

# Post-Katrina Storm Disorder and Recovery in South Mississippi Over Two Years Later

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## ABSTRACT

This commentary describes a Katrina survivor and provider's dual perspective two years post-Hurricane Katrina. Highlights of the impact on individual, family, community and regional levels, and on social, economic and mental health levels are identified. This includes discussion of "Post-Katrina Storm Disorder," the plight of the poor and near-poor and immigrants, a cognitive reframing intervention for disaster relief agency workers, as well as helpful clinical strategies, impact on religious and spiritual beliefs and a modified "six stages of disaster recovery." Finally, positive developments are elaborated concerning changes in personal priorities, life in a FEMA trailer, metamorphosis of the University of Southern Mississippi Gulf Coast campus, the role of volunteers and resident self-help and personal life commitments.

Hurricane Katrina slammed into the Gulf Coast on August 29, 2005.<sup>1</sup> My family and I stayed through the storm and its aftermath. My personal losses were substantial: the destruction of my University of Southern Mississippi Gulf Coast office and our social work department building that are situated right on the Gulf, to include the loss of 95% of 30 years of professional records. In addition, there was serious damage to our home in the Gulf Coast community of Long Beach. However, this paled in comparison to the extraordinary extent of the physical devastation across the Gulf Coast that was unprecedented in U.S. history.

I will first briefly highlight the impact and recovery on the Mississippi Gulf Coast at three points in time: in the immediate aftermath of Katrina, one year later and two years later. I have tried to present a balanced picture of progress and lack of on the Mississippi Gulf Coast. However, I readily admit that this is quite difficult to do and any summation of positives and negatives inevitably is open to criticism of not being objective.

**August 29-September, 2005:** In Mississippi alone, the destruction was extraordinary (Scurfield, 2006a, b; Editor's Notebook, 2005b):

- Extensive destruction across some 12 Mississippi Gulf Coast communities, from Pearlinton and Waveland in Hancock County eastward to Gautier and Pascagoula in Jackson County
- Over 235 confirmed deaths (G. Pender, 2005)
- 68,700 homes and businesses were destroyed, 65,000 sustained major damage, and 60% of the forests in the coastal communities were destroyed along with much of the shipping and fishing industry (Editor's Notebook, 2005a). [The number of homes destroyed in Mississippi is over 30 times the number destroyed in the tragic wildfires in Southern California in October, 2007.]
- There was 34 feet high storm-surge from Katrina in western Mississippi that was propelled inland as far as 10 miles from the coast through myriad rivers and bayous, severely damaging or destroying homes and communities that had never previously been flooded by storm surges. And damaging hurricane-level winds and tornadoes swept up through the central and north central areas of the state. (Walsh, 2006)

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<sup>1</sup> Substantial content in this writing is derived directly or adapted from: Scurfield, R.M. (2006, June). "Post-Katrina Aftermath and Helpful Interventions on the Mississippi Gulf Coast." *Traumatology*, 12 (2), 104-121; Scurfield, R.M. (2007d). "Post-Katrina survivor and provider: Social work interventions and coping on the Mississippi Gulf Coast." *Published Proceedings, 37<sup>th</sup> Annual Alabama/Mississippi Social Work Education Conference* (Alabama/Mississippi Social Work Education Conference, Tuscaloosa, AL, October 19, 2006); and presentation, "Katrina: Post-Traumatic Stress and Recovery Over Two Years Later," Mississippi Society for Social Work Leadership in Health Care, "Meeting the Needs of a Changing World," 2007 Annual Conference, 10.4-5, 2007, Jackson, MS.

- An estimated 350 buildings listed in the National Register of Historic Places were washed or blown away, along with most of the evidence of 300 years of Gulf Coast history. This makes Katrina *the worst historic preservation disaster* in our nation's history (Huffman, 2006)
- The two major east-west bridges on the Mississippi Gulf Coast that connect the three coastal counties together were totally destroyed

**One Year Post-Katrina: October, 2006:** Changes on the Mississippi Gulf Coast were very mixed but felt more negative than positive.

- As of March 13, 2006, almost 100,000 Mississippians were living in FEMA trailers, and hundreds of other displaced residents were not eligible for FEMA trailers (Copeland, 2006). By October, 2006, there were 101,000 Mississippians living in FEMA trailers, the unemployment rate in the three MS coastal counties hovered around 12%---considerably above pre-Katrina levels and reconstruction was at a snail's pace for most homeowners. (As a personal example, our home had a new roof and new fencing, but it took over a year to find a contractor willing to repair the internal damages to our home. It was almost impossible to find a reputable and reliable contractor to do the work, and labor and material costs had skyrocketed since Katrina---estimated at over 30% or higher.)
- Affordable housing was at a premium and the too few rentals had dramatically higher rental rates.
- In a 60 mile east-west swath of Highway 90 bordering on the Gulf, many of the large debris piles had been removed. However, only one restaurant had reopened and not one gas station, only a handful of residents were back in their homes within the first block of the Gulf and essentially almost all of the marked amount of debris that Katrina sucked back into the Gulf was still there, making it dangerous to even wade in the water.
- A considerable number of residents were firmly in the "disillusionment" phase post-disaster in which the enormity of the challenges yet to be accomplished had hit them. Many people, quite frankly, were simply exhausted from what they had been through and were facing to get their lives, homes and routines back.
- While a number of residents had been able to return to a normal living, several more years remained before a semblance of normal living and meaningful levels of rebuilding would take place for many Gulf Coast residents—and for too many it would even longer. Even so, too much history has been lost that was irretrievable, and it was way too soon to know if the ultimate outcome would be a Gulf Coast that is as good or better than what existed pre-Katrina---especially for the lower and working class sectors.
- Finally, while the economy was benefiting from considerable construction activity underway, especially luxury high-rise condominiums and casinos, a very inadequate transportation system and conflicts as to the vision for the future of the devastated communities presented enormous challenges—and opportunities.

**October, 2007: Twenty-five months post-Katrina:** There is much to fuel optimism about the ultimate recovery of the Mississippi Gulf Coast. As an illustration, taking a drive along Highway 90 from Biloxi to Bay St. Louis, the signs of recovery are very welcome:

- The new Bay St. Louis Bridge had opened two lanes in the Spring 2007 to much celebration, and the new Biloxi Bay Bridge is on-schedule to open two lanes in November 2007.
- Almost no hurricane debris piles remain
- Not so many derelict buildings remain
- Several luxury high-rise condominiums have been built and a number more are being built or planned
- Most all of the casino/hotel complexes have been rebuilt and are making more money than pre-Katrina
- Several new casino complexes are approved or in various stages of planning
- There is a sprinkling of homes rebuilt and others visible in various stages of rebuilding
- If you want fast food, you are in luck—as long as you like waffles: the ubiquitous Waffle House chain is back in operation in several locations.

- New lighting and landscaping has sprung up along much of the Highway 90 median---to include oak tree saplings and, somewhat jarringly to those familiar with what used to be block after block of mature oak trees--- a new species of palm tree that had never before greeted motorists along Highway 90.

Across the Gulf Coast there are very encouraging signs of many repaired and new homes, as well as new developments underway or planned. A number of the destroyed schools have been reopened in repaired or temporary facilities, at least two of the community libraries have been reopened, most businesses that have reopened are doing well, and a number of residents and small businesses have relocated further inland, spreading yet further economic growth. In addition, unemployment rates are now over two points lower than before Katrina, population estimates in the six southern counties are only 2.5% lower than pre-Katrina, over 30,000 building permits have been issued, annual retail sales in the three coastal counties have increased 61% since 2004, there is \$343 billion in planned military projects and 45% of all new jobs created in the State of Mississippi have been in Harrison County, the most populous of the three coastal counties. (Gulf Coast Business Council, 2007)

On the other hand, a closer look even at what is *not* happening just along Highway 90 next to the Gulf illustrates how much remains for full recovery and physical rebuilding of the MS Gulf Coast.

