Mississippi Oral History Program

Hurricane Katrina Oral History Project

An Oral History

with

Jeff Bennett

Interviewer: Rachel Swaykos

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Biography

Jeff Bennett was born October 22, 1945, in Cincinnati, Ohio, to Stanton Bennett (born January 1920, in Weston, West Virginia) and Yvonne Shaffer Bennett (born November 26, 1925, in Camden-on-Gauley, West Virginia). On December 24, 1979, he married Jane Bennett (born August 25, 1943), and they have two children, Boyd West (born January 15, 1970) and Reed Bennett (born December 28, 1982).

Mr. Bennett served in the United States Army from 1970 to 1972. In 1974, he earned a master’s degree in social work from West Virginia University. His major occupation is that of social worker. At the time of this interview in 2007, Mr. Bennett was the director of the Gulf Coast Mental Health Center. He enjoys golf, fishing, cooking, and writing, and he has served on many community boards. In 2001, the National Association of Social Workers awarded him the Agent of Change Award, and in 2007, he was awarded Gulf Coast Field Instructor of the Year Award.
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AN ORAL HISTORY

with

JEFF BENNETT

This is an interview for the Mississippi Oral History Program of The University of Southern Mississippi. The interview is with Jeff Bennett and is taking place on June 4, 2007. The interviewer is Rachel Swaykos.

Swaykos: —interviewing Jeff Bennett, director of Gulf Coast Mental Health, located at 1600 Broad Avenue in Gulfport, Mississippi. It is June 4, 2007, about ten a.m.

Bennett: OK. Jeff Bennett. The date is June 4, 2007, and I’m the center director at Gulf Coast Mental Health Center.

Swaykos: Great. And what was your date of birth, Mr. Bennett?

Bennett: Ten, twenty-two, forty-five [October 22, 1945].

Swaykos: And where were you born?

Bennett: In Cincinnati, Ohio.

Swaykos: OK. When did you move down here?

Bennett: I moved here the first time in 1969.

Swaykos: OK. And what were you doing?

Bennett: I came down here as a carpetbagger after the other worst hurricane that we’ve ever had, and worked for some planning consultants who were helping people relocate in Biloxi. And I had a prelaw degree, and knew I was going to get drafted into the military. And so [Hurricane] Camille had come through here several months before, and I had friends down here, so I decided to come down and spend a few months with my friends and try to do some work. So I did that and got drafted.

Swaykos: And so you left.

Bennett: Into the military.

Swaykos: And when did you come back?

Bennett: I left and went in the military in 1970. I spent two years as a social work specialist in the military, working one year at Fort Knox, Kentucky, with basic training companies as a social worker. And then I spent the next year in Bangkok,
Thailand, as a social worker in Field Hospital. Now, I say social worker; we were called psychiatric social work specialists, and you did not necessarily have to have a master’s degree at that time. When I graduated from college in [19]69, I had a degree in prelaw.

Swaykos: What college was that?

Bennett: West Virginia Tech, and had planned to go to law school, but knew that there was no deferments for law school. So I got a deferment for working with what was then the Department of Welfare, Department of Human Services now, and worked there for a year, and then recognized that I was going to get my draft notice. And that’s when I came down here in [19]69. And I spent two years in the military. I got out in 1972, enrolled in a graduate program in social work at West Virginia University and graduated from there in [19]74 and came back here. I went into social work because I’d already had two years experience in it, the primary reason; secondarily, I knew I probably wouldn’t be a very good lawyer. (laughter)

Swaykos: And do you have your license now?

Bennett: Yes.

Swaykos: OK. And when did you get that?

Bennett: You know, I don’t even know. Is it on here? (laughter) Ah. This was issued in 1987, and my assumption is that is the first year that they began licensing in Mississippi, and so fortunately I was grandfathered in; didn’t have to take the test or anything. So.

Swaykos: Well, that’s lovely. (laughter)

Bennett: Yes, it was lovely. I probably couldn’t pass it today. (laughter)

Swaykos: And are you married, Mr. Bennett?

Bennett: I am.

Swaykos: And your wife’s name?

Bennett: Jane.

Swaykos: And what’s her maiden name?

Bennett: Fatherree.

Swaykos: How do you spell it?
Bennett: F-A-T-H-E-R-R-E-E.

Swaykos: And when were y’all married?

Bennett: We’ve been married about twenty-five years, so you can go back and add that up.

Swaykos: And where did y’all get married?

Bennett: Married here.

Swaykos: OK. And where was your family from?

Bennett: Originally from West Virginia. I was born in Cincinnati, but came here from West Virginia; lived there all of my young life through high school and college before coming here and going into the military.

Swaykos: And what was your dad’s name?


Swaykos: And what did he do?

Bennett: He was a sales manager for Holsum Bakery.

Swaykos: And what was your mother’s name?

Bennett: Yvonne, Y-V-O-N-N-E, Bennett.

Swaykos: And what did she do?

Bennett: She ran a small general store in a lumber mill, coal mining community where I grew up. My family owned the store.

Swaykos: OK. And were they married in West Virginia?

Bennett: Yes, they were.

Swaykos: Great. Do you have any children?

Bennett: I do. I have a stepson, Boyd, who is thirty-six, and my son, Reed, who is twenty-four. They’re both my boys, (laughter) officially.

Swaykos: Great. OK. So you have been working here since 1974.

Bennett: Nineteen seventy-four.
Swaykos: And what have your positions been?

Bennett: When I came here, I was the assistant director in the substance abuse program. Then when that person left, I became the director of the substance abuse program. Then I became the director of admissions, and then I became the clinical director and subsequently the director, twenty-plus years ago.

Swaykos: OK. Great. Well, let’s talk about your personal experiences a little bit. What was August 29, 2005, like for you?

Bennett: Well, we had a debate about whether to remain here or leave, my wife, my now twenty-four-year-old son who was at Southern Miss [The University of Southern Mississippi] at the time. And I decided that I could not leave because at that time we had 230 employees, and I felt some responsibility for them in the aftermath of the storm, plus numbers of patients in residential programs that we had to move. So we decided to stay. Additionally, I didn’t think the storm was going to be that bad, despite what everybody else said. I always tend to think people are hysterical and way too upset and exaggerate the thing. Unfortunately, I was wrong, and it was terrible. We were in our house, and—

Swaykos: Where’s your house?

Bennett: We lived in Gulfport, in [the] Bayou View subdivision here, and about—I can’t give you the exact time frame. Several, a couple of hours after the storm had really heated up, we heard this giant crack, and two trees came right—two huge pine trees came right through the middle of our house and essentially on top of us. The limbs were sticking down right where we were. And we spent the rest of the storm with wind coming into the house because there was no—and rain pouring in, shuttling from one end to the other, when we would hear that tree cracking and fearing it would keep coming and coming down through the house. Needless to say, my wife and son were distressed with me about making the decision to stay. (laughter) They weren’t expressing it, but I could see them looking at each other and pointing at me, and, but we were there well into the next day until the point when the storm finally subsided, went outside and saw the destruction. The roads were impassable around our houses. There was virtually no way to get through by automobile. Our cars made it through the storm. We parked them against the side of the house. I had another house up the street that I had rented before the storm. The renters moved out a week before the storm. I had to go up and check on the damage of that house, and I did. There were trees down everywhere, but fortunately just one small tree on the roof and some water, rainwater got into the house. We had these two houses, my primary residence and the rental house. I had no flooding. So I began thinking, “Well, at least at some point, if we can get this yard cleared away, I’ll have a place to stay,” because I couldn’t stay in my primary residence. I had one other house, a rental house, located near the bayou, another couple of miles. And from there we went to my—I have—my wife’s two sisters live within several blocks of us. One of her sisters had gone to Disneyworld,
and her husband had remained at the house. That house was completely flooded, and he had to knock a door down to get out and go to the boathouse and call for help there during the storm because the water continued to rise.

Swaykos: And what are their names?

Bennett: Davis, Courtney and Charlie Davis. And my other brother-in-law, Don Norris and his wife Julie had gotten somebody to get a canoe and go get Charlie out of the boathouse, actually during the storm. He’d been able to communicate with them—I don’t know whether by cell phone or what—at that time. We spent two nights at my house in unbearable heat; we didn’t have a generator or anything like that.

Swaykos: OK. Was this the rental house?

Bennett: No, in the actual house the tree had gone through and torn it up. After those two days, we got some of our belongings together, and the streets were still not passable, no power. My brother-in-law Don and his wife Julie said, you know, “Come stay with us. We do have a generator and (inaudible).” We spent the next month, probably, at their house with her other sister Courtney, so there were at least six of us there and sometimes more. My son would be there, in and out; we sent him to North Mississippi. He stayed with some friends. And we stayed there, and initially there was no water. So we would bathe in his neighbor’s swimming pool, which was covered with scum, mosquitoes, frogs. And what you would do is you would jump in and get wet and wipe the scum off of you, soap up, jump back in. And we did that for about—I don’t know what the time frame was—a couple of weeks, anyway. Take water from there to put in the commodes, to flush the commodes, ate on a grill in the backyard.

Swaykos: Where were you able to get food?

Bennett: About two weeks after the storm, a Winn-Dixie opened up in D’Iberville, and we went over there, my sister-in-law Julie and I. We would—we each had assigned tasks. My wife’s task was to get gasoline for the generator, to get gasoline for the vehicles, go wait in lines to get gasoline and get ice. I was working here. We opened up one week after the storm, and so I would come here in the day, once the roads were open enough to get here, and then go home in the evenings and, you know, do what I could, maybe clean yards, cut trees down and that sort of thing. And so we lived that way for at least, probably, about six weeks.

Swaykos: And when were you able to get back in your house?

