father escape on a makeshift raft, he glanced back only to discover that his father had fallen off the raft and drowned. Yet, with fragile resolve, a few days later he was making plans to reunite with his remaining family and to start a new life in East Texas. KB found that her major contribution in the Katrina shelter was to set up a table with the poster "Planning." Evacuees would stand in line to have the opportunity to dream a new life, and a faith-based organization she helped found years earlier then secured the

resources to make that life begin. The social workers/students/evacuees experienced their own despair transformed:

*"We didn't know when we could go home.... If we had a home left...when or if we would be returning to school. As a student I was thinking that we will never be able to make all the work up. Surprise! We are doing it! I find myself [now] telling my clients that we don't always know when, where or how something will work out but we have to have the faith that it will...Sometimes we have to dig really deep inside ourselves to hang on but it WILL be ok. I had to give myself this little talk several times over the past few weeks."*

#### **Experiencing Confusion/Understanding Patience**

There is no description for the degree of confusion brought on by Katrina and Rita. The authorities in Beaumont and Port Arthur wanted a voluntary evacuation, but according to one student/social worker:

*"[Places of employment] ...would not let them go unless it was mandatory. Also, the kids were excused from school to evacuate, but the adults had to go to work, leaving no one to watch the children not in school. I just kept thinking whose bright idea was this?"*

Most Rita evacuees spent 20 or more hours on roads with no gas, food, or water, evacuating to places with no shelters. Churches opened their doors, while businesses shut theirs for fear of looters. One church in Nacogdoches had 300 evacuees without a single trained volunteer for the first two days. Trained volunteers were still engaged in the Katrina shelters. People slept on the floor without even

a blanket, and for almost two weeks 300 people waited to use two bathrooms with no bathing facilities. It took several days for Red Cross to recognize the church, and did so only when they admitted there was no other place for the people to go.

But now we all understood not just the importance of patience, but also its components such as sharing information and knowledge. KB learned patience with the pastor (she hopes) as she tried to explain the need for shelter rules and policies, while assessing evacuees for immediate risks and successfully transferring 100 people to a special needs facility. Miraculously, they are still friends.

Patience starts with appreciation of the small steps toward success and an appreciation for our inner ability to survive. One student, all alone and nearly out of gas after "driving" 20 hours in the evacuation, began to realize that she was getting dehydrated.

*"Getting desperate, I saw a man walking down the street holding a sign that said free water. I thought he was kidding, so offered him the dollars I had with me. He just laughed and said, 'No ma'am, it's free. I'm from the Salvation Army.' He gave me two more bottles so I could give some to my dogs. I thought I would cry. Hundreds and thousands of people stuck on the road together, but we all had a strange sense of calmness. I saw no flared tempers, no road rage, just people willing to help each other."*

Standing in long lines waiting for services and being given conflicting information prompted one student to exclaim: "I have learned that patience really is a virtue."

### **Experiencing Isolation/Understanding Community**

The feelings of isolation were a surprise to many. As evacuees, the loneliness of the flight was a surprise to one independent social

worker/student, particularly when it was so difficult to arrive anywhere. Another said, "I never felt so poor and unwanted in all my life." As helpers, many of us also experienced isolation. As social workers, we worked in locations that often didn't understand our skills or the needs of the evacuees, sometimes in churches with different political or religious views than ours. One student/social worker fluent in Vietnamese worked with Vietnamese evacuees, translating, assisting in paperwork, and advocating. Another social worker assisted in a church shelter that had been openly antagonistic to people of her faith. The loneliness of the Katrina evacuees was punctuated by the elderly woman whose only son lived in Japan, and whose most valuable resources were pinned to the inside of her bra. But the ultimate isolation was the separation in New Orleans of family members. Many of us spent countless hours assisting evacuees in locating and reuniting with loved ones, including minor children, who had been placed on separate buses for the trip and then rerouted to different destinations. We applied the basic methodology that addresses the need of the "client" system...the need to be connected with family and loved ones.

While in the throes of isolation, we came to a deeper understanding of community. As one student conveyed, "I value relationships a lot more, all relationships: mother/daughter, employee/employer, student/teacher." The student who had nowhere to turn with her young son was welcomed into the home of her ex-in-laws (but not for too long!). As one student said, "I was reminded just how important my family is to me and that we should all make more time to stay in touch with each other." Japan suddenly did not seem that far away as we located the son, in spite of language barriers, and comforted the elderly mother. Understanding the desperate need for communications, church members came with their cell phones to create a phone bank, allowing family members to find their separated members, and in a few days time, tears of joy in finding loved ones alive replaced the frantic dialing and dialing. Church members with Louisiana business connections found a friend in Louisiana who, in a brief time, was able to

find a 13-year-old boy who had been separated from his mother and then hospitalized for emergency surgery, and return him to the shelter in Nacogdoches. Child Protective Services negotiated with agencies in another state for the return of another child to an evacuee in our city. Assistance crossed the lines of race, class, and religious beliefs as walls of prejudice were removed and replaced with love, hugs, warm food, blankets, pillows and toys, demonstrating that ultimately a sense of belonging overrides the baggage of division. The vision of one global community is now imprinted indelibly in the minds of many of us. As one student put it, "And this time, I can't distance myself. We are all in this together."

#### **Experiencing Dependence/ Understanding Social Work**

For the students, most of whom were working full time in social services while they attended school, the tables were now turned. Those who had been accustomed to helping others were now the ones needing assistance, and the feeling was awful. The theme of fear resurfaced.

*"I had mixed emotions about applying [for FEMA]. I did evacuate and was definitely out of money, but still had reservations about applying for this assistance. 'Will I be one of them driving up to the welfare office for assistance, after I have worked so hard?' And I do not know how long I will be able to go without a paycheck...I definitely now understand what it is like to be a client, and through this experience I can be more empathetic and hopefully a better social worker in the future."*

*"The bills piled up. We had a disconnect notice from the city... Food and medicine were now in short supply. This was something that we never had to face before."*

*"Pride took second place when I went to the Texas Department of Human Services. The workers talked down to you and had no respect for a person's dignity. After several weeks...I was there for three hours, signing my life away, and fingerprinted to get an E.B.T. card. I got \$73 for my family for two months."*

However, it was in experiencing dependence that we learned how to be true professional helpers.

*"I had to make a mental note to myself to never talk and treat people like this if I ever work in such an agency."*

*"Suddenly the principles of social justice, dignity and worth, objectivity, and [client self-determination] flooded my thoughts...."*

Many students could give specific examples of problems in a variety of systems, and even in the aftermath of the storm began to advocate for system changes. By knowing firsthand how it felt, they know how to change, not only the helping systems, but themselves. We as teachers know more about the multiple lives of our students and have increased respect for their courage, dedication, and contributions to the lives of so many others.

#### **Conclusion/Epilogue on Parallel Process for Social Work Education**

This story of helping, surviving, and reflecting illustrates through a dramatic, complex, and multidimensional natural disaster that parallel process can emerge between students and clients as well as between students and teachers in social work education as it does in clinical practice. "I remember thinking, 'What would I do if this happened to me?' Now that it has, I can't recall giving myself an answer." The parallel process of

helping, learning, receiving aid, and teaching all occurred simultaneously during the fall semester of 2005. In addition, participation in these processes was not symbolic, not virtual, but actual paths forged by two hurricanes. The impact on all of us? We are indelibly changed, with a permanent bond forged among us, members of a community of survivors in a broader global community with hope, patience, and understanding.

The value of the experience lies, as Miller (2004) suggests, in the realization that these dynamics are used to gain insight into the issues that are being faced by the student group. In this instance, we also believe that parallel process helped us to design real-time, often in a virtual classroom, interventions that allowed the students "to work with the here and now dynamics... that provided the basis for rich and meaningful learning" (p. 383) for us all. And we all agree with the words of one student that this experience "made me know for sure and certain that I am a social worker, not only by degree, but in my heart."

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# BUILDING RELATIONSHIPS AND REBUILDING HOMES

**Jacqueline K. Valadez, M.S.W. student, University of Toledo**

*The following narrative is about a group of college students from the University of Toledo who spent Spring Break on the Mississippi Gulf Coast. The rebuilding work was substantial, but it was the teamwork, reflections, and conversations with those affected by the hurricane that changed the students most. Experiencing first hand what a natural disaster looks and feels like helped the group to bond. The author feels that the families they helped would in turn help their fellow neighbors and community members get back on their feet.*

Traveling down to the Gulf Coast, 18 students and two professors were preparing to help rebuild in the midst of devastation. All of us were spending our Spring Break week to volunteer, and although we did not know each other, we were all dedicated to helping somehow. The experiences in the group varied: many students were first-year undergraduates; others were college graduates; I was the graduate student; and there were two faculty members. Although each of us was different, we would soon grow to be bonded by our experience.