- Steps to nowhere, slabs and properties devoid of any structures far outnumber those with intact buildings
- New or rebuilt modestly-sized homes are rare
- Almost no commercial activity exists outside of the casino complexes—other than Waffle House restaurants, not one working gasoline pump, only a handful of non-casino restaurants, only one outlet catering to tourists (the others have been demolished or remain storm-shattered shells). “A lot of businesses haven’t reopened and aren’t going to reopen.” (Sayre, 2007)
- If you take just a short turn north into East Biloxi, or into several neighborhoods of Gulfport, or especially if you drive just a few short blocks into what used to be the downtowns of Long Beach or Pass Christian, or drive onto Henderson Point, the signs of progress are remarkably few and far between. Almost none of the devastated communities have yet to even adopt a master plan for rebuilding as competing visions for the future have made consensus difficult to achieve among community leaders, citizens and developers.

Across the Mississippi Gulf Coast, there is a daunting time-lag required for rebuilding destroyed homes and buildings. It took *more than a decade* for the 28,000 homes in Florida wrecked in 1992 by Hurricane Andrew to be rebuilt; Mississippi alone has *over four times* that number of homes to be rebuilt (Rubinkam, 2005). The long time-line is due to a number of factors:

- still remaining uncertainty regarding revised federal flood requirements for rebuilding
- numerous unresolved insurance settlement claims and lawsuits
- obtaining affordable property insurance remains a major barrier to both homeowners and businesses; for example, rates for wind insurance have skyrocketed dramatically---about 90% for homeowners and 200% for business (Sayre, 2007)
- continuing lack of electricity, water, sewage infrastructure in many of the devastated areas, and
- the lack of construction industry capacity to meet the overwhelming demand.

Yes, the rebuilding of lost homes and personal property remains a staggering task.

Another troubling reality that is evident subjectively in talking with many Gulf Coast residents is the remarkable increase post-Katrina in seemingly almost daily occurrences reported in the newspapers and in the local news of such incidents as homicides, robberies, assaults, home invasions, other violent acts, meth lab and other drug busts, and fatal vehicular crashes. Somehow, the relatively quiet, sleepy, peaceful milieu that once characterized the Mississippi Gulf Coast is no more---and never will be again.

Furthermore, the reports from several recent studies and observations reveal that affordable housing, be it homes or rentals, is in distressingly short supply.

- “. . . the recovery of units for low- to moderate-income renters or homeowners lags significantly behind higher-priced residents . . . Lower-income households, people who had mortgage loans but didn’t get the full amount they hoped for from grants or insurance programs—those people are in a real squeeze . . . They clearly have been slower to make the decision to rebuild.” (Frulla, 2007). Even the overall optimistic report by the Gulf Coast Business Council two year report (2007) states that “unaffordable and unavailable insurance for residents and business owners continues to inhibit economic growth and housing starts for the workforce.”
- Several south Mississippi communities and their city governments have rejected applications from developers to build affordable housing, claiming that such do not fit with the character of the surrounding communities and will have a negative impact on residential values. “Not in my back yard” syndrome seems to be in full force in a number of communities in south Mississippi.
- Several city councils have even made it difficult or impossible for Katrina cottages (small modular homes that, in contrast to FEMA trailers, are much more stable and wind-resistant, apparently formaldehyde free and meet building code requirements) to be used in place of FEMA trailers. Opponents voice concerns that property values will be hurt and some property owners might choose to want to keep the Katrina Cottages, which are not viewed as acceptable long-term housing units (Welsh, 2007). Yet even opponents admit that Katrina Cottages are extremely better living environments than FEMA trailers.

The reports concerning mental health impact post-Katrina are sobering:

- According to a study of 92 different Katrina FEMA parks published in the *Annals of Emergency Medicine*, suicide attempts in Louisiana and Mississippi’s parks are 79 times higher than the national average. Major depression is seven times the national rate. (Spiegel, 2007). However, it is very important to note that it is extremely ill-advised to lump together statistics for Louisiana and Mississippi, as a number of reports have done. The realities in each state can be so dramatically different that statistics that are an average of Mississippi and Louisiana end up being statistics that describe almost no one. In addition, there is severe criticism that such statistics are spurious and highly suspect because of how extremely low numbers sampled have been utilized to make such projections (Barrilleaux, 2007).
- A government survey released on August 16, 2007, reported that mental illness is double the pre-storm levels (about 14% have symptoms of severe mental illness and an additional 20% have mild-to-moderate mental illness), rising numbers suffer from post-traumatic stress disorder which typically goes away for most disaster survivors has increased to 21% versus 16% in 2006), and there is a surge in adults who say they’re thinking of suicide. (Elias, 2007a). [However, it is important to note that anecdotal observations by the author and from mental health providers along the Mississippi Gulf Coast are not congruent with the figures in studies that report high levels of PTSD. Rather, many local providers who I am in touch with report lots of post-traumatic stress, but relatively few cases of full-blown post-traumatic stress *disorder* directly related to Katrina.] (Barrilleaux, 2007)<sup>2</sup>

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<sup>2</sup> Several local providers believe that the local culture influences people with PTSD and other serious mental health issues not to seek mental health treatment and if they did, that resources would be overwhelmed. Rebecca Law, counselor, Gulf Coast Mental Health Center in Hancock County, stated “there’s a great need for mental health services, but many people just won’t go for it. They may not admit the need to themselves or to others. And there is a very high no-show rate after intake interviews or a crisis intervention—almost 50% do not show up for a second session.” (Personal communication, networking meeting, Hancock Medical Center, Hancock County, MS, 12.19.07). Alternative explanations for these dramatic differences between the high rates reported in studies and the numbers actually being seen by local mental health resources are that the sampling strategies and data analyses utilized in these studies do not reflect true prevalence or incidence rates and/or that PTSD screening instruments utilized might have reported significant false positives.

- A Mississippi Gulf Coast survey by the National Center for Disaster Preparedness at Columbia University found that half of parents said their children had developed emotional or behavior problems after the storm; about 2/3 were depressed; nearly as many felt afraid. “What’s unique about Katrina is how much children have lost . . . So many have lost virtually everything; their homes, their neighborhoods, close extended families that are often scattered, their friends and churches.” (Marilyn Elias, 2007b).
- The Gulf Coast Business Council (2007) describes mental health needs as continuing to be the top health issue facing Coast residents. For example, Memorial Hospital in Gulfport is seeing twice the mental health issues compared to pre-Katrina, and the Gulf Coast Mental Health Center reports a 25% increase in Hancock County and a 54% increase in those seeking substance use services since Katrina. (Barrilleaux, 2007).

The bottom line mental health wise is that practically everyone who works in or has studied post-Katrina mental health agrees that there is a crisis concerning Katrina survivors’ mental health, although there is considerable “disagreement on the scope, severity and duration of the crisis.” (Norman, 2007).

### **PKSD: Post-Katrina Storm Disorder**

A number of local clinicians are using such descriptive phrases as “post-katrina storm disorder (PKSD),” “post-storm disorder” or “post-katrina stress disorder” to describe sub-threshold stress-related cases that do not meet full PTSD diagnostic criteria. (Barrilleaux, 2007). There are several dynamics captured by the term PKSD.