Bennett: We’re still not back in the house. We were able to get in the rental house after about six weeks when the trees were removed. We spent a lot of time with these companies that’d come in after a storm, cutting trees and so on, probably paying double what you need to pay, but we had to get that cleared away. We got it—the rental house cleared away enough to be able to drive into it. We had the insurance
folks come out and check. We got a roof on pretty quickly, and we moved in there from my—when I say six weeks, it could have been two months. It’s all kind of a blur to me before we got back in there.

**Swaykos:** So what is the state of your house now?

**Bennett:** The state of my house now is after the storm, there were a number of people who came in here that we found out later were of questionable character, contractors. And we happened to get one of those contractors, as did about fifteen or twenty other people. He did some work initially; he was paid for the work; asked for extra money to buy materials. He skipped out on us and took about, probably seventy-five thousand dollars of our money without doing any work.

**Swaykos:** Seventy-five thousand?

**Bennett:** Seventy-five thousand.

**Swaykos:** Wow.

**Bennett:** And then I’ve gotten calls subsequently from other people who asked if I knew (inaudible), and he’s going right now—it’s been turned into the police, and they’re pursuing it. I doubt that we’ll ever get the money, but as a consequence, within the last probably six weeks we’ve had to hire another local contractor who’s doing an adequate job. We’ll probably be back in our house in the fall sometime, maybe October and then hope to rent the house I’m in. And the other house we fixed, and it’s rented. So that was the situation for me personally, and my mother at that time was ill. And so I would travel back and forth to Pensacola. My wife had some complications from surgery and was in the hospital, so I had two people in the hospital. So I’d have to go see her in the hospital in Pensacola and come back here and go to work, then back. And my mother died in November after the storm, and she was eighty-two, eighty-three, had been sick for a time, so a blessing that she did. But it was a pretty trying time, trying to take care of houses and work and that sort of thing, (inaudible).

**Swaykos:** (Inaudible) having your stuff back?

**Bennett:** Yeah, it was pretty—and I wasn’t aware of how stressed I was, you know, but I probably lost about twenty pounds, and—

**Swaykos:** Wow. So you had come down after Camille?

**Bennett:** Um-hm.

**Swaykos:** Tell me about the differences when you walked out and saw what Katrina did.
Bennett: Well, Camille, I mean, Camille’s devastation was sort of localized here on the Coast, but Katrina was from New Orleans all the way across to Alabama and Florida, and beyond. So the scope was much greater, and the intensity of the storm—I mean I just couldn’t believe it—was far worse, the damage, you know. In Camille, the Pass Christian area took a major hit, but if you got out on the fringes of that, over by Ocean Springs, it wasn’t nearly as bad. Here it was pretty much the total Coast and inland as far as you could go. I have reports of friends of mine who live in Jackson who felt, you know, the brunt of this storm. So the intensity was just unbelievable compared to Camille. And the recovery process here, I remember after Camille, you know, I didn’t get here right after. Camille was in August, and I got down here in maybe December or something like that. But they’d already begun to, you know, work their way out of it, and things were reestablished on the beach, but we didn’t have the casinos then. And so while it was bad, I don’t think it was close to this, you know. And the response, I don’t remember exactly, but it was localized, much of the response, people here helping themselves. The damage with Katrina was so great, we had these groups that came in from all over the United States, which was a godsend that they had these people come in. And we didn’t have that to that extent during Camille, and they’re still here working. I mean, I saw, it must have been two hundred college students the other day, just around the block here, doing this Habitat for Humanity thing. It was—

Swaykos: Twenty-five houses in twenty-five days.

Bennett: Yeah, there were school buses full of them, and they just kept bringing them. And I looked, and there was nothing, and two or three days later, I go by, and a house is there. It’s remarkable the faith-based groups, other mental health organizations from around the United States, the federal response teams, FEMA [Federal Emergency Management Agency], MEMA [Mississippi Emergency Management Agency], SAMHSA [Substance Abuse and Mental Health Services Administration]. And you know, it was great, (inaudible).

Swaykos: What personal resources and outreach did you receive as you were out, like, cleaning? I know a lot of people were just driving through the streets trying to hand stuff out.

Bennett: Well, of course, the Red Cross. We would wait every day for the lunch wagon to come by. They came by, driving, it was like a Good Humor man in our neighborhood, lunch or dinner, if you so choose. If we were out and about, we’d usually get the lunch. We had a group from a Presbyterian Church in Wisconsin come by and look at the damage at the house where we were living after ours was destroyed, and came in there with a crew, and literally cleaned out the whole backyard, which must have had thirty or forty trees down in it, and no charge for it. We did send a contribution to the church and that sort of thing. We got food stamps, something that I never thought I would do, but they were available to all victims. That was exceedingly helpful, and I was somewhat reluctant to take them because I thought, “My God, I’m far better off than many, many people, working poor, and that sort of
thing.” But was encouraged by the people there, “This money’s available, and you deserve it as well as anybody else. You’re paying taxes.” So I took it, and was really kind of depressed when those things ran out because, as I recall, you’re paying taxes on your food, for one, you get the food stamps. And I had no experience with that, and so that was great. And we took advantage of the free medical services. I remember I cut myself, working in the yard; went down immediately, got a tetanus shot. If you got the sniffles—and there were a lot of problems related to mold and mildew and sinus problems—you could go to one of these free med centers, working out of a trailer and be seen almost immediately, which is unbelievable. I wish we could have that kind of medical service for people who are uninsured now, that they could walk in and get that primary care without anything in the way of being turned down, that sort of thing. I think there were some other services we got. The Red Cross provided funds; everybody was entitled. It was a small grant; I don’t know how much it was, but everybody got six hundred dollars, or, you know, just to help you with whatever recovery needs you had. I had a friend come by who had been given about three or four generators by some company, and dropped off a generator, so I’ll have one now for the next storm. I didn’t have one before. But I mean, there were a lot of complaints about things, but I think on the whole, the response was remarkable. And almost anything—free ice, almost immediately after the storm, if you could locate it. You had to know where to find it, and you’d usually have to wait in a line, but you know, you set your clock and your activity schedule by those things, where you had to go. And as I mentioned, we had divvied up the tasks, and that worked out pretty well. But you spent all day getting gasoline and ice. That was my wife’s job, and that was an all-day job. She’d go out very early morning and wait for hours in a line. I mean, you know, and there were folks who would go in the morning and get gasoline and go back to the end of the line, which might be several miles, and [they’d] wait again just to try to fill up, have a full tank for the next day. And there was rationing of gas initially after the storm. Sometimes you’d only get ten gallons or something like that. But things were available; you just had to keep your ear to the ground and find out. And I don’t know what we’d have done without all that kind of assistance from people from across the United States and locally, too.

Swaykos: Being in this profession, did you all of a sudden feel like you were on the other side of it?

Bennett: Yes, I did. Now, social work’s a helping profession, and while I was doing the best I could here, there was some balance to it because I was getting it from other people, and that’s something I hadn’t been used to and so was humbled by the experience and had a lot of insight, a lot more now, into the travails of people who live right on the edge, what you know—that was my life for several weeks. For many people that I was in line with, this is their life all the time, and they were able to tolerate those things a lot better than I could, waiting in line. They knew the system, and so this was nothing new to them. It stressed me out. They were kicked back. (laughter) They had lawn chairs and knew how the systems work and that sort of thing, but they were only comfortable with it because of having to do it for much of
their lives, and I’m grateful that I don’t but understand a lot better what they go through every day.

Swaykos: And as a mental health professional while you were out there waiting in the lines, just waiting with several families, when you looked around, what did you see in the spirits of people as far as their stress levels and depression levels, their coping skills?

Bennett: You know, one of the things—and this is, probably there’s some scientific evidence, that initially after the storm, they refer to it as the honeymoon phase. You know, people are shocked by the storm, and then they all get together and say, “We’re going to overcome this.” And so everybody’s so busy trying to take care of basic needs and that sort of thing and are thankful that they’re alive and that they do have someplace to stay and that their family members for the most part are OK. But there’s this kind of, I don’t want to call it mania, but “up” feeling that everybody has. You know, “We’re all in it together. We’re all pulling together.” And so you didn’t see a lot of complaining. It was sharing stories, which was of great value to people, which let us know that nobody was untouched by it and that we weren’t isolated and that there were people here helping us. And so it was not a bad time. It’s the months and even today when for many people things aren’t a lot better, and they’re fighting with their insurance companies. Their contractors have absconded with their money, like my story, and they maybe lost their job and are working in a different field, lost their houses, and they’re still not back. They’re still living in FEMA trailers, or living with family, which can be exceedingly stressful. Somebody said living with family is like living with Limburger cheese; it’s OK for a couple of days, and then they begin to smell, you know? But we get on each other’s nerves; we’re in somebody else’s space, and those kind of boundary issues come up. So I think we will see and have seen more and more of the problems associated with that. And I’m reluctant to call it depression, but just a malaise, just a worn out, “Is there no end to it?” You know? This is two years now, and we’re still back where we were in many respects. And so there are a great number of folks in that situation, and as a consequence, we see those people here. And as a consequence, you see increased levels of domestic violence, increased levels of substance abuse, child abuse, higher than they were prestorm because people are stressed, and things occur that might not otherwise, when you get (inaudible) as well. And I’m sure it’s happened after the storm, and I’m no exception to it. The thing to do was, you got home after work; you’d done your job at work, and then you had to get home and take care of personal business. And the first thing you know, what you’re doing is you’re sitting on the back porch having a drink or a beer with somebody. And one tastes good, and you have another one, and it relieves the stress. Now, fortunately for most of us, we’re able to stop, but for many people who are extremely stressed out, that continues to get worse and worse and worse. And then you’re intoxicated. And your wife says something to you about, “Did you go by and get this or that for the house, if we need to let these people in tomorrow?” And you go off, and then there’s another issue of domestic violence. It’s, you know, (inaudible). Those are still out there (inaudible).
**Swaykos:** Definitely. I’m going to turn the tape over before we get into what the center does for the community.