I signed up for The University of Toledo's Alternative Spring Break just in time. As a first-year social work graduate student coming from another university, I was unfamiliar with campus activities and did not have many acquaintances outside of my program. Although it was my first year in a social work program, I had been practicing social work all my life. I have volunteered in many countries and have a dedication to serve people. When Hurricane Katrina hit the Gulf Coast, it was the instinctual social worker in me that reacted first, and the budding professional second. My first instinct was to drive down, go as a Red Cross volunteer, stay with relatives in Houston and help—to do anything but sit safely in Ohio and watch as the tragedy played out on television. The developing professional social worker in me saw the value of staying in school and completing my M.S.W. because many individuals were affected by the tragedy and would need support for many years to come.

Arriving in southern Mississippi was an unforgettable experience. To see the gradual increase in destruction was profound. Each of our group members was bonded by the shock of what the hurricane had done. I explained my reactions to the first day in my journal:

The devastation is unbelievable. To see the destruction that nature has made creates a feeling of sickness in my stomach. So often throughout this journal I have written of how nature's beauty has moved me. But today I feel a sense of fear and disgust with nature. The lives of so many have been ruined; their houses swept away, children and families missing. I feel honored to be a part of the movement of people who are trying to help and who are making a change. The horror on the sides of the road is astonishing, but I am blessed to be here.

It was extremely difficult for me to imagine what the area had looked like before the hurricane. Many of the other students expressed similar feelings of shock, disbelief, and disgust with the way things were six months after the hurricane had hit. Everyone agreed that the media could never convey how horrifying things were. Everyone also realized at that point that this was where we belonged.

We thought we had one week to make a difference in the lives of others, but in fact we would end up making the difference in ourselves. We worked cleaning up debris from the private properties of families. We cleared an older gentleman's yard and gutted the home of a local firefighter. We prepared a home for new construction by tearing off wood siding and gutted another house, leaving only the framework. The group also spent a day cleaning a beach of debris, which is the county's responsibility, so the volunteer hours are credited toward their Temporary Aid for Needy Families loan. We got a lot of work done, and we made things a little bit easier for the families we helped.

However, I believe that it wasn't the building and cleaning up that made the most impact for the people we were helping; it was the conversations, the sharing of stories, the laughing, and the crying that helped the community members most and changed us forever. In fact, each night we shared time together, discussing what happened that day and how it made us feel. The evening discussions and reflection time gave us opportunities to connect on a deeper level. We developed into a unified group, experienced not as 20 individuals, but as a whole.

One struggle that I encountered was dealing with the reality that some of the people we were helping were financially successful before the Hurricane. It was difficult for me

to deal with the fact that there were thousands of others that had much less before the hurricane and lost even what little they did have, leaving them with nothing at all. Yet, those were not the people we were helping. Looking back on the situation I was struggling with, I realize now that those we were helping are likely to be those who would help when others are in need. The people of Bay St. Louis and Waveland, Mississippi, are working class families that also need help and uplifting. I believe that people in need are essentially the same. Need is relative to the situation one is in; experiencing a loss is a tragedy for everyone. It was our call to help the people of Bay St. Louis and Waveland, Mississippi, because they were also in need. Once on their feet I believe that they will help their fellow community members and neighbors in need.

Leaving the devastated area were not 20 strangers but rather 20 friends, bonded by an experience. We were able to help some families to begin to rebuild their homes, but, most importantly, the Alternative Spring Break helped each of us build character, dedication, and friendship.

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Destruction in the 9th Ward.



# SOCIAL WORK IN THE AFTERMATH OF DISASTER: REFLECTIONS FROM A SPECIAL NEEDS SHELTER ON THE LSU CAMPUS

Priscilla D. Allen, Ph.D., Louisiana State University

*This narrative describes a social worker's experience providing volunteer assistance in a special needs shelter on the campus of LSU following the Katrina and Rita disasters. The author reflects on how the experience has influenced her practice, teaching, and scholarship. The persons described exemplified strength of character and resiliency, yet long-term needs and responses have yet to be fully understood. This article includes illustrative stories of unforgettable survivors in a unique university shelter while illuminating the essential role of social work.*

## Background

As citizens of New Orleans were rescued from floodwaters and rooftops, those with serious injuries were taken by ambulance and helicopter to the Pete Maravich Assembly Center (PMAC), ordinarily home to LSU basketball, volleyball, and gymnastics. The PMAC would serve as a triage center. From there, the seriously ill and injured were transported to Baton Rouge Hospitals. But soon local hospitals were at capacity, and the PMAC and the Carl Maddox Field House combined became a field hospital with 800 beds. The field hospital was later identified as the largest acute-care hospital to date in U.S. history. As it became clear that the field hospital needed doctors, nurses and volunteers, the entire LSU community mobilized to find medical, personnel, clothing and supplies. The site would have nearly 3,000 LSU students, staff, and community members working as volunteers on various tasks during the first week after the storm. Many patients at the field hospital were in shock, disoriented,

or hysterical. Some volunteers grew emotionally exhausted. (Bacher, Devlin, Calongne, Duplechain, & Pertuit, 2005, pp. 16 - 17)

The disaster relief efforts on the Louisiana State University campus were remarkable, yet a story that was not widely told. I have worked as an Assistant Professor in the LSU School of Social Work since the fall of 2001 after practicing in the field of long-term care and community social work for many years. My routine was pretty much straightforward. I studied nursing home care, taught a couple of classes each semester to approximately 60 graduate students in the MSW program, oversaw my field load, and served as the Associate Director of the University's Life Course and Aging Center. I went home to my dogs, planned the occasional dinner party, and wrote. As a Connecticut transplant, I've enjoyed the festive atmosphere of the South working within a daunting, but inspiring Research I institution with all of the challenges, trappings, and unknowns of an untenured faculty member. I never imagined the magnitude of Hurricanes Rita and Katrina making such an indelible impact on my teaching, service, research, and relationships and igniting a new passion for social work's role in disaster relief/response. Although much of our lives are "back to normal," nearly every

grant proposal we submit, and many discussions on social work and social problems in Louisiana, incorporate some level of disaster realities. If we hadn't been directly impacted by serious loss, someone close to us had. The disasters have impacted every facet of our School, and the memories of my brief work in the Special Needs Shelter (SNS) stands as a marker in my life to always remind me of the late summer of 2005. Like many areas of social work, human suffering realities do not make us run away; they can seal our testament to the reason we're here in the first place. I feel that I am a part of Louisiana and Louisiana is a part of me more than ever.

As we now are now well acquainted, August 29, 2005, altered the world as we knew it. Baton Rouge and the LSU campus were largely spared from the worst natural disaster in U.S. history, and I admit to breathing a sigh of relief that mine was not one of the hundreds of local homes pummeled by large, uprooted trees. Word quickly spread that citizens were being flown to Baton Rouge shelters and I knew I had to participate. I called a general number that identified the LSU Field House as needing social workers. On August 30, I passed through a matrix of sign-in tables and the jarring sounds of endless helicopters, trying to remain focused. The word used over and over was "surreal." It was as if a horrific movie scene dropped onto the campus and into all of our lives; but we were living the reality and witnessing the destruction head on. The experience is hard to describe due to so many complicated levels of destruction and human suffering while the reality was still sinking in.

The Pete Maravich Center (PMAC) is a spaceship-shaped sports arena within a stone's throw of Tiger Stadium. The PMAC turned into an emergency disaster hospital that treated some 6,000 patients and referred an additional 15,000 people to shelters and special needs facilities following the Katrina devastation. One such facility included the Carl Maddox Field House next door, which during the aftermath became an SNS. This is where I would report for the next several weeks. The SNS was a 400-bed medical "nursing home" arranged in partnership with LSU administration, the Department of Social

Services, and the LA Health and Hospitals system only three days before Katrina hit. The shelter was to temporarily house persons in need of medical care – many thought it would be an emergency back up for nursing home residents before returning to their original facility. Nobody anticipated the widespread destruction that has lasted and will continue for years to come. Many of those who entered the SNS were transferred to nursing facilities. Most of those had never lived in an institutional setting prior to the catastrophes and many will never return home.

The PMAC closed on Thursday, September 8, yet the less known SNS remained open for an additional 40 days. The majority of the patients in the SNS were largely old, sick, and poor – without data, it would be inaccurate to report the actual racial and gender composition, but there were more men and more Caucasians than I expected. The cases were complicated with heightened realities of medical problems now combined with homelessness and separation from family, friends, and community. The SNS was never expected to run for the exhausting 50 days, yet another deadly storm, Rita, struck the Louisiana and Texas coasts within a month of Katrina and brought in several hundred more occupants who required placement or other assistance. The SNS was cleared out just in time for a large football game, and the haste of some of the transfers posed additional challenges to personnel working under diminished resources to follow through. Armed with 10 years of social work experience in the nursing home setting, but still not sure what to expect, I became one of the volunteers to assist in the SNS. It is a part of my life that will remain with me forever.