**Loss.** While not necessarily meeting PTSD or major depression diagnostic criteria, hundreds-of-thousands of Katrina survivors in Mississippi continue to experience and many continue to mourn a profound sense of loss, grief and malaise over the *irreplaceably lost “sense of place”* of what used to be the Mississippi Gulf Coast---destruction of places of employment, small and large businesses, churches, schools, neighborhoods, recreational facilities, historic sites and even entire communities---the loss of so much about life that was familiar and cherished along the entire Mississippi Gulf Coast (Scurfield, 2006a, 2006b). There is an underlying poignant sadness among many about what was South Mississippi literally being gone forever. For example, East Biloxi never again will be a vibrant eclectic neighborhood of older and new immigrants, a rich ethnic and racial tapestry of poor, near-poor and modest neighborhoods and family-run small businesses.

**Left Behind.** Additionally, there is a substantial minority of the population that is not benefiting from the post-Katrina recovery. In my experience, this sub-group is more likely to have become cynical, moody, despondent and perhaps angry, seemingly immersed in the disillusionment phase of post-disaster response (see Scurfield, 2006c)—as they are reminded daily of the gap that grows ever wider between those seemingly stuck, in contrast to the majority who are moving ahead and appear to have “put Katrina behind them.” Ironically, it has been observed that the plethora of relief programs has brought with it what seems to be an ever-increasing sense of entitlement among a number of survivors as “more and more patients are waiting for the next relief program to arrive.”<sup>3</sup>

**Exhaustion.** Exhaustion appears to be a major component of PKSD: exhaustion at having to continue to deal with fights with insurance companies; exhaustion at trying to find affordable housing or struggling to afford the dramatically increased rental rates or insurance premiums; exhaustion at having to commute on still-ravaged roads and longer driving distances that are required to access a major grocery store or recreation resources; exhaustion at the increased traffic jams and the markedly slow progress in revitalizing the downtown areas of most of the 12 coastal communities ravaged by Katrina. Even among those who have more resources, such as those who have been able to move back into their homes, it is not uncommon to hear, “We’re exhausted—we got back in our homes and we are still exhausted.” And a number of residents who are still struggling feel that “they can’t

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<sup>3</sup> Personal communication, Susan Stevens, Director, Social Work, Hancock Medical Center, at a networking meeting in Hancock County, 12.19.07

complain” about their “loss of a normal existence” because they are in their homes, have resources and have jobs (many in public government, human services, hospitals, etc.); but yet, “they are really suffering the stress of carrying and serving their communities while their families are starting to crumble.”<sup>4</sup>

***Storm-related Anxiety.*** And then there is post-storm-related anxiety. I have observed a number of Katrina survivors (non-clinical cases) who, for example, have exaggerated anxiety or panic reactions during severe thunderstorm warnings—let alone when another tropical storm is forming out in the Atlantic and there is a chance that it will be coming our way. For example, I was presenting at The Veterans for Peace Annual Conference in St. Louis in early August, 2007, when I received an urgent telephone call from a colleague at the Southern Miss Gulf Coast campus. She was calling because three employees (who had lost almost everything in Katrina) were having serious anxiety reactions as a tropical storm out in the Atlantic was being projected in some weather computer models “to possibly hit the Mississippi Gulf Coast within several days.”

And I am certain that whenever the next hurricane *does* make landfall, severe anxiety and other Katrina-related issues will resurface and profoundly impact many Gulf coast residents (Scurfield, 2007d). I predict that this will occur among both those who decide to stay, and those who choose to evacuate. There is hope that the next round of evacuations from the Gulf Coast will be better organized than occurred during Katrina. Even so, the characteristic stresses associated with evacuation in the face of an approaching Hurricane (massive traffic jams, fear of running out of gas and fraught with other uncertainties such as having adequate cash, food supplies, reliable transportation, room for family and pets, where to stay, etc.) will almost certainly be exacerbated when the next Hurricane is approaching. Ironically, this is partly because many more south Mississippi residents who previously did not evacuate prior to Katrina have vowed that they now will.

### **The Doubly-Disadvantaged: Low and Moderate-Income Citizens Who Become Disaster Survivors**

People who were already disadvantaged *prior* to Katrina, such as the poor and the near-poor, the sick and the elderly, find themselves disadvantaged even more in the face and wake of natural disasters. After my family had decided that we were not going to evacuate, we went to our church, St. Thomas, early in the morning of August 28<sup>th</sup>, to pray in the adoration chapel. While there, we saw one other person, someone we knew whose wife was physically disabled. We asked him, “Are you going to evacuate or stay?” His reply still tugs at my heart: *We’re staying. We have nowhere to go, and no money to get there with* (Scurfield, 2006b).

The already disadvantaged are the ones:

- Least able *before* the disaster to prepare adequately if they are staying: to safeguard their property and possessions, to stock up on needed provisions
- Least able *before* the disaster *to evacuate* due to lack of necessary resources: money, reliable transportation, a safe and affordable place to go to
- Least able to safeguard their family pets or to take their pets with them or know what happened to them (and, no, I am not equating humans and pets; however, many people are *very* attached to their pets who are their trusted and loved companions; this is yet one more separation and loss of something very important to so many. And yes, we were able to take our two Golden Retrievers and bob-tailed kitten with us---at the insistence of our daughter, I must admit.)
- Least able *to return* to their communities if they have been displaced and evacuated, especially when displaced many miles away from home
- Least able to have adequate, if any, insurance coverage of their property and possessions

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<sup>4</sup> Ibid.

- Least able *after* the disaster to get needed resources to survive on: shelter, basic necessities, cash, transportation, medical assistance
- Least able *after* to find out in a timely manner what has happened to their loved ones
- Least able *after* to actually access needed resources post-disaster

And so, there is at least a double-disadvantage for many sectors of our society in the aftermath of disasters, making a successful post-disaster readjustment from a very difficult series of traumatic events even more complicated and difficult. And then, *politics and policies* may not benefit the doubly disadvantaged. For example, the Governor of Mississippi, Haley Barbour, whose post-Katrina leadership has facilitated a remarkable infusion of resources into our state, released details of his office's plan for spending \$3 billion in federal Community Development Block Grant (CDBG) funds. Noticeable were those who were excluded from being eligible to receive up to \$150,000 grants for Katrina-caused damages and loss. Critics noted that left out were those who had the least and needed help the most, many of whom were elderly or disabled (Stallworth et al, 2006). These included:

- Renters. About one-half of those who lost homes and apartments that they were renting were excluded
- Uninsured homeowners outside of the flood plain. Many of our poor, elderly and disabled neighbors were those who could not afford insurance if they were to be able to feed their families and pay medical bills.
- A waiver was requested of the federal regulation that 50% of the funds go to low- and moderate-income folks—and we know that at least 50% of Katrina's victims fall into this category. (Stallworth et al, 2006).

In addition, Mississippi has the highest food tax in the nation---a very regressive tax that is disproportionately hurtful to the less well-to-do. Food, after all, is not a discretionary expenditure! And a number of Mississippi politicians continue to be against reducing the food tax, citing concerns that it has been impossible (two years post-Katrina!) to yet calculate what the loss of revenue would be to local communities. Furthermore, as mentioned earlier, the availability of affordable housing---always at a premium---has become almost non-existent in the wake of Katrina's destruction (Copeland, 2006). This has made it particularly difficult for those on fixed incomes and other lower-income and working class residents.

In the best of times, healthy and sufficient food and timely medical care are difficult for many disadvantaged people to afford---and even more so in communities devastated by natural disaster. And the competing priorities of a free market economy versus availability of low- or no-cost services can clash. For example, the continued operation of a food tent in Pass Christian was opposed by businessmen who argued this made it difficult for small businesses to re-open and have sufficient customers. This was in spite of the fact that every restaurant on the coast that was open or re-opened typically has been overflowing with customers and in need of additional workers.