**Bennett:** OK. (brief interruption)

**Swaykos:** —hear a little bit about what the Gulf Coast Mental Health Center is.

**Bennett:** OK. The Gulf Coast Mental Health Center’s been here effectively since 1972. And when John Kennedy was president, he decided there was a better way to deal with mental health issues other than the institutions for poor people and psychiatric services for people who had money, that could pay for psychiatric care, that sort of thing, that there ought to be community services for everybody, affordable to everybody. So the Mental Health Act was passed in [19]70, [19]69, something like that. And so Gulf Coast Mental Health Center opened in a small trailer in 1972 in Gulfport. I came here in [19]74 when the main center was built, right across from [Gulfport] Memorial Hospital with a federal grant for that. The center, these mental health centers in the state are regional mental health centers, and they serve a certain geographic area. Some may serve ten, twelve counties, some two. We serve four counties, Harrison, Hancock, Pearl River, and Stone Counties. The counties appoint commissioners, mental health commissioners, and each county appoints one. So I have four commissioners, and those folks are my bosses. And their primary responsibility is to attend to all the mental health needs in their region, hire directors for the center, and then kind of monitor with monthly meetings how the funds are being expended and making sure we’re doing the job that needs to be done. They receive calls from constituents about, “You need this in this county for mental health service.” And that sort of thing. Additionally we have an advocacy group that meets, made up of consumers, some providers, other people in the community that advise the clinicians. The mental health center is a full-service community mental health center. Currently we operate two group homes for people with significant mental illness, one for males, one for females.

**Swaykos:** All adults?

**Bennett:** Adults. These are fourteen-bed facilities. We operate a residential substance-abuse program; that was, before the storm hit, twenty beds. We’re down to fourteen because that facility was wiped out. We are building a new facility, and we will have forty beds in it, plus—

**Swaykos:** What’s the state regulations for maximum beds?

**Bennett:** I’m not sure that they have a maximum amount, but if it is, ours doesn’t exceed it, and I think there’s some larger with maybe sixty beds and that sort of thing. It may be sixty beds; I’m not sure. That program will also house our outpatient substance abuse program, which includes regular outpatient substance-abuse services, aftercare services for people who’ve been in the residential program, DUI [driving under the influence] programs for people with multiple DUs. We have an intensive
outpatient program, IOP they’d call it, for people who have jobs, and if they go into residential care would lose their jobs, but they come every day for several hours a day. And then we have a prevention program in substance abuse. So that’s our substance abuse program. We have a crisis stabilization unit, which is forty beds, and that’s for people who have been involuntarily committed, and historically would go to the state hospital at Whitfield. But we decided we could do that and serve those people as a psychiatric facility with nurses, a psychiatrist, social workers, and that sort of thing. Maybe we could eliminate the need to be transported to the state hospital and treat people in the community.

Swaykos: So these are court-mandated clients?

Bennett: Right, for the most part. We will take an occasional voluntary patient who has no other payer source if we had one, but most of them have been committed involuntarily. All the counties participate and contribute to its operation and that sort of thing. Probably we divert about 85 percent of those people from the state hospitals. Prior to its opening about twelve years ago, everybody went to the state hospital. The problem with that is you had no access to the family; you couldn’t do adequate discharge planning, and you had a revolving door. People would get out; there were no adequate discharge plans, then back into the state hospital. Now, when we have them out there, we’re able to work with their case managers, their therapist here, their families, develop an adequate discharge plan with follow-up and that sort of thing, and it works far better. And that’s been a very good program and saved the county probably, in the long run, money in terms of transportation and keeps people from going in and out of the state hospital. We have satellite offices in all counties, full-time satellite office in Hancock County, Pearl River, and Stone County. OK? Providing the range of mental health services, medication, evaluation, and psychiatric services, individual therapy, group therapy, children’s services, substance abuse services, the range of services are provided in our satellite offices. We have two clubhouse programs, which are day-treatment programs, one in Harrison County, and one in Hancock County. And that’s for folks with significant mental illness, many of them in group homes who have a place to go in the day, engage in activities, or else they’d be sitting at home, or in our group home, doing nothing but watching TV and smoking, that sort of thing. We had two work activity programs for folks with developmental disabilities, MR [mental retardation] and that sort of thing, and those were places where they’d go during the day [and] work, [and] we paid them. They’d do piece work and that sort of thing. The one in Hancock County got blown away; we moved those folks that remained—much of Hancock is blown away, so our patient mix, a lot of them left, and there’s no low-income housing, no place for them to stay. The few that we had left over, we bring, we transport over here to our work activity program here. So that’s pretty much the two MR programs that we did. Then we had a very active children’s division, and we see kids here, and we have a school-based program where we have therapists, and they’re going to the schools, work with class (inaudible), and we have twenty-two of those school-based programs throughout the area that we serve. And then we have a crisis service, twenty-four-hour-a-day, seven-
day-a-week crisis service. During work hours, eight to five, people walk in here, no appointment necessary, and somebody’s on call to see them.

**Swaykos:** Is this your crisis clinic?

**Bennett:** We have them in each office. Each office, each satellite office has a crisis capacity. OK? And it may [vary] from office to office. Here we have folks on call. In some of the others, it’s the first available therapist because the staff is so limited, they don’t want to waste their time by having somebody (inaudible), but in, then after hours, from five in the evening till eight in the morning and weekends, we have a licensed medical professional on call. Somebody calls our number in the four counties that we serve, toll-free, it goes directly to the clinician, and the patient will have, like, three options. “If this is a crisis, punch two or whatever.” And the clinician will pick up and work with whatever needs to be taken care of. And they get paid extra for doing that, though. (laughter) And of course, psychiatric services, we have three full-time psychiatrists, a part-time psychiatrist, two psychiatric nurse-practitioners that attend to the medication needs of the patients. Through the Department of Mental Health, we have an indigent drug fund that, if you don’t have money for medication, we can help you pay for your medication. So, and Red Cross now has a program that they provide a thousand dollars—I heard they went up to two thousand dollars—for most anybody that doesn’t have insurance or a payer source to pay for their treatment here or for primary medical care, that sort of thing. So that’s helpful to folks, but we’re on a sliding fee scale, and so in effect there’s no way you don’t get served here. And if you don’t have any money—now, [if] you come in smoking cigarettes, we figure you got enough money to buy a pack; we might say, “Your fee’s five dollars. Can you pay a dollar?” Or something like that, particularly with substance abuse, we like for people to pay because we feel that they’re not as committed to their treatment as they were to their addiction. (laughter) They’re not going to get any better. So they’ll come in here with a three-hundred-dollar-a-day cocaine habit and say, “I can’t afford to pay for any treatment.” So we say, “Sell that Rolex watch that you’re wearing then.” Whatever. But anyway, so we have a sliding fee scale. We are funded; the counties fund us through their millage arrangement. The Department of Mental Health funnels grants through here, federal grants, State grants, and they’re exceedingly helpful. We are not a part of the Department of Mental Health. We’re a public nonprofit. That’s often confusing to people. They say, “Well, you’re a State agency.” No. The department says, “If you want our money, then you’d have to submit to our standards.” So we are reviewed several times a year by the department about meeting standards of care, which is a good thing. And we wouldn’t have to do that if we didn’t want to take their money.

**Swaykos:** So are you essentially a contractor then?

**Bennett:** Sort of, yes. Yeah, we are considered a political subdivision of the county, but effectively a public nonprofit. So we have to get money anywhere we can, and we’ve gotten money after the storm through foundations and United Way. We get money from the United Way, insurance fees, Medicaid, Medicare, and so those are our
sources of revenue. And effectively if we don’t see patients, we don’t generate revenue, and we have no guaranteed source of revenue. That’s kind of an overview. I don’t know of anything that I’ve left out. We had a specialized elderly program where we’re trying to work with folks, seniors who, historically, have not gotten mental health services because of the stigma, to remove the stigma. We had a specialized program for suicide prevention for college-age students and that sort of thing. And so I can think of those two right off the top of my head, but that’s kind of an overview of the mental health center and what we do.

Swaykos: OK. Well, let’s go ahead and talk about your people. How was your staff affected?

Bennett: Probably I would guess 100 percent of the staff here had some Katrina damage. OK? Probably more than half had significant damage to the point that they had to live somewhere else. I think we looked at one time it was like 65 percent, something like that. Some were completely wiped out, many of them in the same situation I was in. Many, I can think of Deirdre next door, who just moved out of her FEMA trailer about a month ago. I don’t think we have many left in FEMA trailers. As I mentioned, we opened up one week after Katrina. This building had no air-conditioning unit. The roof was gone.

Swaykos: In this building.

Bennett: In this building. I mean, there was pieces of it here. The staff worked and with water coming in on them when it rained, unbelievable heat. The port had stored—they were sending chickens to Russia and Cuba, frozen chickens. Those things that held the chickens were destroyed; all the chickens washed up this way. About that week they began to rot, and the smell was unbelievable. So you had the heat, the smell, the water coming in on you, and we lost—a number of our staff left and just chose not to come back. We had two hundred and thirty before the storm; right after the storm we had about a hundred and fifty that we could locate.

Swaykos: (Inaudible)

Bennett: Yeah.

Swaykos: Wow.