### **Social Workers and Disaster**

Padgett (2002) noted that social workers, more than any other discipline, were the primary players following the World Trade Center disaster, and I echo that social workers were unparalleled in providing assessment and placement for Louisiana disaster victims. As the LSU Chancellor described, "Katrina was like watching 9/11 in slow motion." Other professions—emergency workers, physicians,

firefighters, and military personnel—were needed for short-term intervention, but the roles of social workers are there for the long run. Social workers have the unique role of requiring expertise and presence long after the debris is cleared and the shelters are turned back to their original use. Social workers are and will continue to be primary agents in helping to normalize persons who have experienced historic and unimaginable tragedy. Given the pivotal role, and the likelihood that social workers will interface with post-disaster realities at some point in their career, training is desperately needed (Zakour & Harrell, 2003).

### Within the Shelter

I entered the gym to witness hundreds of people requiring care. Units were set up with makeshift cots and identified by signs crafted of colored construction paper. Although the destruction was everywhere on television, witnessing the survivors was entirely different. I checked in a few places and introduced myself to a couple of the units and saw medical personnel circling around. I'll admit to having a keen sense of who the sources of power are and who the workers are. I met a young, tireless woman who was put in charge of the discharge planning, and she shared some of the harder cases with me and told me horror stories about planning challenges. Although not a social worker, she was tuned-in to respectful care and moved quickly to get things done. Someone knew what they were doing when she was given her assignment, as her role was likely one of the most grueling; arranging transportation and keeping track of the myriad needs of the clients.

### Sharing Stories

I was immediately moved by the stories and the sheer devastation of the citizens who lay on cots on the floor of the track/basketball stadium after having been brought from their houses, nursing facilities, flooded streets, or the chaotic Superdome. The fresh hell of the aftermath was demonstrated everywhere. Mothers walked in with their children, carloads of people drove in with sick family members desperate for care. Some were turned away;

others admitted. Older people were lying on cots in pain and confusion; medical personnel walked purposefully and in a daze. The scene continued for days and would be revisited later, although with less intensity, within the same month. Despite some chaos and common evidence of individuals being overwhelmed, I was also touched at the attention to people's dignity that so many professionals and volunteers infused into care.

Social workers, by far, were the most frequently paged. The system consisted of a volunteer who spoke into a microphone responding to various requests from each unit that made the announcements. The noise was unsettling. Although material goods were stacked high inside and outside of the shelters, there was no phone for workers to access, no available computer, and no fax set up in the Field House for days. Cell phones often didn't work, particularly when we were trying to reach storm-impacted areas, but they were all we had to try to connect people, so we used our own when we could. There was one lone copy machine, way at the back of the shelter, and it was in high demand, often breaking down. Files were strewn about and impossible to locate until weeks into the shelter's operation. The people being served either had chronic health problems that were often exacerbated by the storms, or had medical and emotional complications directly brought on by storms and their aftermath.

The willingness of people to share their intimate, painful stories surprised me at first. Perhaps it was due to my limited exposure to disaster survivors or from propaganda tossed around that people might be re-traumatized if asked to discuss their story. Disaster scientists in the human services illuminate that a person who has experienced disaster will focus on his or her own perspective, and professionals should pay careful attention to the information shared during this raw and critical time and try to not be led by what we identify as the most pressing concern (Rosenfeld, Caye, Ayalon, & Lahad, 2005). Likewise, they stress, a family-centered vs. a professional-centered approach should be emphasized. As any social worker worth his or her salt knows, the client rather than the worker leads the helping

process. What is unique about disasters is that many people have never been on the receiving end of charity prior to the event, as noted by Shah in 1985.

The first of the evacuated citizens I met was a woman in her late eighties who immediately invited a visit. Her cot was placed next to a spirited, storm-weary man who proclaimed he was 90 years old. The neighbor plainly told me the woman beside him saved his life, telling him he must leave and take the ride from the helicopter and she would accompany him. She was his tenant. He explained his reluctance to leave, having been through many other hurricanes before. He noted the horror of watching the water rise within his home through the floor furnace vents, lifting furniture along with the current.

The woman described in detail that the image of the refrigerator falling over in the flooding apartment, as if it were made of cardboard, was what told her to get to higher ground. The two aided each other to the window on the second floor and were airlifted up onto a helicopter just before the floodwaters reached shoulder level. The man wanted to give up, but his tenant and the rescuers wouldn't allow it. The friends were then brought to the LSU campus, first to the PMAC, then to the SNS where I met them within the first hours of their arrival. The woman was unable to walk and required oxygen to breathe. They knew that they would not be able to return home and were accepting of nursing home treatment. They desired to remain together, and their modest request was upheld, although in separate rooms more than 80 miles away from their original residence. The most likely outcome for persons occupying placement in the shelters was nursing home placement. It presented a cruel paradox. Although there were minimal opportunities, many people were once living independently, successfully in their homes against the odds. Now they will remain dependent in a long-term care facility, for an indefinite period of time. Overnight, their lives changed.

Another woman seared in my memory is Thelma. I met her one afternoon in the Green unit. She was sitting upright on her cot, desperately trying to find her purse in her

bedding. She asked me to sit down. She immediately began recounting her experience before knowing my name or what business I had at the shelter. Thelma acknowledged a mild level of confusion, but her memory of what brought her to LSU was striking. She recounted the events leading to placement in a sequential, logical, and fluid manner; she was even able to make light of the situation, noting that she initially thought the responders in their flat-bottom boat were soldiers taking her off to war. She explained to me that she told the military men who lifted her into the boat that she wouldn't be much help fighting the war in her nightclothes. I recently found out that she was in a nursing home 70 miles away from her home.

The helping process could be discouraging due to the immense wreckage of people's lives. I was a volunteer, pretty much coming and going as my schedule allowed, not nearly carrying the endless responsibility of those who worked the 12-hour shifts or the workers who flew in from all over the country and stayed in makeshift places in the gymnasium, some on the bleachers, sleeping when they could, which wasn't often. I put one psychologist on my office floor to sleep, as he hadn't slept in two days. Two nurses from the East Coast stayed in my home for a week, miscellaneous friends or their friends stayed over, and I cooked whenever I could for a house full of family, old friends, new friends, neighbors, and strangers who were strange no more. Despite enormous odds, however, people survived with the help of one another. As Webster (1999 in Puig & Glynn, 2003) reminds, true first responders are always the survivors aiding each other. While many had intimate knowledge of the evacuee they were assisting, many were connected through circumstance alone.

Providing pro bono services may be in the NASW charge for all social workers, but it went beyond a professional principle to a necessary response to do something in one of the worst times in history. Volunteering helped to make sense of what at times seemed an impossible situation. The work re-ignited my passion for frontline efforts in a time of crisis and reinforced that my research and past

experiences were necessary, not just anecdotal accounts to illuminate a point in the classroom. I consider myself a hybrid social worker. My nursing home and ombudsman experience prepared me to provide advocacy with a tenacious spirit. Although I had never been in a disaster shelter before, my nursing home practice with thousands of residents and their families as a member of an interdisciplinary team were essential in facilitating my comfort. Also, feeling an almost immediate rapport with the medical team made me realize that my background hasn't entirely left me, even as an ivory tower occupant. The shelter medical director called asking that I sign up to do responder debriefing for a week across town with medical and military personnel arriving from the storm scene needing support or referral. It was good to be needed. Teaching and research, for me, are not nearly as laden with the same degree of urgency and reward, yet the lessons we provide foster future participants and can, in time, be their own sweet rewards. If my reflection seems a little steeped in melancholy, it may be. I view the chance to have served in the SNS as a rare and honored opportunity, yet this is not to minimize the deep concern I carry for the people who moved through the shelters and some of my own survivor guilt that whatever we did was ever enough. It was, at the very least, something.

Among the most important skill in SNS case management was to maximize choice given the dreadful conditions and diminished choices available. Housing was almost impossible for the families with limited resources and disabled family members. The hardest cases were those who were there for weeks on end as there was nowhere for them to go, but they were threatened daily with having to vacate the facility. Social workers were constructive in stalling and pulling out any stops possible, straining for the most feasible and humanistic course in the face of so few options.

The impressive theme in the SNS shelter was the can-do spirit of the assigned workers and the many volunteers who moved mountains for people. The mantra in the PMAC and the SNS Field House was *make*

*it happen* (Bacher et al., 2005). The volunteers were the champions in the response effort. We lecture to our students about the challenges of poverty and homelessness, about fighting injustices and advocating for those vulnerable, but riding in the car into impoverished sections of Baton Rouge in desperate search of housing for someone who days before lived in her own home providing full-time care for her disabled spouse while raising her two grandchildren was a lesson that went beyond the mere description of hypothetical values. The themes we discuss were literally on our doorstep and the reality of poverty and homelessness, lack of health care, need for direct services, and a slack policy response brought to unfortunate light became regular points of discussion over the next year, and I suspect will continue into the future.