Similarly, a free medical clinic had been operating in the Bay St. Louis/Waveland area---along with neighboring Pearlinton arguably the two most devastated communities on the entire Gulf Coast. Several local physicians had been pressing for this free medical clinic to be closed down "because it is making it economically unfeasible for us to be able to re-open our medical practices." And how many of the citizens who were using these free medical services could actually even afford to go see one of these physicians in their private practices?

Yes, the poor, the near-poor and other disadvantaged people know full well their reality of what Kris Kristofferson wrote and sung in "Me and Bobby McGee": *Freedom's just another word for nothin' left to lose, nothin' mean worth nothin' but it's free*

### **The Triply Disadvantaged: Vietnamese and Hispanic Immigrants**

Language and cultural barriers combined with financial difficulties to make the plight of the mostly Vietnamese and Hispanic immigrants who went through Hurricane Katrina particularly vulnerable. Katrina was not an equal opportunity Hurricane to the immigrant population. The Vietnamese community was hard hit because their homes were in some of the most vulnerable and most devastated areas of the Mississippi Gulf Coast. Many Vietnamese were in the fishing industry and/or had small family-owned business—which were literally decimated by Katrina (Van Zandt, 2007).

In addition, some Vietnamese immigrants were not allowed an education in Vietnam and so they are practically illiterate in Vietnamese and English. “They were relatively new to the community and had moved to Biloxi to work in the fishing industry, the only option for many. Now, as a result of Katrina [and the decimation of the fishing industry and their homes], they are further disadvantaged; they don’t feel comfortable in either the Vietnamese or American community, so they experience a sentiment of loss and not belonging anywhere . . . They are not very familiar with the way civil society is organized in the U.S. and they didn’t know how to work the system and how to organize themselves (to access post-Katrina resources).” (Nguyen, 2007). Finally, it is not unusual for Vietnamese immigrants to be distrustful of banks. There is a tendency to keep their money in cash, as do many Hispanic immigrant laborers. Katrina’s wake literally washed away much of their money.

Immigrant laborers, mostly of Hispanic descent, also were hit particularly hard by Katrina. This was due in part to almost no developing weather forecasts or evacuation notifications communicated in Spanish. Also, many immigrant laborers did not have access to the funds needed to purchase food and other necessities post-Katrina, they lost their work when contractors were displaced or left and there was no unemployment compensation to collect, and they had already been living in sub-standard housing prior to Katrina.

The mostly Hispanic immigrant population in south Mississippi was vital to the reconstruction following Katrina. It seemed as if almost all of the construction crews had substantial numbers of Hispanic workers—workers who labored remarkably long and hard hours at least six days weekly in the hot Mississippi sun to include repairing tens-of-thousands of roofs. These very hard-working, honest and friendly immigrants, most of whom spoke little or no English, were living in extremely crowded living quarters, worked from dawn to after sunset, and were seemingly everywhere helping our region rebuild. Unfortunately, they were oftentimes victimized by contractors who would not pay them the wages promised, their access to legal assistance and health care was minimal and the language barrier was significant, especially in Mississippi. The immigrant situation was so bleak that an advocacy organization exists to try to assist them, The Mississippi Immigrants Rights Alliance (Cintra, 2007). The immigrant Katrina story on the Mississippi Gulf Coast is at least as tragic as any other sector of the population---and almost certainly more so in many cases.

### **Cognitive Reframing to Cope with Disaster Relief Service Chaos in the Immediate Aftermath of Trauma**

I was asked to provide a state-wide training to outreach workers with Project Recovery (PR) in the state of Mississippi in the Spring, 2006.<sup>5</sup> In preparing for the training, I did an informal survey of several PR outreach workers (to include my daughter, Helani, who worked with PR teams in Pass Christian and Ocean Springs, MS) and I also surveyed a couple of regional supervisors that I knew. I was very impressed with the dedication and commitment of PR outreach workers, most of whom were residents of the communities they were serving, to the

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<sup>5</sup> The Project Recovery crisis counseling program was organized to assist people in finding ways to cope with Hurricane Katrina-related stress. It was funded through a grant from the U.S. Department of Homeland Security’s Federal Emergency Management Agency to the Substance Abuse and Mental Health Services Administration and operated by the Mississippi Department of Mental Health. Over 350,000 crisis counseling and outreach visits were made in Mississippi before it closed on April 27, 2007 (FEMA, 2007). The termination was in spite of considerable community protests about the continuing need.

mission of doing outreach, door-to-door, to help Katrina survivors. I wanted to find out what topics the PR front-line staff might benefit from the most in the training.

Time and again, I heard a familiar refrain: considerable dismay, frustration and anger at the continuing widespread extent of organizational disarray, very inconsistent if not ineffectual first-line supervision, varying interpretations of work guidelines and mission, varying projections as to when positions would be terminated and, indeed, when each of the PR teams would be terminated as any FEMA-funded disaster relief operation was inherently time-limited. And this was in addition to the difficulties in actually trying to help overwhelmed clients get the services that were so desperately needed.

Indeed, overwhelmed agencies and at least occasional chaos within both PR and in federal (i.e, FEMA) and non-profit disaster relief agencies, amidst a seemingly ever-changing landscape of unmet needs that did not match well with what services were being offered, and incredible difficulties in how to access them, seemed to be the norm rather than the exception. Conversely, there was strong teamwork and bonding that had developed among some of the outreach workers themselves, with a very high commitment to the mission of outreach and crisis services, door-to-door, in the devastated neighborhoods and communities.

I came to the conclusion that perhaps the best training possible required discussion of the following information, facilitating ventilation of built-up stresses, and refocusing:

*Do you agree that you PR outreach workers are, indeed, immersed in the above described post-disaster organizational and service realities, and that there is almost no realistic expectation that changes for the better will be forthcoming in the foreseeable future? If so, and if you still want to remain as PR outreach workers because of your commitment to the mission and recovery needs of so many south Mississippi residents, you must figure out how to not continue to focus on how depressing and anger-provoking the realities are to be immersed in such a dysfunctional and chaotic working milieu. There is an alternative strategy: you could choose to focus on: how to maximize self-preservation and role satisfaction in spite of the work milieu and chaos.<sup>6</sup>*

*What are you as PR disaster relief workers to do to maximize optimal service delivery and self-preservation? It is essential to be focused on two basic objectives concerning clients that must be kept front and center and that I believe are the ultimate pay-off for you as PR outreach workers: (1) getting clients what they need and are entitled to and in a timely manner; and (2) empowering clients to learn how to better advocate for themselves.*

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<sup>6</sup> These realities included: extremely uneven distribution and availability of resources; ever-changing locations where the services are being or should be provided; overwhelming level of demands; inadequate or dysfunctional communication systems; lack of accurate and immediate up-to-date information *today* about what is available and where; rapid rotations of most relief workers in- and out-of the area and subsequent serious disconnects between providers oftentimes of even the same agency; uneven training, expertise, disposition and attitudes of the staff; unclear guidelines and/or ones that clearly are not responsive and relevant to the needs; many providers themselves being both survivors and providers, with their own issues inevitably being triggered to varying degrees; poor, non-existent and/or non-timely follow-up; a seemingly insatiable organizational appetite for requiring paperwork and more paperwork, and for some organizations and supervisors, putting rules, procedures and regulations ahead of the needs of clients, common sense and needed flexibility (ironically, these two tendencies seemed to increase as the initial chaos of post-Katrina became more manageable); great difficulty for anyone (clients or staff) to find out *where the buck actually stops*. [As an example, in my role with my university in coordinating with FEMA regarding emergency housing for displaced faculty and staff, I found that many of the FEMA staff actually refused to give their telephone numbers and their phone numbers were not displayed on caller i.d. I was told that “this was official FEMA policy.” And I was a university official sanctioned to work with FEMA. Imagine the difficulties for ordinary citizens to attempt to communicate about any issues.]; and disorganization and fragmentation of services if not occasional chaos.