Bennett: Maybe half, and then some began to trickle back in after a time. The staff that remained here, even though they’d lost their homes, they were here the first day we opened back up, and we did at first operate an abbreviated schedule. We worked from, like, nine to four, something like that. We set up tables out front with clinicians at the tables who saw anybody that walked in the door. We would bring them in, get some minimum information, take them back to the office. Another clinician would take that spot. And we just had people waiting outside, hundreds of people coming through here, and the clinicians—and this was very informal. I mean, we weren’t
doing intakes. You know, it was just one piece of paper, and then we had staff who were going out to the shelters and to the relief centers, case managers and that sort, just working the streets. We’d set up mobile medication clinics, and the psychiatrist would get in a van, and we’d just work out of the van with medication samples, that sort of thing, handing out medication to people. Most of them we could identify as outpatients if they clearly had a psychiatric disorder. We’d take down enough information to give them enough medication to get through. And you had to be very careful because there are a lot of drug seekers here, looking for Valium and Xanax. And so we almost never provided any of those medications in the medication clinics. And we kept that up for weeks. Also we became the staging point for these other mental health service providers, SAMSA, MEMA, the church-based groups, and we met every morning for almost a year in the conference room here, trying to get a picture on where folks were meeting and where the problems were. And then we would work with these groups to send people out to different places, whether it was psychiatrists, social workers, counselors, or whatever. Wherever there was a need, we tried to identify that, and then we were available for telephones and that sort of thing to say, “Well, you need to move people from there over here.” We met every day with the county emergency response groups to see what their needs were and probably had clinicians where they needed to be. Regularly scheduled appointments for several weeks and months weren’t the norm. It was essentially crisis counseling, and you know, that went on for a good time till we could get back in the building and everything. And I was working out front, too. I remember at some point my roof was completely gone, but I did get a big piece of plastic to put up there, and it would rain, and it would fill up, and it was just like a big bowl, and it was hanging down. I would sometimes have to kind of duck under it to get in here. And I remember bringing this woman—she was probably in her early seventies. And I’d seen her at the desk, got the information from her, and found out that she’d lost her dog and her cat in the storm. And she was a widow and essentially her family was gone, her adult children, and she was by herself, and that dog and cat, those were her family members. And she was understandably depressed and grieving about that. And so in my best counselor pose, I sat with my finger under my chin, being very empathic and doing all the right social-work-attending things, and she was about midway through the story, and that thing burst and came right down on top of me. She was in the corner; it didn’t hit her. And she stood up, and she started laughing, and she continued to laugh. And she said, “That’s all I need. I don’t need to talk anymore.” (laughter) And she picked up her purse and left.

Swaykos: Did she?

Bennett: Yeah. And I just sat here probably for about five minutes, thinking, “This is good. This is real good.” (laughter)

Swaykos: That’s hilarious. OK. Before we go more into who shells out for services, what was lost as far as buildings were concerned for you?
Bennett: Well, this one was—the roof was pretty much gone, and the county owns this building. And so they [required] you go through government. It takes a while to get things done. There’s a whole process for doing bids, and they have other priorities. And so we were in here for a long time with just a blue roof on. We got—you remember the blue roofs? They’re plastic roofs.

Swaykos: Tarps.

Bennett: Yeah. We had that. It still leaked, and so we worked to—and we had carpet instead of this stuff throughout. We put this back in so it wouldn’t be destroyed if there’s another storm. And so we’d work in here. We had prisoners coming to do some of the work, free labor, which was a problem (laughter) because we keep drugs here. So you had to be very careful, and they’d sometimes get in the—for the most part, they did a good job and were OK, but the commodes would be stopped up, and you’d finally dig it out and there’d be prescription medication that somebody found (inaudible). We lost a group home, men’s group home in Hancock County, and those guys had to be relocated. There were fourteen of them. And that was very stressful for their families because they had found a place for family members to live where they were attended to regularly. They weren’t used to living with psychiatric disorders, significant mental illness, and so they had to take some of these folks back home. And I probably got two or three calls a day about, “When’s that building going to be open again? I don’t know if we can take this anymore.” You know, some of the behaviors that were exhibiting, and that sort of thing.

Swaykos: We’re talking schizophrenia?

Bennett: Right, primarily schizophrenia, some bipolar disorder and that sort of thing, but significant mental illnesses with significant symptoms that we’re used to dealing with, but you’ve got family members who’ve got to go to work, and they’re afraid to leave the person at home unattended. With us, they’re never unattended, you see. And they got really frustrated and angry, and I understood their frustration and anger, but I said, “There’s nothing I can do.” And it was some over a year before we able to get back in there that they had to keep these guys in. I mean, (laughter) they’d literally come here, and they knew where my office was. They’d find me (laughter) and just tear into me, and I couldn’t say much other than, “I’m sorry. I wish I could do more.” And I know they thought I was lying about it. The female group home got very limited damage, so we were able to get those women back in there pretty quickly, a couple of weeks after the storm. Of course, we lost our Hancock County office. We had two offices there, and a day treatment program. Those were all significantly damaged. We were able, in the main office, to work out of it like we are here, with significant damage. A lot of records destroyed, that sort of thing. Our substance abuse program was completely wiped out. Our crisis stabilization unit was flooded, and so it took some time to get that back and operating. Our Biloxi satellite office was completely destroyed. I didn’t mention that a while ago; we have a Biloxi satellite in Harrison County, and I’m trying to think of anything else. Our clubhouse, Venture House it’s called, in Harrison County, was destroyed, and we since (inaudible) those
buildings and are in the process of redoing and getting it ready to go. We had to combine the [MR Work Activity] program with the Venture House Clubhouse program, people with significant mental illness, and those populations somehow don’t mix too well. (laughter) And so that’s been a really stressful situation. We’re in a small space with bunches of people, and hopefully we’ll be able to take care of it. In Pearl River and Stone County, very limited damage. We were able to get back up and going in those two counties, like, a week after the storm. So those were pretty much the areas that were damaged. Let me say, we do have another program in Biloxi; we have a satellite office, and then we have something called the Counseling Center, and that’s an employee assistance program, and work with these casinos and so on and do contract work to see their employees.

Swaykos: I see. OK. What records were lost, and how are you dealing with that?

Bennett: We were able—here there were very few records lost. Some got wet. We tried to salvage basic information out of them. In Hancock County, about every record on the bottom shelf of the record storage area was significantly damaged to the point that we had to destroy them. We were able to go in, in almost every case and get enough information out of those to know who it was, if they were on medication, what kind of medication they were on, and that sort of thing. But then elsewhere it wasn’t a major problem because the central office here keeps a record of some sort on everybody, even if the records are over in another county; we have basic information, so.

Swaykos: OK. Good. OK. Now let’s get to—do you call them consumers or clients?

Bennett: You know, it depends on how old you are. (laughter) I tell this story. Let me write this down because I can never remember. When I came into the business in 1974, you weren’t born yet, were you?

Swaykos: No.

Bennett: No, I didn’t think so. (laughter) They were called—people we saw were called patients. OK? Then a few years later, they said, “Well, that’s kind of undignified because—let’s call them clients. You work with them; they’re your client.” “OK. That’s all right.” Then a few years later they said, “You know, client really is kind of undignified. What they really are, are consumers of services.” And then they said, “Consumer has a bad ring to it, some way or another. It suggests indulgence, consuming. Let’s call them IRS [individuals receiving services].” Now, that’s what they’re called today. That’s what the people we see, they prefer we call them. Any guess about what that is? I mean, this is so politically—

Swaykos: Individual—

Bennett: Um-hm.
Swaykos: —resource—(laughter)

Bennett: It’s close to resource. This is the person.

Swaykos: I don’t know.

Bennett: Individuals receiving services. They’re IRSs. Now in the last few years, we have decided in the mental health field that much of what we’re dealing with are brain disorders. There [are] some chemical problems. So guess what we will probably start calling the people we serve?

Swaykos: Patients.

Bennett: Patients.

Swaykos: Yeah.

Bennett: We’ll go all the way back to where it was before. And that’s the frustrating thing (laughter) about political correctness or whatever that is.

Swaykos: So when the storm happened, and you saw the devastation, what would you forecast? Or what were your expectations to be for the impact on your IRSs, mentally and emotionally?

Bennett: We thought that we would be overwhelmed with people suffering from post-traumatic stress disorder [PTSD], and you’ve yet to hear me mention that, other than—

Swaykos: To talk about it.

Bennett: —right now. That’s not been our experience.

Swaykos: Really?

Bennett: No. Some, but you know, that suggests that people are reliving the experience over and over, are traumatized, have flashbacks, numbing sensation, and all the symptoms. That’s not what we saw.

Swaykos: Really?

Bennett: No. We saw people who were—and this is, there’s research to back this up—who were sad, or grieving because of losses, whether that’s personal loss in terms of a relative or a home or that sort of thing or sad for their neighbors who lost everything, and they didn’t. They felt badly about that, and we were reluctant to even use the term depression. I’ve seen recently there’s a lot of research that says we
overdiagnose people with depression who are really sad, and it’s legitimate to be sad. It’s OK to feel this way; it’s not necessarily, you know, a psychiatric disorder that needs a diagnosis from the DSM [Diagnostic and Statistical Manual of Mental Disorders], and so that’s what we continue to see a lot of. And I mentioned this worn-out kind of thing; you know, certainly there are adjustment disorders with sad feelings and some anxiety and that sort of thing. But you know, and you’ll see and read, but our, the facts here don’t support it. You’ll hear about (inaudible) post-traumatic stress disorder’s everywhere. If it is, we ain’t seeing it. Now, some, granted. You know there were; but that’s not what we see predominantly. Now, it may come along; I don’t know. But we’re not hearing it, and they suggested little kids in school were just—it’s just everywhere; it’s everywhere. Not seeing it in the schools. Our experience is that kids were pretty resilient and probably able to cope better than adults. They don’t necessarily have a history with a house. They don’t necessarily have the attachment to memorabilia and that sort of thing. The storm, to them, was sometimes excitement, and—(brief interruption)

Swaykos: So you haven’t seen any PTSD?

Bennett: Now, we have seen some.

Swaykos: But not as much as forecasted.