Following the Katrina catastrophe, many students faced homelessness. Several attended classes while staying in shelters or with family members, friends, and strangers. Virtually everyone took someone in during the aftermath of the storm. A number of our faculty took in entire families, strangers who became part of their own family. I am not so sure that any other unit on the campus was engaged as fully as the School of Social Work.

### **Challenging Cases and Discharge Plans**

Discharge planning can be challenging under the best circumstances – dueling needs and preferences stacked against medical realities. Add to it the worst disaster in history where you have to immediately paste together a place for people with medical conditions to stay. There were either people desperate to locate their loved ones or, in more unusual cases, people who didn't wish to be reunited with family even if we were able to contact them. These cases were more likely situations where the evacuee was from the devastated area and the family members were from elsewhere in the U.S. Certainly, several people did not desire to relocate so far away from their beloved home, even if safety and stability were present. However, even a seasoned social worker can temporarily table the reality of challenging dynamics in the family system.

Several people had fractured relationships with their families. One older couple from Calcesieu Parish forbade anyone to contact their family in Montana, explaining that they had taken money from them and were not welcome in their home, yet nurses pled – this is our only opportunity to keep them from entering a nursing home, they'd tell me. Yet the concerns of the couple were legitimate. They warned us not to let their family know that the house was empty, although severely devastated, that they would get in there and "put their hands on what doesn't belong to them." The husband said he would rather die than to be forced to live with his children. A social worker trained in integrity and preservation of people's rights would be unethical to do anything than uphold the choices of the couple. Still, several people tried to secure information to get the family out of the shelter. The couple were eventually afforded no other option than to enter a nursing facility. Again, the outcome as to how long is unknown. Knowing there was little I could do at times in these cases, I offered to take the soiled clothing home to be washed. The reluctant husband trusted only me to clean his clothing, which felt like a small, but significant thing, particularly as the clothing represented all that they had. Their pride interfered with taking any donations that were piled on makeshift tables in the florescent glare of the shelter.

Given that the citizens were left without homes and separated from family and community, the first response was to reunite families, especially when the citizens had relatives in places not devastated by the disaster. Anyone even remotely familiar with Louisiana knows the deep cultural connection of families and communities where they were raised, and multiple family members in case after case were displaced in different shelters. People who know Louisiana would never ask the starkly naïve question of why someone would live in a "soupbowl" if they knew how dangerous it is. The question to many was never why they lived there, but why they would live anywhere else. What is essential is sensitivity to cultures and norms among disaster workers (Puig & Glynn, 2003).

People were bused or flown to the SNS and certain cases allowed for one other person, such as a spouse, child, or caregiver, who could assist with the needs of the patient. Some exceptions were made, such as when a spouse of a disabled person was also caring for her young grandchildren, the family was admitted together, but this was rare. There was no ideal situation for the young children who had been immediately severed from their other peers, not to mention forced out of school for weeks on end. Given the medical nature of the SNS, designed largely for older persons with chronic medical needs, there were not many children in the shelter. However, the few who arrived with their parents or grandparents were visibly restless as they were in a difficult and scary situation with few options. The nature of the SNS was institutional and had little to offer the children, so the support of volunteers was key in providing meaningful activity. Families with multiple risks posed the biggest challenges: medical conditions made worse, poverty compounded by homelessness, immediate unemployment, schools closed and destroyed. What should we do?

The SNS was not a productive environment for the children, either. Clearly, separating children from their primary caregiver proved to be negative, but many caregivers in the SNS were older persons with medical challenges. Some were providing care for their grandchildren. Additionally, several professionals and volunteers were concerned about the double-edged sword of temporarily placing a child in a school system only to be plucked out days or weeks later to move elsewhere. Some may be wondering, where was the programmatic intervention? I can only express that persons were spread so thin that there were those who fell through the cracks and there was no organized services for these children. Many of the volunteers brought in toys and crayons and would walk the track with the children chatting about the day, while trying to ignore the reality of a child in a place dealing with a tragedy they shouldn't have to be handling.

Given that the shelter was a special needs shelter, those caregivers attending to the needs of a loved one, or a newly formed relationship

through devastation, were not afforded the same level of attention as the patients. In one case, I worked to find clean clothes for a daughter who came with her 71-year-old, medically unstable mother. Approaching the table stacked with t-shirts and sweat pants, with brightly emblazoned LSU decals, the person tending the table literally swiped the shirts from the caregiver's hand, insisting they were for patients only! Rules at times could be illogical and punitive, a concern when all of the people were facing hardship. Diminished resources can prove even harsher for those facing compounded loss.

The floods reunited some families who had been separated through geography and time. One man, who suffered bilateral knee injuries, told me that he had to climb off his roof and make his way uptown to Carrollton where his ex-girlfriend lived. Once he arrived, the door was locked. She wasn't there, but he knew where she kept the key to enter the second story apartment. Neighbors started yelling at him to leave and threatening him with violence. He calmed them down, but noted it was the only place he thought of to go. I was asked to help reunite the man with his sister who lived in California. He hadn't left New Orleans for 50 years and had never flown before. Someone indicated that there might be someone from an organization called Angel Flight to help, pilots who volunteered their own time and fuel to evacuate people to many destinations. This was a huge help, as at the time of placing people, the commercial airlines were not offering assistance despite volunteer workers reporting that they flew in on almost empty planes and were told that the planes were returning to their hub, nearly empty. The Angel Flight volunteer worked with me to reunite the patient with his sister, whom he hadn't seen in 35 years. When I finally reached the sister on my cellular phone, she said, "So this is what it takes to see my brother...!" Connecting with Paul's sister felt like an accomplishment, and I will never forget Buck, the pilot who worked long hours to coordinate flights. Buck walked with me to meet Paul, telling him he would be glad to fly him to Colorado for the first leg of the journey. He asked him if he would mind flying on a small

plane. Paul explained in his thick New Orleans accent the story of walking uptown on a broken knee to get to safety and that a small plane would suit him just fine. However, many reunions were bittersweet due to the result of necessity over choice.

We intuitively know that people can experience a variety of emotions following a disaster, largely based on their pre-disaster behavior and influenced by several variables linked to the severity of devastation, to loss, and whether the disaster was man made or natural. The case of the levee neglect, for instance, and lack of response by government officials may be debated for years to come, but overall there is a consistent feeling that more could have been done: both to prevent the levee failure and to make more solidified arrangements in terms of evacuation of citizens (accounting for more death and devastation than the hurricane itself). More should have been done in terms of response. However, it is noteworthy to recall the number of people who were saved in the disaster's aftermath.

Social workers have an ethical duty to take reasonable steps to avoid abandoning clients who are still in need of services (NASW, 1996). This can create a challenge in times of crisis, but thus speaks to the necessity of sharing essential information. You might not know the status of a person once you leave and the next person to pick up the chart comes in. This interrupted case management in a multiple layered, necessity-driven manner proves challenging to the social worker. The unfortunate reality was that in the speed of trying to relocate people from the campus SNS, not only were some plans less thorough but many persons lacked information, and it was not unusual to respond to a distressed visitor looking for a loved one. Several records were left with quickly penned entries, such as "left with family," or "released to a nursing home," but the specifics of location were lost and in some cases, critical social histories were not maintained. Taking the time to investigate the family composition and history made a profound difference.

A case I stumbled upon was an 85-year-old woman whose brother was in Baton Rouge with a diagnosis of tuberculosis. The sister had

a diminished cognitive status and because of her trauma and lack of memory, she did not tell the discharge person—at this time, a military designee without any social/human service or medical background—that her brother was in Baton Rouge. It was only through the knowledge of a situational caregiver that another volunteer who was at the hospital across town earlier met the brother who was frantically searching for his sister. The volunteer raced to the SNS looking for the sister. The sister was about to be whisked onto a bus toward Alexandria, some 150 miles away. The volunteer approached me with my pinned “social work” sticky badge affixed on my shirt, pleading that they not remove the woman from the shelter until a plan for the brother was formalized. The two were eventually reunited, but in a nursing home miles away from their now destroyed residence.

#### **A Brief Interlude in Another Special Needs Shelter: Good and Not So Good Practices**

I was asked to report to a short-lived special needs shelter in a vacant K-Mart across town that lacked proper plumbing and air conditioning. The bathrooms were literally stalls set up outside of the shelter. A psychiatrist was designated for the role as social work chief and decided it best if we sit behind a table and wait for the patients to approach the mental health desk. A few of us glanced at each other and went back to work knowing this would be the least effective approach to the clients. Some others crafted and affixed a sign with the Greek symbol for psychiatry above the table. I couldn't remain silent on this one, so I suggested that we remove the cryptic sign and replace it with “SOCIAL WORK” or “MENTAL HEALTH.” Signs were not what was needed; direct presence was. Volunteers worried about role overlap with professionals. Any overlap, if you could call it that, was a welcomed discussion between two or more engaged professionals.