*As PR disaster outreach workers, you are in a unique position to facilitate both of these objectives. This requires keeping such objectives crystal clear and focused in the midst of turmoil, heavy pressures and demands and disorganization. Being very willing to be an effective advocate for the client, using your knowledge of and information about the systems, using your people contacts, and perfecting the art of political behaviors and strategies—for the betterment of the client—are essential.<sup>7</sup>*

To me, the most important advice that I gave to PR outreach workers, many of whom were very justifiably angry and disillusioned at the state of affairs in their own relief organizations as well as in other organizations, was quite straightforward and perhaps even counter-intuitive initially to some. It required a cognitive reframe:

*Yes, you have every right to be upset and angry at the organizational chaos you have described, and that it has not improved despite repeated attempts on your part. How upset and angry are you? And what have you been doing with your anger and frustration? What is the result of what you have been doing on bringing about needed changes (not effective), and what is the result of what you have been doing on you (more frustration, anger, etc.). There is an alternative:*

*You can choose to savor any chaos, lack of clarity and looseness of operations in the more immediate aftermath of providing disaster relief services.*

*Yes, you have been describing an ideal milieu in which you can maximize your skills, your initiative, your multiplicity of roles, your adaptability and creativity. Focus on what you have some control of—and recognize when you are focusing on that which you do not have control over. For example, yes, the loose operating rules for outreach staff provide an environment in which some workers abuse the looseness to take care of personal business and be non-productive. Rather than focusing on how terrible their behaviors are and how bad it is that your supervisors remain unwilling and/or unable to do anything about such abuse—focus on how this very same looseness of rules can be used by you to the advantage of creatively providing desperately needed services to your clients. This includes your assessment of whether you can make a difference by being willing to act first and ask for forgiveness later, while recognizing the potential risks in doing so.*

*The key is: learn how not only to survive but to thrive in the post-disaster milieu that envelops you. Savor the adrenaline ride, savor this opportunity to be creative, flexible, assertive and self-reliant. Savor it, fully and completely. Because this, too, shall pass . . . And in place of the looseness of rules, inconsistent guidelines and indeed, organizational chaos, rigid adherence to policies and procedures surely will then reign supreme (which, indeed, it mostly has two years post-Katrina).*

Please remember Scurfield's reframe of expectations about bureaucracy (honed over almost 30 years of experience in the military and the VA). Use this as a mantra when the organizational chaos seems to start becoming overwhelming.

*Big bureaucracies oftentimes do not function that well in normal times. Why in the world would you expect them to function well during times of crises? (Scurfield, 2006b)*

## **Helpful Clinical Intervention Strategies**

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<sup>7</sup> See Scurfield (1980) for a discussion of the ethics of engaging in “political” behaviors with one’s own employing and other agencies when that is in the best interest of the client.]

The following intervention strategies were found to be very useful with Katrina survivors in the initial aftermath and first year or more post-Katrina. These strategies take into account the agency and service delivery realities of many disaster relief agencies and situations described above. Because I have described these 18 interventions in more detail elsewhere (Scurfield, 2006b, and 2007d), I will just identify each strategy here and only elaborate briefly where the relevance may be different two years post-Katrina.

Perhaps most importantly, I have found that almost all of the following intervention strategies are as relevant two years later as they were in the initial weeks and months post-Katrina. The difference is mainly in the context: over the first months and year post-Katrina, there was a continuing atmosphere of crisis. While there are reoccurrences of crises now, much more common is a sense of dismay, frustration and exhaustion that has set in for a number of people who are now struggling with the fact that while most others seemed to have moved ahead, they have not---and they are having difficulty seeing a better future down the road.

- Survival needs: It always is imperative to insure that the person's basic survival needs are being addressed.<sup>8</sup>
- Written information and education: Distracted and preoccupied, trauma survivors must be provided with written information to be able to read as the provider is talking with them and/or to take with them for reference later. I have developed several handouts, to include one on common myths and realities concerning trauma and its impact.<sup>9</sup> For example, there is the myth that "time heals all wounds." Oh that that were true. (If so, old folks like me would be paragons of mental health!)
- Advocacy & Follow-Up: This intervention continues to be necessary under more "normal" circumstances---let alone during a catastrophe. Very few agencies provide (1) truly simple, fair and effective channels for appealing or tracking what has been requested or promised, or (2) conscientious, systematic and proactive case management, outreach and follow-up services.
- Clarifying possible issues related to minority populations. I have to assume that anyone who is an easily identifiable member of a racial minority has experienced several if not many instances of overt and/or covert racial discrimination and that it may well be a part of their post-Katrina history as well.<sup>10</sup>
- Creativity: Crises and trauma demand thinking outside of the box; normal solutions may not be available, or relevant---using ingenuity, cunning, and yes, manipulation, political savvy and, indeed, deviousness---for the betterment of the client, of course.
- Clarifying reasonable therapeutic goals: Survivors must realize realistic and attainable therapeutic or healing goals in regards to their trauma experiences, i.e., it is not realistic to hope or expect to totally forget painful things that have happened.
- Non-judgmental, accepting and confirming the survivor and her/his story and capability for recovery. The basic Rogerian counseling principles affirm the trauma survivor's dignity and inherent strengths and are foundational to any provider's human connection with those being served. (Rogers, 1951, 1961, 1980).
- Strengths, Normalizing, Validating & Solution-Focused: These four intervention strategies emphasize the positives rather than a deficit or problem focus. "What is it about you that you are able to survive what you have survived?" "Your reactions are not unusual and indeed are expectable considering . . ." "From what you have told me, you have lots of good reasons to feel the way that you are feeling." "What have you done in the past to deal more successfully with serious issues?" (de Shazer, 1985, 1991).

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<sup>8</sup> I am indebted to several attendees at my post-Katrina workshop at the annual meeting of the Mississippi State Chapter of NASW (March 9, 2006) who have been working in shelters throughout Mississippi with persons displaced by Katrina. They reminded me that survival needs need to be addressed first.

<sup>9</sup> Several of my handouts are available on my University Web page and are accessible to the public.  
<http://www.usm.edu/gs/health/scurfield/index.html>

<sup>10</sup> See Scurfield & Mackey (2001) regarding the impact of exposure to race-related events, a form of trauma that receives little systematic attention from researchers or from many clinicians.

- Not “comparing” traumas: Comparing traumas continues to be a no-win proposition that denies or minimizes the validity and importance of one’s traumatic experience to oneself and promotes denial and self-blame. “It was real and you were impacted.” This truth-telling must be faced if healing is to occur.
- Tunnel vision: For those still feeling overwhelmed or exhausted, this is a strategy to get through the day-to-day issues and needs, focusing on the next task to get done, day to day and pushing aside other issues for now.
- Sharing practical symptom-relief strategies, i.e., sleep and anger management.
- Clarifying Other Pre- versus Post-Katrina issues: Clients must be very clear about which, if any, of the issues they are facing existed before Katrina and might be aggravated by Katrina experiences, versus which issues are connected to what happened during and following Katrina or in addition to pre-Katrina issues.
- Re-establishing routines: Routines are essential to bring some order and sense of control to disrupted lives, whether from more immediate post-trauma dysfunction or from not getting back on track while immersed in more prolonged reactions (See also Scurfield, 2002).
- Survivors Taking Time for Self-Care: The message is simple yet profound: survivors are worthy, important enough, to deserve to have some time for themselves, and in order to be able to help loved ones. Yes, when the oxygen masks come down on airplanes, adults need to put their masks on first (Scurfield, 2006c)
- Humor: Humor continues to be essential as *both* a helpful intervention and coping skill to use for personal self-care and with other survivors. For example, the destruction of the two major east-west bridges on the Mississippi Gulf Coast has been an enormous obstacle post-Katrina. And yet, in a letter to the local newspaper: *One local coast resident reported that he had just been to the dentist, and was told that he “had a Katrina mouth.” He asked what a Katrina mouth was, and the dentist replied: “You need two bridges.”*