Bennett: But not as we would have expected or was forecasted. Now, some other people might have, but it’s not been our experience. OK.

Swaykos: OK. What has been your impact then on your severely mentally ill, those who were living in your group homes?

Bennett: Well, they were displaced, which was not a good thing. They were either living in other group homes, or with their families, and I don’t care whether you’ve got a significant mental illness or not, you kind of know when you’re testing people, and they’re anxious for you to go. And so I remember the guys in the group home, they wanted to get back there because they had developed a new family with other people who suffer the same disorders, with staff who understood them, that were available, who didn’t necessarily get so frustrated with them. And I can certainly understand the families; I’m not blaming them. It was an experience for both sides, their family members and for the people with significant mental illness. But I think in that sense, their homecoming was a good one. They were able to get back in there with their pals and that sort of thing, and staff.

Swaykos: What were your priorities for recovery? How did you know where to start and where to go from there?

Bennett: I don’t think we knew. I think what we did, and the smartest thing we did, and I think we stumbled onto, I have a management team here made up with all the division directors, and we got together. We were communicating a day or two after
the storm, and some I met with face-to-face a week after the storm. We got together and developed a game plan, and we were aware; we were getting calls from these outside entities who are in the mental health field, wherever, at universities, federal agencies, faith-based groups. I mean, it was from all over the United States. We even had a group that brought dogs down to go to nursing homes and that sort of thing, pet therapy. I don’t know what it was called, (laughter) Bow-wow Therapy or something. I mean, anything you could think of. And some not so legitimate. And we said, “If there’s anything we can do, it’s become the staging point for those people, and I mentioned them to you. So early on we said, “We have to meet with all these mental health providers. One, make sure of their legitimacy, that they’re not down here taking”—we ran the center. We want it legit, [not people] who are clearly here to take advantage and that sort of thing. And we checked credentials; we checked licensure. And so I think if we did anything to recover in terms of mental health, it was to provide that screening system and then the referral arm for getting people where they needed to be. We did that for a year, and in addition to providing the crisis services and that sort of thing. And these meetings would be attended by key staff here. I mean, we had people from Indiana come down here, were just remarkable, who worked with us. And the other good thing was, they critiqued us, and said, “We know your people out there, but we think they could do a better job if they did this.” And so we’d allow this to modify our plan. And so we have developed a disaster plan based upon our experiences, a couple-page disaster plan, nothing monumental, so simple it’s providing food for staff. We’ve stocked up on water, Vienna sausages, (laughter) Dinty Moore beef stew. So we’ve got staff here who’ve been wiped out; they all have a food pantry to come to. And, too, developed making sure we’re involved with the emergency service people in all your counties, prestorm and poststorm. If there’s anything that these folks saw, whether it was civil defense or whatever, that was a mistake, mental health was not included in the plan, or very limited inclusion, and they saw that we were a primary player after the storm because what we had, our crisis stabilization thing worked out. People lost their medications, couldn’t get in, had no transportation to get them, would become actively psychotic. Where did they end up? The emergency rooms of these local hospitals who are not equipped to deal with them, and they were saying, “When are you guys going to open back?” They recognize now that, one, we may need special needs filters just for folks with significant mental illness, places they can go, not, or at least a section of a shelter where they can go where you’ll have staff who are able to attend to their needs. We will make sure that we have medication supplies available for folks poststorm. That’s a critical thing whether it’s medication for diabetes, high blood pressure, or psychiatric, psychotropic medications. People lose their medicine, they’re in big trouble.

Swaykos: Right, right. Did you find any problems in needs and values versus your limit of staffing and financial resources?

Bennett: Yeah. One of the things that—yeah, that’s a good question. As I said, we lost probably down to about a hundred and fifty. Now we’re up to about a hundred and seventy out of two hundred and thirty staff. We’re still down significantly. One is younger people who had no significant attachments here and could get a job.
somewhere else, left; they didn’t own a home, lived in an apartment. They’re not
going to wait around for the apartment to come back; there are people looking for
social workers, professional counselors, those are jobs and positions that are attractive
to folks (inaudible). They went to those, whether it was out of state or whatever. The
other thing is, is that these other groups that came in here, faith-based groups,
Methodist Church, Lutheran Church, Catholic Charities, all got significant grants to
provide mental health care and paid considerably more than we pay. Now, they didn’t
provide the benefits that we provided, but if you’ve got a case manager who I’m
paying twenty-two thousand dollars with a bachelor’s degree or (inaudible) degree or
whatever, and they get forty-thousand dollars, and they’re young? They don’t care
about the benefits. “I’m not going to get sick. What’s retirement? I don’t need any
retirement.” They’re gone. That’s a problem to this very day is that we can’t
compete. Right after the storm, McDonald’s was paying twelve dollars an hour. We
couldn’t compete with those folks, and you can talk about the benefits till you’re blue
in the face. Young people don’t care about that, and those are the people that we
attract, right out of school, prelicensed, or they can get some temporary license and
that sort of thing. We were able to get, through the Department of Human Services a
social services block grant that allowed us to put in what we call a staff retention
allowance; it’s to pay staff extra who were here prestorm that stuck with us. That runs
out in August, and then we’re going to be right back where we were. And we’ve
submitted for another grant to provide some pay raises, 10 percent pay raises across
the board for staff, and we raised the starting salaries for staff by 10 percent. I don’t
know whether we’ll get that or not. But that’s a major thing. Then people don’t want
to come here. That’s the worst natural disaster in the history of the United States.
Why would they want to go down there? You know. I had a lot of friends of mine
who—I’m at retirement age, myself, and I can’t do it, because I got a son (laughter)
who left and moved to the mountains in Alabama, Chattanooga, Tennessee, that sort
of thing. Doesn’t want to be here anymore. Plus the landscape here is changed
forever. We had homes on the beach. Those probably won’t come back. There’ll be
condos, and the casinos will move up. And what was once kind of a fishing village
atmosphere, even with the casinos, will change forever. We’ll look like Gulf Shores
or Destin, and many people who grew up here with the beach and the old antebellum
homes and that sort of thing, that’s their history, and it’s gone, and they leave.

Swaykos: So what are you doing for recruitment?

Bennett: Well, we’re trying to secure those funds that I mentioned. We go to
universities and try to get recent grads. We offer particular benefits. One of the
benefits that I’m able to offer is if you finish your master’s degree in social work, you
have to have two years supervision before you can take the LCSW [Licensed Clinical
Social Worker] exam. If you went out and tried to find something in private practice,
they usually charge you a hundred dollars an hour for that, a hundred dollars a week
times a hundred an hour, is ten thousand dollars. I do it for free for employees; in a
sense it’s two years. In addition to your salary, you’re getting an additional five
thousand in supervision. The LCSW’s not costing you any money. We do that with
LCSWs. We provide, we have a training division here, and at any one time we’ll have
ten to twelve internships going on, whether it’s social work, whatever, so we try to provide that to the schools so we can identify these students who will be recent graduates, and this is a good place to work. If you can get them in the door and get them going, they like it because we don’t beat people to death about supervision. We assume that you can do independent practice till we found out otherwise. If you need supervision in excessive amounts, we’ll try to provide that for you.

Swaykos: What was your caseload like before the storm?

Bennett: Roughly six thousand.

Swaykos: And what is it at now?

Bennett: Roughly six thousand. We are back to about where we were.

Swaykos: Did you have an influx at any point?

Bennett: We did. What we had was a dramatic drop-off in Hancock County. We lost 60 percent of our caseload over there, people who’ve moved or whatever. That was picked up in Pearl River County. Picayune went from a town of ten thousand people to a town of thirty thousand people, and I probably underestimate, but they have the largest septic system in the state now because of that.

Swaykos: So how are you dealing with the same caseload with less staff?

Bennett: Well, we’ve had to modify our treatment schedule, and if you were seen once a week for individual therapy, you might be seen once every three weeks. We review the diagnostic categories; if we feel like we can do groups in those areas, we’ll do groups. If we’d have something called AIM, Assessment for Immediate Medication, we would get a doctor. So instead of people having to wait for three months for an appointment, if they’ve been in our caseload before, we’ll see them immediately and talk with the doctor and try to get them some medicine until they can get in. So we’ve just had to do things a little bit differently in terms of frequency of appointments and that, but we’re able to take care of it. It’s not ideal, but sometimes truly as clinicians, we see people every week because we like them. They’re easy to talk to; they do what we ask of them in therapy. And so they might not be seen but once a week, but it’s a relief. So and we had decided, “Look guys, make sure it’s absolutely necessary people need to be seen.” If they need it, you know, they’re in crisis (inaudible).

Swaykos: Has there been any change in your client base as far as racial or ethnic, socioeconomic status?

Bennett: Well, probably not any significant change. Our treatment population, we’re reflective of the population on the Coast. I think the last I saw the population on the Coast was African-Americans were around 20 percent. That reflects our treatment
population. We probably are seeing a few more Hispanics who’ve come here legally or illegally, but to work after the storm, and thank God for them either way because they helped us. I don’t want to get into the debate about our borders and that sort of thing. It does appear to me it was fine and dandy as long as we could take care of them. Now that the work’s done, “Go back home and leave us alone.” Probably a few more Vietnamese because the Catholic Social Services have identified people after the storm and referred them, and they provide translators and that sort of thing, for both populations.

Swaykos: What would you say people are seeking your services for the most?