In fact, one of the first cases I was called to arrange the discharge for was a woman, exhausted, obese, and distressed, awaiting a transfer to a local church shelter. I asked about her condition, as it appeared that she was

immobile and likely did not get much therapeutic support in her home. She told me she could not walk and spends most of her time in bed. Her daughter helps, but she did not know where her daughter was. On further investigation, it was found that she had a stage-four decubitus ulcer on her buttocks, a bedsore that had become so infected it went all the way to the bone, and the phase of treatment requires a labor-intensive effort of skilled nursing/medical professionals. The plan was to send her to a non-medical shelter without any support, which of course was inappropriate. I rearranged the plan with coordination of the nursing staff for added medical support in a rehabilitation center, found the daughter, and tracked the physician to secure his signature.

Social workers are often necessary agents in filling in essential gaps. Anyone who believes there is no power in social work has never addressed someone's pain and reversed a plan that would cause undue hardship to all involved. One of the skills social workers learn is to feign ignorance while working with the medical and, often legal, personnel. Playing dumb while soliciting the support of those who may ultimately sign the plan is a skill many successful social workers hold as their trump card. In emergency settings, there are often people who have not worked with the population that require assistance. While any help can be beneficial, blindly following orders without asking questions can be deadly for our clients. Of course, using well placed charm gets us further than acting as an enraged zealot. Fortunately, social workers are usually well acquainted in handling conflict because much of what we do is riddled with conflict.

#### **Volunteerism**

It seemed that there were several factors that initiated volunteerism. Some professionals came out of concern and curiosity but were paralyzed by fear of lacking experience or being overwhelmed by the situation. There were others who came for the disaster tourism/anthropologic experience, and others who came to roll up their sleeves and do whatever they could to allay a very difficult situation. One social work volunteer reminded a group:



"We just need to help each person, one at a time." Specialization was less helpful than a generalist, ecological perspective. Various workers attempted to set up how-to manuals, but this seemed to waste precious time from the actual hands-on work that was needed. The turnover in staff was so swift that the opportunity to sit and read any kind of social work recipe simply wasn't feasible. The best system was to begin, communicate with the workers who were on top of things, take direction about what was needed, assess the situation with the clients, and share the status of the case with those who were involved or who would be picking up after you left. Most critical priorities were shelter, family, and social service and medical facility connections. Some objectives were easier to secure than others. Working with the key discharge planners who ultimately arranged transportation and secured nursing home beds was essential. It was important to protect vulnerable people from unnecessary prying or another layer of stressful interrogation. There were virtually thousands of stories where the goodness of strangers came through despite the disorganization and limited institutional support. However, there were less sterling attempts, some bordering on exploitative practices, particularly where the medical businesses were concerned. Among them, I would include some less-than-noble nursing homes that seemed to view the disasters as a means to fill beds.

One social work entrepreneur-type flew in from Atlanta and determined that we must ask all individuals if they were HIV positive and forward those who were positive to her agency for counseling, yet she indicated no follow-up plan. She handed cards out like candy. She had grand ideas to identify a very real problem, but often what we needed was social work at the core of simplicity: meet the person, establish a rapport, take common sense approaches to make the difficult situation as comfortable for the victim as possible – eye level, covered, warm, hydrated, fed. Let them tell you what is wrong; ask them if there is anything they need. Validate their feelings. Assess status – physical, cognitive, emotional, disabilities, addictions—work to secure a plan that is ideally acceptable and/or initiated by

the client. If it is not accepted, work to compromise, or describe the limited options given the post-disaster reality. If at all possible, work to place clients in facilities close to family and friends. This is all common sense, but common sense can be lost in times of crisis. Furthermore, AIDS/HIV supportive services may be a crucial area of service, but if services are not requested by the people in need, it smacks of placing our agenda before our clients'. It also can add undue stress to an already trying situation.

### Getting Back to Normal?

Within only about a week or so of Katrina, there was a message dispensed through various broadcast emails from top administration that it was time for LSU employees to get back to "normal." I pondered about what normal meant after the largest disaster in history. Was I supposed to remove myself without having the opportunity to reunite families and search for more appropriate, more secure housing and schooling for the children? It wasn't possible for me to get back to *normal* when nursing home research is my primary area and there was the largest nursing home in reach of my office. Although there were messages that volunteering was embraced and celebrated, there was a similar echo that the grants needed to be submitted, the classes taught, and the office hours occupied. Getting back to normal, for me, was to turn my learning experiences into teachable moments, empirically tested research, publications and presentations, but more importantly to ponder the meaning of it all. I was fortunate to have a full teaching release based on a pre-tenure reward system in our department. It was a blessing, yet difficult to be outside of the classroom, but it crystallized my responsibility to work within the shelters and has since given me the invaluable opportunity to reflect on what it all meant.

### Invisibility of the Shelters

The SNS Field House was reminiscent of many social service agencies and nursing facilities – horrific on the inside, but nearly invisible, nondescript on the outside, particularly

after the much publicized PMAC stopped the emergency rescue and triage efforts. It wasn't unusual for people in offices less than 200 yards away to ask if the special needs shelter was still in operation just days and weeks after the storms. The 50 long days may sound brief, but during the epic aftermath, days dragged on as if they would never end. In retrospect, people did not realize how long they would be away from home. Many parishes (counties) were closed for extended periods of time. People lacked transportation, housing, and other necessary resources. Added vulnerabilities were undetermined separation from social networks, disorientation, increased disease, and lack of information on anything from contacts to prescriptions. The patience of many wore out, as the days and planning were long, tedious, and precarious.

#### **Research and Teaching Implications**

With Hurricanes Katrina and Rita striking within a one-month period, an excess need for social workers became another kind of crisis. Waiting for curriculum and post-disaster recapping is not as useful as working with social workers ahead of time. Ideally, we will incorporate a higher level of disaster training in our curriculum, and our research will speak to our teaching. LSU has endeavored to provide extensive continuing education for practitioners and students who will inevitably be influenced by past and future disasters, yet many of us had no idea how influential Katrina and Rita would be in changing our future course.

Never before has the intersection of age, race, and poverty become so evident and never before has it been so clear that our country is ill prepared to manage a severe disaster for those who are most vulnerable. Unfortunately, persons who were living successfully, albeit with hardship, have made a mass exodus into nursing homes when shelters were swollen and medical care was necessary. They presented a paradox: was it a blessing that Louisiana had so many open nursing home beds? Or did the beds serve as a lesser of evils, prematurely forcing people to be located in nursing homes due to the lack of support required to get them back to their

own home, providing a structured place for many that had no home to return to? Louisiana already had a higher utilization of nursing home care rate than most states. Still, time will be the only indicator for how people are doing—if we are able to track them down.

Perhaps the hurricanes opened the nation's eyes to the risks of older and disabled persons in the face of a natural disaster, yet the images are all but faded. From the relocation of citizens crammed onto buses and stuck in traffic on poorly planned routes for several days, to the unparalleled tragedy of St. Rita's nursing home where 34 residents perished, arguably due to a failure to execute a proper evacuation plan despite having had the resources, the stories were reminders or warnings of what can go wrong.

#### **Future Implications and Unanswered Questions**

I often think about the people I met in the emergency shelters, facing acute needs with chronic realities. So many spoke a counterintuitive theme that "it could have been worse." The gratitude and hope of life seemed nothing short of remarkable, as was the faith that so many expressed. Where are they? Will they return? Are they receiving the services they need, and are they still optimistic? What do we do when our practitioners are pushed beyond their capacity? How will we, as a society, fess up to the deplorable manner in which we responded to our own act of natural terrorism with compounded human error implications? Perhaps over cited, but more relevant than ever, it is Margaret Meade - our profession's sociologist-cousin - who said that things which make sense pose the harshest riddles. We can't underestimate what a small group of invested individuals can do to change the world. Why is it always only a small group of invested individuals working to change the world? Why do some people walk around able to muffle the sounds of suffering while only a small segment participates for the long run? Social workers are often the participants. We do not turn out the lights and forget the faces and the needs when we return home. Our heroes through this national crisis, our unsung national guard, have been our social workers.

The catastrophes reminded me of who we are and, I believe, propelled the profession to a higher level of awareness and appreciation. Working through the disasters renewed my sincerity in conveying to our students what we stand for, beyond a self-serving clinical approach to the reality of helping people in pain and challenging those who are removed. We work to overcome unthinkable obstacles on a daily basis. This is what makes our profession beautiful – its perseverance in the face of resistance. The experience reminded me of the pioneers: Bertha Reynolds, who didn't give up even after being blacklisted and scathed as a feared Communist because of her then renegade views about helping people and fighting corruption; Mary Richmond, who worked to professionalize our field; and Jane Addams, who transcended practice from noblesse oblige to a multi-level advocacy and direct-line activism.