And of course there were the many criticisms of FEMA’s much criticized role and performance during and following Katrina that found a partial outlet through humor. *What does FEMA stand for? Federal Employees Missing in Action.* And my personal favorite that was emblazoned on many T-shirts (I will clean up the language and only use the initial “F-----” for a word that were spelled out): *FEMA evacuation plan: Run, mother-f-----, run.*

### “Why, God?”

I am not prescient (I wish that I were!), but about ten days before Hurricane Katrina I impulsively decided to add a required text to my social work field seminar course (Scurfield, 2007d). It was Rabbi Harold Kushner’s (1981) book, *When Bad Things Happen to Good People*. Little did I know how relevant this reading would be to our MS Gulf Coast social work students and myself personally in our post-Katrina world and as a guidebook for challenging clients and our own conceptions about *what happened to us and why*. “Why did Katrina hit the MS Gulf Coast and New Orleans?” “Why was my home destroyed?” And even, “Why was my home not destroyed and others’ were?”

A state senator from Alabama who is a minister proclaimed that Katrina was the wrath of God on the sinful Mississippi Coast, because “New Orleans and the Mississippi Gulf Coast have always been known for gambling, sin and wickedness. It is the kind of behavior that ultimately brings the judgment of God . . . So why were we surprised when finally the hand of judgment fell?” (Erwin, 2005). This was one judgmental answer to the “why” question that resonated with some. Many others rejected this answer but continued to be preoccupied with “why”: “Why was my home destroyed but not my neighbors?” “Why did my neighbor die, but not me?” “Maybe I deserve to be suffering so much from Katrina.”

Kushner offers a refreshing and easy read to challenge such thinking and how to move *from* “why?” *to* “what do I do, now that this terrible thing has happened.” As survivors struggle to understand “why” natural disasters occur and “why” such disasters are not equal in terms of the negative impact on those caught in their wake, inevitably

many survivors are caught up in how a God or higher power did or did not play a role.<sup>11</sup> The questions addressed by Kushner's book are applicable for many survivors of trauma, not necessarily just those of Judeo-Christian faith as most trauma survivors do not accept that trauma is a random occurrence---and "acts of nature" are particularly susceptible to religious or faith-based beliefs and questioning.

My fellow Vietnam vet and former counseling colleague, Nelson Korbs, has a refreshing take on "why" did this happen and to me? He poses a simple three-word statement/question to get at the heart of the issue of perhaps feeling that I am so special that I should be spared such a traumatic experience. Nelson asks, "Why not me?"

Preliminary analysis of findings from a series of six spirituality studies post-Katrina included important associations between religious and spiritual beliefs and practices and several outcomes. For example, feeling punished by God after Katrina was related to PTSD and depression symptoms. Conversely, for a majority of Katrina survivors surveyed, their religious beliefs and spiritual practices after Katrina were strengthened; spiritual beliefs appeared to buffer the negative impacts of Katrina; and general religiosity was associated with post-traumatic growth. An overall finding was that whatever one's religious beliefs were before Katrina were reinforced following Katrina, i.e., those not believers before had their non-belief reinforced afterwards, and those with such beliefs before reported such beliefs strengthened post-Katrina (Aten, 2007).

The possible negative impact of expressing some religious beliefs around those who did not fare so well following a disaster is something that I first learned in 1992 when I was co-coordinating VA disaster relief teams being deployed to the island of Kauai that had been devastated by Hurricane Iniki.(Scurfield et al, 1993). I was facilitating one of many Critical Incident Stress Debriefings on Kauai with a group of residents. About ten different families were included in this particular CISD session; all except one had suffered their homes either destroyed or severely damaged. The one whose home had not been damaged said, "Our family is very blessed that our home was not destroyed."

This innocent and genuinely felt comment provoked *very* strong negative reactions from others in the room. "What do you mean? Are you saying that I was *not* blessed because my home was destroyed?" "What, are you inferring that somehow God didn't care for me as much as He did for you and that He caused our home to be destroyed?" "You were blessed and we were cursed and punished by God? That's what I take from your comment."

The point that I want to emphasize is that one certainly can feel and believe that he or she was, indeed, blessed by God or a higher power for having been spared calamity that befalls others. However, it is critical to be aware that one's verbal expressions of such genuinely held beliefs may impact very negatively on others and imply that "they were *not* so blessed."

## **The Stages of Disaster Recovery**

In the aftermath of Hurricane Katrina, several of the organizations that provided mental health disaster relief services would distribute or show schematics of a four-stage chart of disaster recovery. The four stages were: Heroic, Honeymoon, Disillusionment and Reconstruction (Faberow & Gordon, 1981). While what was contained in this chart was helpful, I quickly discovered that it was inadequate.

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<sup>11</sup> Please note that I am not espousing Kushner's writing as *the* book concerning these important issues. It happens to be one book that I am familiar with that is very reader-friendly in easy-to-grasp wording, is very concise and it is inexpensive---three attributes in remarkably short supply these days. See also Philip Yancey (1990).

I was particularly concerned about four critical elements that were missing: (1) a “tunnel vision” phase that in my experience is a universal phase of survival that happens very quickly following trauma exposure as a way to protect oneself from being overwhelmed by the potent images, emotions, smells and horror or fear that are intrinsic companions of trauma immersion (Scurfield, 2006b, c); (2) rather than a “reconstruction” phase, a “reconstruction/recovery” phase to emphasize that material/physical tasks are only one element in this phase; (3) an enhancement/post-traumatic growth phase for some survivors, and (4) a delayed sub-phase that could occur during any phase except the Heroic. And some stage time-lines needed to be elongated. My modifications are italicized below to more easily identify the changes that have been incorporated into my revised six-stage chart (Figure 1):<sup>12</sup>

- Heroic
- *Tunnel vision (and delayed response sub-phase).*
- *Honeymoon (and delayed responses sub-phase)*
- *Disillusionment (and possible delayed responses sub-phase)*
- *Reconstruction/Recovery (and delayed responses sub-phase)*
- *Enhancement/Post-traumatic growth (a phase for some survivors) (and delayed responses sub-phase)*

## Transforming Disaster

It is important to emphasize that *all* trauma experiences are not restricted to toxic impact (as reflected in my adding an “enhancement/post-traumatic growth” phase to the stages of disaster recovery). Rather, trauma experiences contain the combination of both very troubling and potentially very positive aspects in terms of the possible impact on one’s post-trauma life. Hence, a central therapeutic strategy, especially in the middle and latter stages of stress recovery, should be to facilitate the discovery and appreciation by the trauma survivor of such positives (Scurfield, 1985, 1994, 2006b, 2006c; see also Calhoun & Tadeschi, 1998; Tedeschi & Calhoun, 1995).

Also, many times over the past two years we have heard how resilient the people of south Mississippi are, as a reason to help explain why our region seems to be recovering much better than some of our neighbors. Adult resilience to trauma and loss is an important concept, and has been defined as the ability to maintain a relatively stable equilibrium of healthy levels of psychological and physical functioning in the face of trauma and loss. Furthermore, resilience goes beyond the mere absence of pathology; there also is a demonstrated capacity for generative experiences and positive emotions. (Bonanno, 2004; Bonnano, Papa & O’Neill, 2001. See also Kobasa et al, 1982; McFarlane & Yahuda, 1996; Fosha, 2002). These concepts have been affirmed post-Katrina and exemplified by the following discussion.