Bennett: Right now, I would say what I’d mentioned earlier. Folks are just worn out and coming in. Of course we have our caseload that we had before, the traditional mental health services, but the new people that we’re seeing, increases in substance abuse, referrals from law enforcement, and people who historically we might not have seen, middle-class, upper-middle-class folks, working folks, business people who were doing fine, never had any problems and then encountered a loss, a significant loss, their home and their businesses and who just—and have not been able to get back to where they were, and they’re not used to that. And their whole lifestyle has changed and helping them deal with those changes and recognizing that it’s probably OK to feel the way you feel. And that’s a relief sometimes, when you say to somebody, “Gosh, I went through the same thing, now.” “You mean I’m not crazy?” (laughter) “No, it’s legitimate to feel that way. Certainly you’re worn out. Who wouldn’t be?” And to hear that from a mental health worker, your buddies can tell you that till they’re blue in the face, and you say, “Well, you don’t know.” But if you can go talk to a professional, and he says, “No, I had the same thing.”

Swaykos: Yeah. I just found it interesting as soon as you walked in the door, you said, “How are we doing today?” How has that answer changed from before the storm to after the storm when you’re asking most people, “How are you doing today?”

Bennett: “I’m not sure.”

Swaykos: OK.

Bennett: No, I’m sure of the answer. The answer is, “I’m not sure.”

Swaykos: Oh, OK.

Bennett: “How are you doing today?” “I’m not sure.” (laughter) You know?

Swaykos: Uh-huh.

Bennett: It’s kind of like, “Well, I think I might be OK, but I’ll have to check this out a little bit.” They’ve kind of been knocked for a loop and are uncertain about whether
the feelings they’re having are OK or not OK. And that’s what I was coming to, to say, “Well, how you doing?” “I don’t know.” (laughter)

**Swaykos:** So what services are you providing for those who are just sad? How are you helping them?

**Bennett:** Well, I hope our clinicians—most of our clinicians are trained by virtue of experience to look for that, and not to overdiagnose, and to help people recognize that it doesn’t mean it’s OK; doesn’t mean it’s not painful; but their feelings are legitimate, and their frustration is totally appropriate. I’ve done some training with groups that provided housing assistance for people. They’re these grants that they’re doing to help people, and I say, “The best service you can offer the folks that are going to come in is certainly getting them money to rebuild their house, but the next best thing is to acknowledge their frustration when they come in here, and you start going through this long list of questions, and they say, ‘Damn it! I’ve done this already three times.’ Not to say, ‘Well, Mr. Johnson, that’s the process.’ But to say, ‘I know you must be terribly frustrated to have to do this. I would be, too. I wish I could do something.’” I say, “If you do that, they’re going to be OK, but if you deny their frustration, that’ll only intensify it.” And so I guess—I don’t know. I can’t even remember what your question was, but that’s what I—

**Swaykos:** What services are you providing for those who are maybe not mentally ill and on medication and all that, but—

**Bennett:** Right. It’s to acknowledge their right to be where they are, and then come up to maybe systematic, positive ways, maybe something that I use, and whatever it is, that relieves stress, whether it’s a walk on the beach or to read a book or take fifteen minutes at work and go outside, whatever it is, simplicity, often not profound psychological insights, but simple ways. Go home and cook a meal. Take a half day off and go play golf; that’s what I do.

**Swaykos:** (laughter) OK. What has the impact been with such close living quarters? People living with other families, people in FEMA trailers? Have you seen an influx because of people who are just cramped?

**Bennett:** Yeah, we’re seeing that and the spinoffs of that. And one is the major issue in living, whether it’s with other family members or in FEMA trailers, and these huge FEMA cities, are boundary issues. When we lived in our own home, in my home, I had my own bathroom. I had my own closet. OK? I had a little study that had my stuff in it. OK? And that was not violated. I had my own chair. (laughter) “That’s Dad’s chair; get up.” (laughter) I had my own—everybody had their territory, and those weren’t violated. When you start living with somebody else, you don’t have those things. You don’t know where the washcloths are; you don’t know where anything is. You open a door, and you go in, and Aunt Alice is in there with her clothes off. You know? There are boundary violations. In the FEMA trailer parks, what you have in my neighborhood, good or bad, everybody looks like me. OK?
Everybody’s from the same socioeconomic group. We do the same things. We live in little houses, and they all look like ticky-tacky, and they all look just the same. FEMA trailer parks, you have mixed socioeconomic groups, mixed ethnic groups with different cultures, and those things come into conflict. And then just the sheer lack of space. Right next door to you, four feet down from somebody, you can hear them playing the record player right through the wall, or their hi-fi or whatever. When they get into a fight, you can hear it. Your kids are exposed to that. One of them gets drunk and stumbles into your place instead of his; I mean, those are all things, no matter where you come from, you came from a place where you were in your neighborhood, and it was a place you knew. And you’re into a place that you don’t know, and I think that’s the major problem.

Swaykos: OK. Have you seen any noticeable changes in emotional or behavioral problems with students in the schools that you’re going into?

Bennett: I would not say significant. We were surprised about that because you’ll read about it. That’s not to say that they’re not having problems. We may not be seeing them all, and we do see kids from these FEMA trailer parks that have major problems, and I’m not an expert in that area. And Shelley, who runs our children’s services program could best speak to that, but in my conversations with her, we have tended to believe not that there are not significant problems that people face down the road, but we see it more as just worn-out, tired, even with the kids, living different places than what sometimes is hysterically reported as massive trauma for children, post-traumatic stress disorder, and all kinds of psychiatric disorders. Reasonable responses to stress.

Swaykos: OK, which would be what?

Bennett: Well, with kids, maybe not sleeping too well at times, grieving over losses for an extended period of time, wanting to be back in their homes and they’re not, being in these cramped spaces and hearing, overhearing conflict and that sort of thing, that’s kind of traumatic for them. But you know, given the environment, these are not unusual responses to that sort of thing, and I think even with the kids, to say to them, “There’s nothing wrong with you. It’s OK to feel this way. Let’s see what we can do to figure out a way to maybe avoid some of these things.” Problem-solving more than diagnosis and attending to psychiatric disorders.

Swaykos: What has been—you keep talking about your increase in drug use, family violence, child abuse, that kind of thing. Do you know any numbers surrounding those issues?

Bennett: I couldn’t give you numbers. I think, in talking to the folks in our substance abuse, the numbers of referrals we get and candidates are probably close to doubling.

Swaykos: OK. For substance abuse.
Bennett: For substance abuse. Child abuse, domestic violence, I have not personally seen those, but I know it’s up. I couldn’t tell you to what extent, and it’s up even if they’re not coming to see us. There are other providers who are reporting it, too. And apparently the suicide rate is up.

Swaykos: That’s what I was going to ask about next.

Bennett: Yeah, it’s up, and there are varying reports, anywhere from double to twenty percent, and it’s hard to get a handle on that. Some things don’t get reported that might be suicides. Automobile accidents may have been an intentional thing. So it’s hard to say.

Swaykos: Have you had increasing suicides in your client base? The clients you had before the storm.

Bennett: I would not say significant. And I don’t know that we’ve tracked the numbers on that. I’m not hearing it, if there is. I think it’s pretty much the same, and for us, it’s fairly low in our client base because we blanket people in the service area. And you got a twenty-four-hour crisis system. You’ve got a mental health family that you know, case manager, therapist, doctor, and if you’re in day program, so the people that I think that are committing suicide aren’t in the system.

Swaykos: OK. They’re not getting the services they need.

Bennett: Right, they should have, and they don’t. If they get in the system, chances are pretty good it’s not going to happen. So I would say in our caseload, if there are increases, if it’s there, it’s insignificant.

Swaykos: OK. How would you suggest we get to those who aren’t getting the services they need? Those who haven’t convinced themselves it’s OK to come here and get services, who are out there suffering, alone? How would you go about trying to get to those people?

Bennett: Well, one of the things that we’ve done is that—I mentioned the suicide prevention grant before, college-age kids, teenagers and that sort of thing—we go every week to meet with other service providers. We go onto the universities and provide in-services, set up booths, that sort of thing. We try to identify with other providers. There was a program here called Project Recovery. Are you familiar with that?

Swaykos: Yeah.

Bennett: And they had like two hundred people (inaudible) the first of May. We work very closely with them; they actually work out of this office, and we actually pay them and then bill the State for it. So the groundwork of effectively mental health center employees. We provide them information about mental health services; we’ll
go to any service site and set something up, provide information. This will probably run counter with my colleagues’ feelings about this, but if people are truly going to commit suicide, they’re doing it. And you get people who will make gestures, sometimes manipulative or asking for help through that and will accidentally do it. But if you look at that, usually you’ll find out there was a note, or they thought somebody was going to show up, and the person didn’t come by. But people who genuinely do not want to live anymore, usually they’re pretty successful at killing themselves.

Swaykos: Right. What has been your increase, if there is an increase, in prescriptions in your (inaudible)?

Bennett: Well, we usually don’t prescribe the benzodiazepines, Valium and that sort of thing. We will, short-term, but even prestorm and after the storm, when people come in and ask for those, you pretty much wonder if they’re drug seeking. And we try to stay clear of those medications. The antidepressants, there’s probably been an increase, and much of that short-term. People legitimately can’t sleep, can’t concentrate; it’s legitimate. You understand why it is, and so our physicians will prescribe something short-term. It might be a sleeping medication, or it might be an antidepressant of some sort, SSRI [selective serotonin reuptake inhibitor] antidepressant. And so there’s probably been an increase in that, but mostly short-term, a few months, and they come in and say, “I’m feeling better.” And a lot of people don’t want to take them because that is an indication that there’s something wrong with them. And then we have to point out, “Well, what’s wrong with you is you can’t sleep; you can’t concentrate. We’re not going to necessarily throw the label on you other than can’t-sleep-can’t-concentrate, and if you keep going this way, you’re going to wear yourself out, and then you are going to get significantly depressed. You have to have the energy to deal with all you’re doing, and you got to be able to sleep to do that.” Can’t eat, there’s another one.

Swaykos: Right. I’m just going to turn the tape over. (brief interruption) OK. For all these people, how can the community come together and support you guys (inaudible) services; people seek you out. How can people in the community support each other, going through the same thing?