Perhaps the harshest reality of the storms was that older people disproportionately perished, and older people with added medical and financial hardships are now indefinitely residing in nursing homes. Social workers did what they could to provide support and humane treatment, yet the cruelest reality may be the long standing societal treatment of older persons who have few options, a reality that revealed that disaster unearths cruel disparities among those who are vulnerable. I hope that all of the stories will continue to serve as reminders that we can do better when disaster strikes again, and what we can do to improve every day practices.

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# Call for Narratives: Special Issue of Reflections

## No Map for the Journey: Professionals Reflect on their Experiences with End-of-Life Caregiving

Guest Editor: Steve Wilson, Ph.D., California State University, Long Beach

Many social workers have had the opportunity to become a family caregiver when a parent or family member became seriously ill. Sometimes this is by choice, and sometimes this is by chance. Despite the knowledge we hold as professional academics or practitioners, when we are called upon to provide direct care for our own family members, particularly near the end of their life, our perception of caregiving can change dramatically. Despite our professional preparation, knowledge doesn't always ease feelings. **This Special Issue of *Reflections* will provide a forum for telling the stories of social workers and other helping professionals who were called upon to provide hands-on caregiving for a family member facing death.**

Narratives may address but are not limited to:

- How did your professional practice inform your personal experiences as a caregiver?
- How did your personal experiences differ from how you help clients?
- How has your empathy and compassion changed as a result of your experiences?
- What experiences transformed your perceptions of caregiving?
- Following your loss, how did your perceptions of grief and bereavement change?
- How has your caregiving and loss transformed your direct practice work with clients?
- What experiences did you have that can provide inspiration to other professionals placed in a direct caregiver role?

Submissions must be received no later than **September 30, 2007**.

Send three copies of manuscript to:

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**Special Issues Editor**  
**Department of Social Work**  
**California State University, Long Beach**  
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**Long Beach, CA 90840**

# REFLECTIONS OF THE STORM: EMERGING HOPE

Shirley A. Pavone, Ph.D., and Linda Strong, Ed.D., Sacred Heart University

*As the nation marked the one-year anniversary of hurricane Katrina, the clean-up work continues. This narrative recounts personal experiences of members of the Sacred Heart University faculty who accompanied a student delegation as they joined the many volunteers in Gulfport, Mississippi. The interdisciplinary group included faculty from Nursing, Psychology, Education, Media Studies, Campus Ministry, and university administration. The goal of the group was to participate in manual labor while providing emotional support for those hardest hit by the storm. The results had a profound effect on each member of the team, as each developed a sense of gratitude, a true understanding of the importance of neighbors helping neighbors, and experienced hope.*

When the Katrina disaster struck the gulf region, it was evident that immediate response efforts would be needed for emergency food, water, clothing, housing, and health care. A combination of governmental, faith-based, and other private organizations would provide for these immediate needs. However, the devastation to the infrastructure of the Gulf Coast communities was so extensive that assistance needed to come from other sources, including many academic communities; the priority that we accepted was to assist in the removal of debris to make way for reconstruction. Additional contributions in the future were unclear, but the potential for additional assistance was kept open.

In December 2005, when our university family joined others in the relief efforts, an advance delegation composed of two university administrators and two faculty members traveled to Mississippi. The initial team represented the disciplines of sociology, education, and nursing. In an intensive period of several days, they formulated a tentative understanding of the immediate needs of the survivors of this disaster. It was clear that initial perceptions of debris removal were correct and other needs potentially included disaster mental health and access to health services. A second trip was planned for the March 2006 winter break. This team would be larger and include students as well as university administrators and faculty. Education, Media Studies, and Campus Ministry participants joined the first group to meet our commitment to the region.

The following account of this journey includes excerpts from diaries kept while engaging in the activities of a week spent in

the company of remarkable people, survivors, students, recovery teams, hospital administrators. It is important to note here that our own Vice-President of Mission and Planning and Assistant Vice President of Academic Affairs joined us on the trip. This is a reflection of our own mission where we attempt to "walk the talk" at every level of university life.

The trip south began with anxiety provoked by late transportation to the airport, snow in the northeast, and the assembly of 26 students and eight faculty, staff, and administrators. Despite these initial challenges we started our trek south with great enthusiasm. While we were sure that we would learn from sharing this venture with our students, their tolerance of these challenges, their enthusiasm, and their ability to roll with the punches and take minor difficulties in stride energized the whole delegation. Their teaching began at the start of the venture and in the end we learned so much from them. The following accounts of this second journey are from faculty in Psychology and Nursing.

*"I was concerned with a number of issues. How could I meet the mental health needs of people who have suffered such tremendous loss? What good could come from my participation in this effort? How could I join the community in order to ease their suffering? These among other questions were on my mind as our journey began.*

*"As a public health nurse, I was a member of the initial delegation. The experiences of the first trip led to many unanswered questions, insights into pre-Katrina community health services, and concerns for the general health and well being of residents and volunteers. As I am the co-director on an inner city health and wellness center that is a collaborative partnership with the university, a community parish, and a community based primary care center, I questioned if this or similar models of faith-based community services could help fill the void created by the devastation of the community hospital and emergent care centers. Additionally, I shared the same concerns of my colleague in Psychology; what good could come from my participation in this effort? How could I join the community in order to ease their suffering?"*

*"Prior to the trip, my colleagues who assisted the survivors of the World Trade Center Attack helped me to prepare for this disaster. They encouraged me to trust my inner voice; however, I was still uneasy about what good I could do in Mississippi. My colleagues suggested that our presence would be more important than any supportive or encouraging words. Our willingness to share our time and labor would make the most impact. Though the tragedies had obviously different causes, the profound loss was as palatable and the pain was just as real. My concern was well-founded. There was nothing that could prepare me*

*for what I saw, what I heard and how I felt.*

*"As a nurse, I have been involved with preparing students enrolled in community/public health nursing courses for community mobilization following disasters for many years, and following the September 11, 2001 attacks had worked with public health and nursing faculty in preparing these groups for emergency preparedness. On my first trip to Mississippi I contacted former students who as practicing public health representatives had joined the initial response in New Orleans. They had reassured me that what I had taught them prepared them well, and bolstered my confidence that I knew what I was doing. I contacted friends and former colleagues who live in Mississippi and they were able to provide people and contact resources, advise me as to the status of transportation and health care, and provide insight into health concerns for volunteers. Despite this background nothing could have prepared me for what I saw, heard or felt in either the first or second trip to the region."*

### **The Journey**

As we drove from New Orleans International Airport, we saw isolated pockets of storm damage. While these sights conveyed the damage to buildings, roadways, and other structures, it heightened our concern for the people themselves as we could only imagine what they had survived and the challenges they faced on a daily basis. Our students joined us in noting this damage and devastation. They voiced concern over the emptiness of the New Orleans' neighborhoods and communities that we passed through on our way to Mississippi. The closer we got to the Mississippi border,

the more evident and more shocking the damage, and the enormity of the work ahead of us began to sink in.

Our students were staying at a retreat center where the operators functioned on a daily basis to provide food and housing. They received frank answers to some of their questions as both of the supervisors had lost everything in the storm. They were able only to serve us as we attempted to provide some relief. In fact, one of the staff at this retreat house had died since our initial visit in December.

*"Because we arrived later than anticipated several meetings with town and church representatives were postponed and rescheduled. As the nursing representative, I made contact with nursing faculty from one of the universities located on the gulf coast and devastated by the forces of Katrina. On a Saturday afternoon, a small group of students and I met one of these faculty members, Paula, who was a survivor of this disaster, in the parking lot of a large strip mall. It was evident that this parking lot would have been filled with weekend shoppers and locating a specific automobile would have been challenging. But on the afternoon we met this soon to be new friend, the number of cars and trucks using the area for staging was so minimal that it was not difficult to find her car. Paula graciously invited us into her car and took us on a "sight-seeing" tour of the immediate gulf coast. As she drove us around and recounted some of her survival experience, I was struck by the sadness in her voice, the determination to rebuild a life that had been so suddenly and ruthlessly taken from her, her family and*

*friends, and a resilient love for the ravaged beauty of the Gulf Coast."*

Prior to our departure from our home university, two staff members conducted a discussion with a group of psychology and nursing students. The purpose of this meeting was to identify open-ended questions that would elicit discussion and reveal emotions and residual fears and problems. We were concerned that we would be prepared to work with the residents of the region as we did not want to further traumatize or worsen the lives of women, men, and children who had already endured so much. We soon learned that we need not have worried; the people with whom we came into contact wanted, yearned, to share their experiences with others who would willingly, patiently, and lovingly listen.