**Changing or reaffirming of life priorities.** A frequent set of positive changes that many survivors describe as a result of Katrina is that *their priorities have changed* (Scurfield, 2006b). And while these changes were most widespread in the first several months post-Katrina, many survivors seem to have been able to internalize these changes longer-term:

- One university colleague said, “Katrina forced me to downsize. ‘Things’ like the large home, fancy furniture and possessions, etc, don’t seem nearly as important now.”
- Another student said, “I don’t want anything that I’ll have to drag to the curb” [after it has become water logged with storm surge or destroyed by hurricane-force winds].
- In fact, there were only two possessions, both family related, that most people seemed to still value after Katrina. By far the most common was the cherishing of photographs of loved ones and of happy memories;

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<sup>12</sup>Available on my University Web site as a complete two-page handout that includes both the stages and further explanatory comments about post-trauma recovery. <http://www.usm.edu/gs/health/scurfield/index.html>

secondly was the saving of a precious memento, small family heirloom, etc., to which were attached fond familial memories.

- And so, there is a much greater appreciation of simplifying life down to the basics. It's the people, the relationships, being a good neighbor, community, their faith that really matter. The lyrics in country singer George Strait's song (2005), "You'll be there", sound remarkably like what could have been written by such Katrina survivors: . . .

*From the beginning of creation I think our maker had a plan, For us to leave these shores and sail beyond the sand, And let the good light guide us through the waves and the wind, To the beaches in the world where we have never been . . . Sometimes it seems that I don't have a prayer. Let the weather take me anywhere . . . Well you don't take nothing with you here. And you can't take nothing back. I ain't ever seen a hearse with a luggage rack.*

**Life in a FEMA trailer.** First of all, let's set the record straight about "FEMA Trailers." As I was reminded by one of my students: "They are *not* 'trailers.'" They are much more temporary than that. Almost all are actually campers; they have wheels and are designed to be mobile places of shelter for *very* short periods of occupation. They were *not* designed to be homes for 12 to 24 months—or to withstand winds of more than 40 to 50 mph. (Naturally, this vulnerability is strongly associated with provoking high anxiety while living through subsequent hurricane seasons when there is a new threat of possible storms reaching land.)

The words of a couple living in the coastal town of Pascagoula on the lot where their home once stood illustrate how each of the challenges of what has been perhaps the epitome of post-Katrina life on the Gulf Coast---living in a FEMA trailer--- had been transformed to a positive. FEMA trailers are infamous for their flimsy quality of construction, very crowded living space, minimal insulation, smells, temperamental and ill-functioning appliances and sparse amenities. This couple took the opportunity to positively turn each of these challenges of FEMA trailer life into an opportunity.

*Storm has made us appreciate what matters. After our first week of camper life, it became apparent that we are not into roughing it. Amid all the screaming and crying, we wondered how in the world we would make it. The first order of business was to be able to sleep comfortably . . . That pathetic excuse for a mattress had to go. A huge "thank you!" to the Red Cross. Our check purchased a pillow-top mattress. It is now the most comfortable spot in the place. A good night's sleep has made us a little kinder to each other and easier to get along with. By building a deck and patio, we doubled our living space. Most afternoons we can be found sitting outside, waving to neighbors and wondering where all these sightseers come from. We bought a grill with a side burner. After a few meals cooked inside, I realized how much heat that stove put out. I have since learned to cook almost anything on the grill, even spaghetti.*

*This storm has not changed who we are. It has made us appreciate what matters. In our camper, you often will find the table set, a candle ready to light, and fresh flowers. We have freshly ground coffee in the morning and long talks by the fire pit at night. We are those people on Washington Avenue with the tacky lights and flamingos; you know the ones. We often have dinner outside by candlelight, with a tablecloth blowing in the wind atop the card table, set between the camper and the freshly grown rye grass. Stop in for a visit. We always have a couple of extra chairs, and we enjoy the company.*

Paul and Tracie Sones, Pascagoula (Sones, 2006)

Yes, the continuing enhanced appreciation by many Katrina survivors about what is really important in our lives---family, relationships, and our faith---hopefully will sustain us as we face the enormous rebuilding and recovery from Katrina that will be going on for decades.

**Metamorphosis of the University of Southern Mississippi Gulf Coast campus.** The temporary re-establishment of our campus at a location an amazingly short six weeks after Katrina has presented severe challenges. This is especially so, now that the reality has set in that this will be our home for at least the next five years or longer. What might have been better tolerated for a short while becomes much harder to deal with when months turn into years. At our temporary location in what was an abandoned former hospital, on less than picturesque grounds, we are squeezed into 50,000 square feet in a rambling one-story configuration. It is an oxymoron to say that campus space is at a premium. And yet, a most amazing thing has unfolded---a remarkable and unprecedented *sense of community* amongst and across faculty and staff, colleges and programs, and students (Scurfield, 2006b).

Yes, we continue to be ridiculously crowded and in sub-par physical conditions. However, almost all faculty had offices, as small and windowless as they were, by late Spring 2007. Perhaps the most remarkable phenomenon was and has continued to be that faculty from different departments and colleges, and staff from various departments, know *so* many more university employees across the campus and on a remarkably much more personal and caring collegial basis than pre-Katrina. The palpably and heightened shared camaraderie, collegiality and friendship that envelop our university community are both unprecedented and invigorating. And this never would have happened if we were still compartmentalized in our daily homogeneous work units each located in a separate building or on a separate floor on the original Gulf Park campus.<sup>13</sup>

**The gift that keeps on giving.** Here on the Gulf Coast of Mississippi there are other wonderful signs of hope and community in the truest sense of the word. One amazing happening has been the absolutely remarkable voluntary outpouring of money, time and effort from tens of thousands of people throughout our country. Untold numbers have sent donations from afar and/or have come to the Coast to volunteer.<sup>14</sup> For example, many local churches have each been “adopted” by not by one but by several churches in other states; cash donations and volunteers continue to arrive. And innumerable other persons throughout the U.S. have opened their communities, their homes and hearts to receive hundreds if not thousands or tens-of-thousands of persons displaced by Katrina.

Yes, we have witnessed the incredible discovery of how Americans from throughout our country (and from other countries as well) have come together as a national and international community, citizens of one planet, to respond in the aftermath of Katrina. I will briefly mention what has happened to and with the Catholic parish that I belong to as just one illustration of the amazing results of many of the volunteer efforts. Katrina destroyed the church of our parish of 1400 families, St. Thomas the Apostle, as well as the rectory, the newly built Life Center, the Elementary School and the nearby Knights of Columbus building. Just to describe the church: the structural supports of the church building were still standing and most of the roof remained; however, the storm surge had literally sucked *everything* out of the interior of the building. The strength of the storm surge is reflected in the fact that, to my knowledge, no remnants of *any* of the many heavy wooden church pews were ever found---anywhere! And this structure that had been built post-Hurricane Camille to withstand hurricanes had to be torn down.

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<sup>13</sup> Indeed, this phenomenon has been so powerful that I am advocating that the design for our new campus that will be built in five to seven years take into account building design strategies that will maximize the *intermixing* of various academic and student service departments together—rather than the proto-typical campus that has completely separate edifices for various academic departments and colleges, still other separate edifices for university administration and support services, etc. (e.g., the infamous “silo” approach).