Bennett: That’s a good question. And one of the things that we’re involved in now, I’d mentioned earlier, is an antistigma campaign. And the goal of that campaign while I was working with college-age students and that sort of thing, is to help people recognize when a friend, neighbor, whoever, has a problem, and be encouraging instead of rejecting. And frequently we find out that somebody may have a mental illness or that sort of thing, we steer clear of them; you don’t want to be around them. And that’s particularly true of college-age kids. You know, “Goodness gracious, we don’t need to be around him. Did you hear what he was saying about—it sounds like he’s—he said the CIA’s following him.” And so on and so forth. That to talk to Bill about it rather than run away from him, so I think as a community if we recognize that we’ve all been in the same boat, and our neighbors may be having some sort of
problem, you don’t have to direct them to come to the mental health center, but talk to
them, and they may conclude that themselves, or say, “Did you know, I went over
there, and it actually helped. And they don’t actually have to say that you have
something wrong with you. They just listened, and that’s helped me quite a bit. And
sometimes just talking to me is not the same thing. It’s somebody you don’t know,
who’s maybe going through the same thing.” And so I think as a community—and
also to recognize, this is not over, just because it’s two years poststorm. We can be
here for a few more years dealing with the aftermath of this storm, whatever it is. And
we’re in a new storm season, and this could happen again. So I can—not just dealing
with the aftermath of Katrina, but preparing ourselves, not just by getting food and
storing water and getting generators, but emotionally to deal with what we’ve dealt
with in the past, and recognize and have some insights into some of the things that
may occur if something else should occur.

Swaykos: I see. Do you think the storm has created more of a mental health
awareness because now everybody is dealing with it?

Bennett: Yeah, I think it has. I think folks are far less reluctant to acknowledge
having some problems, and to seek help or talk to a neighbor, whatever it takes, than
they were pre-storm.

Swaykos: OK. What do you think was the greatest problem that the whole center
faced poststorm?

Bennett: I think communication. We had numbers of folks that we couldn’t locate,
and we didn’t really have an adequate plan for addressing that. Now we do. If there’s
a storm, where are you going to go? Exactly where are you going to go? Two or three
days before the storm, call people and confirm, give this phone number as (inaudible)
or your cell phone. There will be a central communications area that you can call in,
and we will direct you about what we’re going to do. And we didn’t have that, and so
we were a bit discombobulated, being able to—we had people, for several weeks, we
didn’t know where they were. And we said, “Well, (inaudible).” And the houses were
washed away, and they were gone. We didn’t lose anybody in the storm; we didn’t
have one fatality in the storm, but we had, probably, up to twenty people that we could
not locate. Their families here didn’t know where they were, and so I think that’s key
not just in providing us some relief about locating staff members, but making plans for
addressing what we’re going to do clinically.

Swaykos: OK. Well, you talked a lot about your funding systems, the pulling money
from everywhere, grants, the government, et cetera. Lately I’ve been reading a lot
about all the grants are going to disappear. “It’s been two years; y’all should be better
by now. We don’t have any more money for you.” Where is the funding going to
come from, and is that decrease in mental health grants really happening?

Bennett: It will happen. One of the things, one of the grants we had was a social
services block grant, which was to end August 31, and that was anything from
providing the staff retention allowance I talked to you about and building buildings. The problem was, with that kind of deadline, you had to get a lot done. I’m still looking at some things I got to do that I thought I had the timeframe of August 31, and I thought I couldn’t do, like build new buildings and that sort of thing. Tried to replace our Biloxi satellite office. My understanding is that’s been extended by two years. Now, not the amount of money, but the timeframe in which that money can be spent. So there may be, legitimately, some money left over there. Project Recovery left here with four million dollars still on the table. It’s my understanding that there’ll be some distribution of those funds to not just Gulf Coast Mental Health Center, but other community providers and that sort of thing, which will be helpful. There are a number of foundations, Robert Wood Johnson Foundation, others, who are interested in providing some continuing support. That’s not—I have a meeting next week with somebody from the Robert Wood Johnson Foundation to see how they define “continuing support.” One of the problems that you encounter, and I understand this, is we want to maintain what we got. Many funding sources want you to do something new and different because it looks better; come up with an innovative program, serving people on horseback. (laughter) Something like that. So we’re OK probably for the—one of the things that we lost is county support, particularly in Harrison and Hancock County because the tax base was wiped out, and that’s where their money comes from, so we were cut 15 percent, which is a significant amount of money. And unfortunately, just prior to the storm, the whole Medicaid, Medicare system changed, and so people who had Medicaid and Medicare and had been using Medicaid as their primary carrier, Medicare became their primary carrier. And the problem with that was, Medicare does not pay for case management in our day treatment programs, which to us is about four hundred thousand dollars a year, that we lost in revenue. Now, I’ve asked to have that supplanted with some of this leftover grant money, but that’ll only be good for a couple of years, and then we’re right back to where we were unless we can get those regulations changed.

Swaykos: And so what do y’all suppose you’re going to do to keep the funding? I know for nonprofits, it’s all about how can we keep the funding coming in. How do you suppose you’re going to do that when Katrina grant money runs out?

Bennett: Well, our hope is that we can approach the legislature either on the State or federal level, and have something done about these Medicaid, Medicare regulations wherein they’ve got Medicare; that’s primary coverer, but if it doesn’t cover something, then Medicaid kicks in and covers it. Medicare has agreed to increase the rates somewhat. We have gotten some additional funding through the state legislature to provide some support for our Medicaid match. Mental health centers are the only entity in the State that pay their own match. And so the State allocates so much, but once you have spent those funds, you’ve got to come out-of-pocket; for us it’s been about two hundred fifty thousand dollars a year that I had to give back to the division of Medicaid for the match of the federal dollars. My understanding is we might get about a hundred thousand dollars relief on that this year. If we could get all that covered, that would be significant. So that possibility looms, but we’re going to have to work with the legislature both on the State and federal level to approach these
things. I’m really worried about two years down the road because if this money’s
gone, and we don’t have anything to supplant it, we’re in trouble. And not just us, but
many of the mental health centers.

**Swaykos:** Right. So that’s your dealings with medical insurance. What have your
dealings been with insurance for rebuilding your buildings, working with FEMA?
What’s that process been like?

**Bennett:** Excellent, it’s been excellent. We’ve had no problem whatsoever. We’ve
gotten, I couldn’t tell you how many millions of dollars from FEMA for rebuilding. I
mean, it’s a little slow sometimes. It’s a government entity, so the process—but they
covered most of what we didn’t have covered by insurance, less 10 percent, and then
that 10 percent we were able to get covered with some of these agreements.

**Swaykos:** What was your total estimated damage?

**Bennett:** Oh, gee, let me try to think. Three and a half million, or four million
dollars. And we, in no instance have we not been able to have that covered in some
fashion. Of course, our insurance rates have gone up. That’s another—

**Swaykos:** But the personnel that came down were pleasant to work with?

**Bennett:** Oh, yeah. Yeah, I’ve not had a problem with anyone specifically. Some are
faster than others, but in terms of being responsive, in every instance they have been.
So you know, I hear these horror stories about FEMA and MEMA, but we’ve had no
problem.

**Swaykos:** So you think the overall FEMA experience has helped, not hindered, your
process?

**Bennett:** It has here.

**Swaykos:** OK. What kind of assistance, if any, did the center receive from volunteer
groups or donations?

**Bennett:** We had a number of volunteer groups that I mentioned that came in here
right after the storm.

**Swaykos:** Would you like to talk about some of them?

**Bennett:** Faith-based groups from the various churches, from other State mental
health entities came down here, from nursing associations, every discipline you can
think of on some national or State level sent social workers, licensed professional
counselors, nurses. We had the meeting that we had, again staging meeting, at any
one time there would probably be fifteen volunteer entities in there that worked with
us, universities, teaching institutions, that sort of thing, students doing internships. I
mean, actually we were—at some point I felt like we were being helped to death; I couldn’t keep up with it. It’s so much, and I already had somebody doing that, and I couldn’t find a place for folks to go. And the response was overwhelming. I get calls every week about wanting to send volunteers, whether it be in state, out of state. The community mental health centers here that were not affected by the storm, a couple of them at Christmastime provided gift certificates for all the employees here, fifty-dollar gift certificates, or sent five thousand dollars or ten thousand dollars. One of them sent twenty-five thousand dollars.

Swaykos: Who was that?

Bennett: A mental health center in Starkville. There’s one in Meridian with various—every mental health center called and wanted to help in some way, our sister agencies. Why do they call them sister agencies, not brother? (laughter)

Swaykos: What was your most heartwarming or touching volunteer donation experience? Do you remember?

Bennett: I remember just recently a clubhouse organization. And clubhouses are day programs for people with significant mental illness. There was one in—you know, I don’t—Blackman(?) State—excuse me.

Swaykos: Um-hm. (brief interruption) OK.

Bennett: Their members had these dinners and spaghetti dinners and that sort of thing for a year, and collected a dollar here and a dollar there and sent us a contribution for our new clubhouse of five thousand dollars. Now, that’s not a whole lot of money, given the millions that we’ve taken in with federal grants and that sort of thing, foundations, but it was significant in that they wanted to help these people down here who they identified with and made this contribution. We’ve sent something back, thank you notes from all the members of the clubhouse and that sort of thing. But I think all in all, and then with the work that the Indiana people did down here, the Department of Mental Health up there, and they still come down and check on us.

Swaykos: Right. Speaking of your sister agencies, did you go to the mental health summit—

Bennett: Um-hm.

Swaykos: —last month?

Bennett: I went one day.

Swaykos: OK. And so the topic of that was supposed to be all about how they’re still dealing with Katrina. What did y’all talk about?
**Bennett:** At the mental health?