We learned from a hospital administrator that mental health services were scarce prior to the storm. In the aftermath, the need was greater and the availability of trained personnel was even less. Of course, we knew that we would be gone in a short time. Any work that could be done would not have appropriate follow-up unless connections with local clergy and helping professionals could bridge the gap. Our plan was modified to include research on local referral sources for mental health counseling.

*"We went to church as a large group on Sunday at Saint Ann's Parish. A second smaller group went to St. Rosa de Lima's Parish. Much of the church at St. Ann's was badly damaged but repairs were going on and we met in an auditorium. I observed a distinctive look about the folks in church that reflected what they had been through. It was numbness, a blocked emotional reservoir of confusing feelings and pain. More importantly, however, I observed a sense of resilience. One woman stated, 'We welcome your help, we*

*want you to work with us but don't pity us. We will survive. I am not sure what feelings I experienced at that moment, but I think I was just overwhelmed. There was so much to be done and so little time to do it. As the afternoon wore on, I began to see that if I listened, they would share what they were thinking and feeling."*

In contrast to the extensive damage to the church at St. Ann's Parish, the church, auditorium, and grounds of St. Rosa's church and parish were minimally damaged despite being only two to three blocks from the Gulf and the destroyed Bay Bridge. However, while this parish sustained such limited outward damage, the look on the faces of the parishioners mirrored the look of numbness and feeling of pain of their neighbors at St. Anne's. Likewise, as we first listened to the voices of the parishioners and later the pastor, their courage and fierce determination for survival rang clear and loudly.

*"I am not sure what I was feeling, perhaps a sense of urgency, a need to learn and listen and an inkling that the ideas for a faith-based health and wellness center might be too far a reach just right now for a community trying to survive, recover and rehabilitate."*

Most people weren't talking to each other about the events of August 29, 2005, and yet they shared the experience with us. That was as much as they could do at the time. While exploring potential sites for health and wellness clinics, we encountered stories of great tragedy and fear, profound sadness, and grave disappointment. One family had debris up to the doorstep of their custom built home. They were the lucky ones; the damage to their home was minimal compared to most folks. As we worked together to remove the enormous loads of debris, we listened to the experience of this couple who wisely evacuated prior to the onset

of the storm. This couple had strength of faith, love and partnership. It was clear as they recounted stories of trying to get back home after the storm that they were reliving the trauma as they spoke.

*"The conversation unfolded and my feelings were mixed. My mental health training forced me to consider if this discussion was helpful or was it kindling more fear, anger and desperation. As I prayed for answers, again I controlled my instinct to 'take care of Mr. & Mrs. J' and instead I listened. As the day wore on, we worked to remove debris and walked the grounds of this property talking about how the home was built by its owners: the meaning of each room, each pathway and the wonderful trees that protected the home from complete devastation. The trees suffered significant damage but were alive and remained standing as an entry to sacred ground. Following the example of the owners, we cared for the trees tenderly as we removed dead branches and broken limbs."*

Mr. J is a geological engineer; he told us that for years the officials of government knew that levees would not hold in New Orleans and that the infrastructure could not withstand category 3 hurricanes. Katrina reached category 5 status. His frustration was evident and his anger was clear. He knew that this devastation could have been avoided if wiser minds had prevailed. During that afternoon at his worksite, a brush fire flared. We were in the midst of fighting a fire with only a few tools and water carried by wheel barrow from a single pump to the flames. We did all we could to contain the fire. The fire department facilities were also damaged and had not been fully restored; therefore, fire fighters would



have to come from towns north nearly 60 miles away. The debris strewn area was especially vulnerable to such fires, because in March of 2006 there was little rainfall. Fortunately, one of our students was a firefighter and directed our efforts. The fire was under control in a short time, and before we left, it was all but extinguished. We departed the grounds and the family expressed such gratitude for our help that we were humbled by their response. We did little more than remove debris and save some brush from burning out of control, but we listened to their experience. They hugged us, loved us, and were grateful that we were sent to their home. More hope emerged.

Later we met people who did not evacuate because the storm surge was not expected to reach them. Some large families in Mississippi tend to buy wide tracks of land where generations could build homes in close proximity. One particular family had experienced damage to every one of their homes. However, they all pulled together to set up barbecues to cook food before it spoiled; they shared with their neighbors, and they survived. One grandmother described her surprise at seeing snakes swimming in her kitchen as the waters continued to rise. This was another aspect to the storm that we hadn't imagined. We were there to repair the walls in her kitchen and to remove appliances that were irreparably damaged. By the end of that week, her kitchen was done and hope emerged for this multigenerational family.

*"While there, we saw a man who was very sad. He approached us and asked if we could help his mother. She hadn't been out of her trailer in over a week and wouldn't talk to anyone. One of my students and I followed him 'just around the corner' which turned out to be about six miles or so away. As we approached her trailer, there was movement and Miss Betty emerged from the trailer in a sweat suit. Initially, she was angry that her son brought intruders to her home. She*

*was very depressed and hadn't wanted to continue on.*

*"As we began to walk around her house, she told us stories about the storm, her home, her children, her horses, and her dismay. She had not attempted to ask for help recently, because every time she did since Katrina hit, she was pushed aside for those in more need. Her depression was easily understood. We asked what she needed as our hour long visit was coming to a close. She gave us a list. We told her we didn't know how much we could help but we would put her in touch with other helpers, primarily the Knights of Columbus chapter in her area. She smiled and thanked us. As we left, her big, burly son cried because he finally saw a glimpse of his mom's old self. She was a strong woman, a brave one too. This set back was not going to permanently take her joy. There emerged hope once again."*

The Monday evening of our trip, a group of students joined nursing and psychology faculty members in a meeting with the parishioners of St. Rose de Lima. One of the parishioners was a nursing faculty member from Ole' Miss, devastated by the forces of Katrina, and she informed us that one of the possibilities that they were considering for the parish and community was a faith-based nurse managed center.

*"Prior to returning to Mississippi I had shared with Mary and Paula the mission, goals, partnership structure and several model programs of the inner city health and wellness center run by our university. One of these programs is focused on the health promotion of older Hispanic women and men. Upon hearing*

*about the massive destruction, the women of this group had begun sewing rag dolls for the children of the region. I had hand carried about 30 dolls to St. Anne's parish in December and had brought more on this trip. Father Sebastian of St. Rose's introduced us and we were warmly welcomed to the meeting.*

*"We offered our help in creating a nurse managed health and wellness center; and while non-committal, the parishioners expressed interest. I felt a growing awareness that a health and wellness center was probably unrealistic as the immediate needs were for access to and restoration of the basic infrastructure of the community. While disappointing, the grit and determination of these parishioners came through as in the middle of the meeting, my cell phone rang, and on the other end was a student experiencing dental pain. At 9 o'clock p.m., access to a dentist in the region was out of the question. Perhaps there might be an emergency dentist in Hattiesburg or Mobile, but there was none local, nor was there an open pharmacy. What would have been a minor challenge here on the Gulf Coast prior to the hurricane or now at our home university was an impossibility given the paucity of primary care. Through the creative efforts of various parishioners we were able to provide adequate pain control until the next morning when we were able to locate a dentist.*

*"As I managed this situation, my colleague from psychology and students were involved with two*

*families that adopted a stuffed rag doll."*

This story is particularly poignant because hands reached across miles to bring comfort. One of the parishioners of St. Rose Church began to cry as she received her little rag doll made by the ladies and men of Aging with Grace Program. Her friend relayed the following story. Not long before the storm, Mrs. J. lost her 24-year-old daughter following a long, painful illness. As the story goes, her daughter died holding onto a little rag doll that she had had since childhood. Mrs. J. cherished that beloved toy. When Katrina hit the gulf, the storm snatched the doll away too. Mr. and Mrs. J. barely survived with their grandson. As Mrs. J. told us her tragic story, she also recounted how they emerged from their home. With a sweet smile and an unexpected sense of humor she shared her solemn oath. She stated that she would never again complain about all the gadgets her husband bought from cable network shopping shows. It was with one of those bizarre objects that he was able to cut an opening in the roof of their house for them to escape. With this statement she broke into laughter and gratitude. She said, "We have hope, because we survived. You bring me hope because this doll can help us carry on." Through tears and laughter we shared hope once again.

*"Later in the week several students and I re-connected with Paula, and as we had another appointment following this meeting, one of the students traveled with Paula in her car, and the other student stayed with me. Paula said to follow her closely and she would take us to her university. We drove through neighborhoods and communities, some seemingly untouched and others bearing the visible scars of demolished homes. We drove past the beach where I and several of the faculty had walked on a beautiful sunny day and had found skeletal remains. As*

we drove east towards Paula's university, we struggled with the juxtaposition of utter devastation and places of death visible through the windows on one side of the car, while on the other side, the source of much misery and death ebbed and flowed. Here were the tranquil blue waters of the Gulf of Mexico, the glint of the sun creating a diamond like reflection that reminded us of precious jewels positioned on the sateen of a jeweler's case. The scene had been replayed numerous times during the week, but we continued to struggle with the savageness of these calm waters.