<sup>14</sup> Two university-based assistance efforts are particularly noteworthy. One is spearheaded by Connie Hoe and the University of Pennsylvania School of Social Policy & Practice, in conjunction with Bucks Mont Katrina Relief Project (Doylestown, PA). This is an amazingly multi-faceted, long-term partnership that also includes the Salvation Army and MS Gulf Coast Citizens. There is a several year commitment (in contrast to many efforts that are much more time-limited) to provide teams of graduate student volunteers, mental health planning and interventions, health fair, coordinating and networking, needs assessments and other services in close coordination and collaboration with community providers in Hancock County. Another project impressive by its scope and depth has been led by Paula Madrid and the Resiliency Program, National Center for Disaster Preparedness, of the Mailman School of Public Health at Columbia University; this program has included providing numerous free trainings and services, along with important research surveys, in both Mississippi and Louisiana.

The Long Beach Grace Lutheran Church graciously shared their church as a temporary site for St. Thomas to use for masses. This was just one of innumerable and wonderful instances of inter-faith support that has continued throughout the coast. For example, I distinctly remember a van from a Baptist church driving through our seriously damaged neighborhood one hot Mississippi afternoon during the first weeks post-Katrina, leaving bags of frozen chicken at our doors.

Meanwhile the Knights of Columbus, a Catholic service organization, found and purchased an available vacant building that had been a roller rink; and a contingent of Navy Sea Bees and many other volunteers worked feverishly to build-out the interior of the roller rink to house 12 classrooms and a chapel to use for mass. And every time that there was a pending stoppage because materials could not be found, somehow, somehow the materials would appear. The building was ready for the school to open and church services to be held an amazingly 19 days later. It was remarkable, Indeed, some might use the word “miraculous.” [St. Thomas, 2006]

**The human connection.** We survivors of Katrina are, indeed, blessed by the continuing generosity of giving that has continued to come to the Gulf Coast from people seemingly everywhere. And the giving also has been remarkable between fellow and sister Gulf Coast resident survivors of Katrina. The famous Navy Sea Bee motto, “can do”, was carried out beautifully by the Sea Bees post-Katrina. Most of the Sea Bees themselves and their families were victimized by Katrina. And yet, they were seemingly everywhere throughout the coastal communities, lending skilled hands and equipment and their labor. And many other Mississippians, military and civilian, also displayed that very same can-do attitude and resilience.

There have been innumerable stories about how the resilient people of the Mississippi Gulf Coast have not only survived, they have been enriched---and continue to enrich others. Personally, the night before Katrina was very stressful, exacerbated by our family being extremely split as to whether to evacuate or not. And yet, an unexpected outcome was to experience a renewal and even enhanced appreciation of the importance of my relationship with my wife and daughter, with whom we experienced together our harrowing yet successful survival of Katrina and its aftermath. And so many friends and relatives (and yes, strangers) cared and reached out across the miles. Ironically, the horrific and extremely stressful hurricane-related experiences that happened and developed in the destructive aftermath of Katrina were both a powerful shared bonding experience and the catalyst that has helped to energize and congeal the most amazing learnings and enhanced relationships that followed in Katrina’s wake--- then and two years later. Many of us have discovered this to be a potent mitigating factor even to the toxic devastation of a Katrina (Scurfield, 2006b).

There is a human connecting between our local residents, neighbor-to-neighbor, that continues and is truly heartwarming, pervading many local families and communities. Beyond individual resilience, “community resilience” truly is evident in south Mississippi. “In addition to the key disaster-management services that local governments provide, a resilient community recognizes that private businesses, individual citizens and volunteer organizations and associations are critical aspects of the fabric of a community and play significant roles in community resilience.” (Edwards, 2007). This interactive set of dynamics and factors shines in south Mississippi.

**“Right where I am supposed to be.”** In the wake of Hurricane Katrina, the life plans of many were, of course, severely disrupted. Some who had been ready to retire now will have to work for many more years because of the financial hardships suffered. Others lost their jobs because the employing business had been destroyed. Tens of thousands of people were displaced and temporarily living in FEMA trailers, with extended family members or in other make-shift living arrangements. Others were displaced tens, hundreds or thousands of miles away, not sure if they would ever return or where they eventually would settle. Still others decided that they couldn’t continue to live in a hurricane-prone area and felt that it was best to cut their losses, pick up and move far away to start over

somewhere else. And untold numbers continue in a state of unpleasant if not dismaying limbo, struggling still about where they are supposed to be longer-term.

I am someone who has a history of moving every several years to new locations, usually thousands of miles away. 2005 was the eight-year mark of living in Mississippi, my wife's birth place, and I had been noticing that my wander-lust was kicking up. However, about six months after Katrina, I found myself realizing more and more that my various life experiences and professional abilities that had evolved over the years "had come together" in this post-Katrina environment. My professional knowledge of post-traumatic stress and personal survival of war and several prior disasters, my commitment to work with survivors of trauma, the fact that our University campus did not have a counselor and here I was able to volunteer to be that counselor. In addition, I realized that I had become more and more a part of this Mississippi Gulf Coast community. It just did not seem that all of this could possibly be just a matter of random chance . . .

Furthermore, my wife, Margaret, and I both realized that we would feel like we were deserting our community and university and the Navy Seabee community (where Margaret is Director of the Fleet and Family Service Center) in their hours of greatest need---if we had left in Katrina's wake. And in the midst of the devastation, struggle, beginning recovery and years of reconstruction lying before us, I had the most profound realization. *This is our home and this is our community. This is exactly where I am supposed to be---right here, right now.*

And of course we were not alone in coming to the conclusion that this is "right where we are supposed to be." Indeed, in the aftermath of Katrina, each south Mississippi resident has had to come to the realization and conviction of what was best for us and our families (even if it were a very ambivalent decision to stay or to go), and to then carry through on that conviction to the best of our abilities---looking ahead, hopefully not back in self-critical judgment, at decisions that were the best that we could make at the time. And as a result, more than a few have found our lives immeasurably enhanced since August 29, 2005.

**Football, Hurricane Katrina and Tropical Storm Erin Link Mississippi and Wisconsin.** Most people from other parts of the country do not realize the powerful connection that has developed between the ardent legions of Green Bay Packer football fans in Wisconsin and southern Mississippi. Packer star quarterback Brett Favre is a native son of Kiln, Mississippi and a graduate of the University of Southern Mississippi in Hattiesburg. A further link has developed in the aftermath of Katrina and Tropical Storm Erin. Following Katrina, over the past two years families from the Diocese of La Crosse, Wisconsin (as have many other parishes) have given repeatedly to our devastated St. Thomas parish so generously. Time and again they have donated their finances, visited us to provide their volunteer assistance, and prayed for and with us.

Then, while we along the Mississippi Gulf Coast, as individuals, families, neighborhoods, communities and a region are in varying states of rebuilding and recovery, fate stepped in to give us the chance to help others who may be just as much in need. In August, 2007, Tropical Storm Erin by-passed the Mississippi Gulf Coast. Unfortunately and ironically it veered sharply northward and, among other states, it triggered devastating flooding in the Diocese of La Crosse that destroyed or severely damaged many homes. Yes, Wisconsin felt the wrath of a tropical storm.

Our pastor, Father Louie Lohan, while recognizing that many of our families were still suffering post-Katrina, asked us to be as generous as we could to the good people of La Crosse. This was a unique opportunity for us, in turn, to be as generous to some others as they have been to us in our time of great need. Amazingly, two communities, one in Mississippi and one in Wisconsin, 1,100 miles and almost two years to the day apart, have become even more inextricably linked through mutual humanitarian responses in the aftermath of a hurricane named Katrina and a tropical storm named Erin. Is this not karma coming back to the generous people of La Crosse, generated at least in part by their humanitarian work with us here in Mississippi? And our response, in turn,

continues the ever-generating karma cycle. Who could have known that the unlikely pairing of professional football and two natural disasters has, indeed, helped to both bring together and bring out the best in people from La Crosse, Wisconsin and Long Beach, Mississippi?

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