**Swaykos:** Um-hm.

**Bennett:** A lot of it was research-based about what our experience has been here. Surveys have been done, research done by Columbia University, other places, and then the findings of that research. A lot of it had to do with proper response, that sort of thing, working with different cultures and ethnic groups during the storm. There was an African-American couple, doctors, PhDs, they presented an excellent workshop on, when you’re working with a different culture, they identify problems differently, they recognize family in a different way, that sort of thing. I think it was an excellent conference. I didn’t attend day two, so I’m not sure what that was about, but it was good.

**Swaykos:** What did you learn? What was the number one thing you learned from it? About how to deal with—

**Bennett:** Well, I think I learned something that I probably knew and hadn’t identified, and this is from the psychologist who’d done the research, and I think it was Columbia University. And they looked at the FEMA trailer parks, and did door-to-door surveys and that sort of thing. This is a long way from over; that we could be looking for another five years down the road dealing with the psychological and emotional impact of Katrina.

**Swaykos:** What are they projecting for being psychological impact?

**Bennett:** People who have been dislocated and will be—I mean, there are about eighty thousand people still living in FEMA trailers, and we are very slow to develop low-income housing. I mean, they’re building condos like crazy, but nobody can afford those. I mean, the insurance—I talked to somebody the other day, and they’re talking about buying a condo, and they said, well, it would cost them about eight hundred dollars a month for the condo and then another thousand dollars a month for the insurance. I mean, so housing is a major issue, and it will be some time before there’s moderate-to-low-income housing available. And I think we’re going to be dealing with people’s frustration about that and continued sense of being a refugee.

**Swaykos:** Right. Do you think any of the work you’ve done here—I picked up a textbook somewhere that someone put out real quickly about this, is how to deal with trauma with, like, earthquake trauma, hurricanes, tornado trauma right after the storm. Do you think anything here will help create an evidence base for dealing with this sort of trauma?

**Bennett:** There are people here every week doing research on that, from local institutions, universities, to folks from outside of here, developing information about that. Some we’ve already gotten, folks in New York, some preliminary stuff. But I’ve
had calls from Jackson State, Mississippi State, Ole Miss, Southern Miss about a specific area of research.

Swaykos: What kind of things are they all looking at?

Bennett: Storm-related, trauma-related, emergency-critical-services-related. The problem with much of it is, or some of it anyway, is they want to involve the mental health center and their staff, and we got another job to do. And I appreciate the research and the work, but if I take time out to do research with my staff, they’re not serving patients or individuals receiving services. (laughter) But that’s ongoing. You could probably go to any community here and ask, “Has a survey come by your house or your FEMA trailer park this week?” And they’ll say, “Yeah.”

Swaykos: OK. So people are getting really inundated.

Bennett: Yeah. Yeah, I think there are numbers of them going on or pending, and that will be for a few years because there’s federal money available to do this, and universities live and die by doing research.

Swaykos: Um-hm. Have you guys done—I know we talked about children earlier in your school stuff. Have you increased your programs in the schools?

Bennett: We decreased right after the storm because we lost staff. We’re probably about up to prestorm levels. We lost children’s case managers and still are having trouble replacing them. We had about six to eight; we are down to one. I think we might have two now, but so we’re close to being at prestorm staffing levels, programs essentially about the same.

Swaykos: OK. That’s—

Bennett: So we haven’t changed our clinical picture that much.

Swaykos: Do you see anything long-term for children as they become teens and adults, that this will have an effect on them?

Bennett: I couldn’t predict. I think anytime you’re exposed to any kind of trauma, particularly if you had problems to begin with, that might show up. And some kids certainly were exposed to some pretty traumatic things, hanging in trees, and water coming into their house, and I’m certain as we get into the storm season, and it gets cloudy, and the wind starts blowing, for some of these kids who had significant damage, you will see some responses to that. But there also might be some positive responses, and some kids might be encouraged to go into the helping professions because of what they got from other people and develop some empathy about the nature of the human condition, whereas before, all they were interested in was playing video games and running to the mall and buying the latest Tommy Hilfiger, that maybe some value changes occur. And so I think there can be some positive, too.
Swaykos: Great. What has been your proudest accomplishment of the recovery process so far?

Bennett: Personally?

Swaykos: Both, yeah.

Bennett: I think that however it occurred, whether it was me or this mental health center, that we were able to pull together a staff as resilient as this one was and that we were able to get back not everybody, but the core staff and help people and work with folks who had been devastated, despite their own devastation, and did that. And so I guess my proudest moment is to be a part of this team that did this. And the proudest is that this community mental health center responded in the way it did.

Swaykos: How have you been able to be a leader here, with your own stuff going on at home? You go home; you do your tasks that you’re assigned in your house, and you’re just tired.

Bennett: Yeah, but there is some relief by coming here because you go on building your own stuff, you’re (inaudible), “My God, this’ll never get done.” You get a break when you come to work. Just driving to work is a break because you never knew how you were going to get here. (laughter) It was always a challenge. “Yesterday I went that way. I can’t go that way today.” And (inaudible) find my way here because all the signs that I used to have—I have a terrible sense of direction so if they took down a sign, I’d drive for ten miles past it. So that’s the relief that I got, just going to work and the staff support. One of the things is that we do have a little insight, being mental health professionals, and I’d go to talk to somebody about some experience I had, and they don’t think there’s anything wrong with me because they’re colleagues; they got insight into it, and so we were able to share with each other and get the support of other mental health workers, which was good.

Swaykos: So that’s where your mental health workers got their mental health support, just each other?

Bennett: Each other, and we did have some folks that we’d bring in from time to time, external, for those people who might not want to reveal something to a colleague. We made that available on a regular basis, volunteers from other mental health organizations would come in and do some stress debriefing and that sort of thing.

Swaykos: OK. What has been—what do you see as the greatest challenge still to full recovery?

Bennett: Well, I think, without question, the housing issue and people getting back into their homes and some sense of normalcy. There’s nothing normal about living
with other family members, FEMA trailers, and feeling like tomorrow is going to be pretty much like today, constancy. That’s what I live for. Some people say, “Well, you never get real high, and you never get real low.” No, I just like it like an even keel.

**Swaykos:** What stands out as your worst memory in the past two years, the past twenty-one months?

**Bennett:** I think something that I mentioned; I don’t know if it’s a memory or whatever. As I said, I came here in 1969, and I remember the places I used to go, the little restaurants, taverns, places I frequented. That’s a long time ago, and there was a different face on this community, and recognizing at sixty-one, I’ll be dead before it even returns probably to some—and it’ll never return to what it was. So I’m kind of a stranger in a strange land, and that’s kind of sad to me, that given my age that I won’t see what I saw before. And it’s OK. I can live with that, but I’d rather it be different. And it won’t be.

**Swaykos:** How sad that things are changing underneath you.

**Bennett:** Yeah, and that you’re at a point in your life, and that’s an important issue for many seniors, including myself in that, not so senior, but who had worked their whole lives and had their home, were retired, and then it was all wiped out, the recognition that you probably won’t be around to finish it, to start it over. You don’t have the energy. You don’t have the physical or the psychic energy to do it, and wherever you are is probably where you’re going to be. And often lost a spouse they had for forty years because of stress or heart attack, and “I’m alone to do this.” And I can’t imagine. I can’t imagine my wife being gone and being seventy-something years old, our house wiped out, my family all scattered, my adult kids gone; I got no support. It’s unbelievable.

**Swaykos:** What legislation do you think needs to be created to better help you deal with mental health issues next time it comes along?

**Bennett:** Well, I think there needs to be some contingency plans that are not made up after the fact. One of the things that Project Recovery had talked about, which was a good program (inaudible), but there are too many layers to it. And I think that should have been done locally. See, that was done through SAMSA, who FEMA knew had the money. Then the money passed from SAMSA; and then SAMSA administered the money to the Department of Mental Health, and then the money came to me.

**Swaykos:** I see.

**Bennett:** And I had no input into the design of that program, and essentially they hired people with high school diplomas where I would have had more professionals and focused more on counseling rather than just going door-to-door and hanging things on there about research. Now, not that that was a bad thing; it was needed. So
I didn’t—a contingency plan that addresses this needs to be done on a local, in the local area as opposed to Washington, DC. The money’d be made available there, and we’d be accountable for that money, but let us be a part of the design, the program.

**Swaykos:** What surprised you most in all this?

**Bennett:** I guess the response from everybody outside. I figured there’d be a few people come down. They’re still coming, and I don’t question people’s motivation. I’m sure some of it is altruistic; I’m sure some of it was just morbid curiosity. “Hey, let’s go down there where the storm was and see what happened.” But that’s OK as long as the job gets done, but I was, I’m surprised every day that people are still calling and wanting to help. And I guess that’s it.

**Swaykos:** So for the last comment, do you have any wisdom to share, something you’ve learned that you want to share or just—

**Bennett:** I’ve learned that people are still here and exceedingly resilient and given minimum support and an empathic ear are able to get through this and as mental health clinicians, let’s not be too quick to label people and slap treatment on them, but treat them as human beings and fellow creatures on the earth.

**Swaykos:** Anything you’d do differently?

**Bennett:** No.

**Swaykos:** OK. And what does the future look like for this area mental healthwise?

**Bennett:** Well, for two years, it looks pretty good, probably, if we get the funding in. It’s just the funding issue. If we regain support from (inaudible) counties, there’s some recognition that we need relief from the Medicaid match situation, if we can work with Medicaid and Medicare to provide coverage for services that weren’t previously covered, I think we’ll be OK. All those things.

**Swaykos:** Good. Thank you so much.

**Bennett:** Thank you, Rachel. It was a good interview.

**Swaykos:** Thank you.

(end of interview)