"Then, we turned and drove to what I thought was Paula's university. For blocks in from the Gulf highway, and for blocks and blocks to the left and right of where we stopped was nothing but concrete slabs where buildings once stood. In the few mangled trees scraps of clothing, fabric, and other material swayed in the breeze; and in the plowed earth were pottery fragments, keys and countless other items.

"Thinking that this was the site of the university I felt the color drain from my face; tears welled up in my eyes. The tightness in my throat made me gasp, then sigh, as I thought of how I would feel if the material evidence of my professional life were suddenly torn from me. Flashing through my mind was how I would feel if the papers, the awards, doctoral paraphernalia, and mementos from students and from trips were suddenly all gone, most irretrievably, and only accessible in my memory. I fought back the

tears. Then I heard Paula's voice asking if I was alright—here we were to provide support, comfort, and solutions, and yet she was concerned over me, my students and how we were coping with this experience. I forced myself to smile, nod yes we are alright and then in a weak voice heard myself ask, 'Where are we?' While we had seen homes and neighborhoods totally leveled, and we had prepared ourselves for one answer, Paula gave us an even more emotionally packed response; and it was given in a voice that we had encountered time and time again on this trip, "Welcome to my home." The struggle to not break down into tears of anguish and empathy was almost lost, only my years as a nurse caring for families saying goodbye to dying relatives helped me to shed only a few tears and not unleash the torrent that was ready to breach the reservoir of stored emotions. After she invited us into her home and handed us some china fragments and said, 'Here, keep these,' we took the short drive to her once beautiful and now devastated university.

"It was here that she introduced us to the Friendship Texas Live Oak, a tree that had been alive when Columbus sailed to the 'new world.' As we read the history of this living tree we came to a shared realization that miracles do happen. Here, not more than several hundred yards from the Gulf Coast, was a tree more than 500 years old. It had withstood the savage onslaught of hurricane force winds and tidal surge, and when the man-made

buildings that surrounded it were destroyed as if they were constructed from matchsticks, this tree survived. And the fragile bronze plaque that recounted its history withstood the forces of nature as well.

*"I struggled with feelings of awe and of incredulity. I could feel my mind searching for answers as to how a tree of this age could survive when people died, when buildings of brick, mortar, steel and concrete were strewn over the countryside like children's building blocks discarded after an afternoon's play. Then, from the depths of my soul came the realization that hope arises from the depths of despair and that this tree represented the lives of those lost and those that survived. It exists as a symbol of the continuity of life and the potential for the future. As this realization crystallized, Paula said quietly that we should take a picture as part of this tree's history is that those who come together under its limbs will remain friends, and in the future will return to this very spot. While the emotions I and my students had struggled to contain overflowed, I realized that the tears we were shedding were not solely those of sorrow but were also those of faith and hope and of courage.*

*"There were many such stories that testified to the strength of the human spirit. What struck me most was that people just like me could get up each day and move toward the future despite their losses. Their strength made me believe that we could survive similar circumstances. I realized that I had many selfish reasons for*

*participating in this venture. Perhaps, I wanted to know if I could survive. I was there to provide support and comfort and I found hope for myself as well. It is so interesting that my intended gift returned to me ten-fold."*

While discussing the needs of a small hospital, the Chief Executive Officer recounted the day of the storm. He shared pictures of the waters rising on the streets while he and his staff cared for the patients too sick to be moved. The hospital staff remained on duty, not knowing the condition of their own homes. Some could not locate their loved ones. And yet they stayed on; some were living in trailers in the hospital parking lot when we visited. It was worth it. There were 34 patients that could not be evacuated and the CEO smiled gratefully as he shared that every one of them survived the storm. Hope emerged again.

Though there were elements of hope and resilience, anger was ever present. It was directed toward government officials, insurance companies, and relief organizations. FEMA was a major target of the rage of the residents. There were rows of brand new empty trailers for temporary housing sitting in parking lots that were no more than 100 yards away from people who were still living in tents. No one seemed to have the answers as to why these housing units were not being utilized. The people of lower Hancock County had to make do on their own. Politically speaking they were outraged at every level of government, at every party representative regardless of affiliation and the perceived lack of interest in their well-being.

In one particularly interesting and frustrating story, a special education teacher had just adopted her fourth child. There was a champagne breakfast in celebration of this wonderful event on August 22, and on August 29, everything was washed away. When the insurance assessor came to evaluate the damage, the family was told that the damage was caused by a tornado that emerged from the storm. As a result the next day, according to the assessor, they would receive a check

for over \$200,000. This was a source of great relief. On the next day, however, there was a reassessment of the damage and the new determination was that the damage was caused by the flood waters and they were not covered by flood insurance. So, insult was added to the pain of the loss. While this teacher relayed her story to us, her anger found some release. Following her account of the insurance fiasco, she said that the way she and her family are coping now is to blame everything on Katrina. If she stubbed her toe, she blamed it on Katrina. If she got a flat tire, Katrina was to blame. It was part of the coping strategies developed from experiencing despair and total loss. It seems that once you lose everything, there is nothing left to lose and the only thing to do is stand up, start again. This type of humor and resilience gives rise to more hope in their own community.

As we recounted the stories that touched our hearts, we could not forget the plight of Miss Dottie. Miss Dottie was about 85-years-old. She and her companion Jim were living in a camper trailer on the property where her home was pushed several inches off its foundation. Most of the professionals believed it could not be restored. There was a very small guest house that needed considerable work but was solid enough to be repaired sufficiently so that Miss Dottie and Jim could live on her property. Our students and Sister Donna, our V.P. of Mission and Planning, worked at a fever pitch to ready the building for electricians, plumbers, and other contractors to do this finishing work. By the time we left, it was ready.

Miss Dottie is a lady in every sense of the word. A slight woman, she appeared frail and fragile at best, but she proved otherwise to all of us. There was mud, standing water, and the possibility of disease-bearing insects close to her house. There was so much debris that we were once again overwhelmed. We decided to save what we could of her memories and treasures. Eileen, our V.P. of Academic Affairs, sat at a makeshift washing stand for eight hours carefully washing each figurine that had meaning to Miss Dottie. Our students took two tiny porcelain figurines to her trailer and she nearly cried because it gave

her hope to carry on. We couldn't save much, but what we did save was clean and organized. After a celebratory luncheon, we took some pictures. Fr. Antony put his arm around the tiny smiling lady. Miss Dottie responded to this protective gesture by saying, "Oh Father, I don't think it is proper for you to put your arm around a naughty girl like me." We loved her spontaneity, her hope, and her joyful acceptance of what we wanted to do for her. Mr. Jim just smiled.

In many conversations with our colleagues and travel companions, we wondered how the people could maintain their faith and belief systems. It seems again that they focused their energy on surviving just one more day. Their spiritual needs seemed to be met by gathering together at churches to pray and seek peace. There didn't seem to be anger expressed toward "God" by any name. In fact, there was a powerful sense that their faith was stronger than ever.

Forged from these experiences are lessons and relationships that have had and will have life and career-transforming effects. Students sought out the faculty members who worked with them on this trip when we returned to our usual lives. Why? Just to say, "Hi! We were thinking about you the other day and missed you." Curriculum is far greater than the words, laws, principles and theories that are imparted in texts, in lectures and discussions. What we learned about the human spirit for determination, courage, love, caring, and hope will pervade our lives personally and professionally from now on.

The authors of this narrative are colleagues at Sacred Heart University in Fairfield, Connecticut. Shirley A. Pavone, Ph.D., is an Assistant Professor of Psychology, and Linda Strong, Ed.D., is an Assistant Professor of Nursing. Comments regarding this article can be sent to: [pavones@sacredheart.edu](mailto:pavones@sacredheart.edu) or to [strongl@sacredheart.edu](mailto:strongl@sacredheart.edu).

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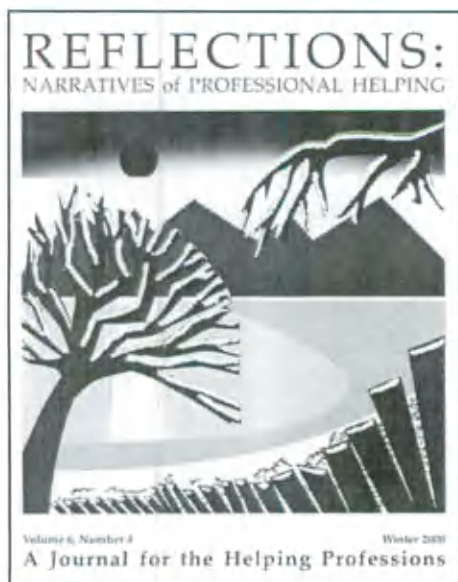
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