Post-Katrina Survivor and Provider: Social Work Interventions and Coping on the Mississippi Gulf Coast

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ABSTRACT

This writing is a personal and professional reflective account that describes the impact of Hurricane Katrina on the major university on the Mississippi Gulf Coast and surrounding communities. A multi-faceted set of post-disaster coordinating, networking, housing assistance, educational and clinical responses are described, to include helpful handouts developed by the author and practical lessons learned. Also, post-traumatic growth and positive transformation at both individual and community levels are described.

KEY CONCEPTS

Hurricane Katrina, Hurricane Katrina in Mississippi, Stages of Disaster Recovery, FEMA, Post-Disaster Psycho-Education, Post-Disaster Counseling, Posttraumatic Stress, Post Traumatic Growth, Iraq War, Vietnam War

This article offers a first-person perspective by a Mississippi Gulf Coast resident mental health professional and university faculty member who also is a Hurricane Katrina and Vietnam War survivor. Readers are offered a series of practical learning points from a survivor-provider that are grounded in the realities of immersion in post-Katrina life in a very devastated area of the Gulf Coast.

Extent of Katrina’s Destruction and Disruption

1 This writing turned into an on-going document about the experiences of myself and other Katrina survivors on the Mississippi Gulf Coast since August 29, 2005. It began as a short article in Social Work Today On-Line January 2006, and then expanded into an article in Traumatology, summer, 2006. I kept inserting additions or modifications to this document typically at least once weekly over several months as I continued to learn from my fellow and sister Katrina survivors about the on-going and changing impact of Katrina, what interventions and strategies are helpful, and how Katrina survivors are learning how to best cope.
The University of Southern Mississippi—Gulf Coast (USM-GC) campus sits directly on the usually placid Mississippi Gulf Coast, about 100 yards from the gulf. The destruction from Hurricane Katrina on August 29th, 2005 was particularly severe across all 12 communities on the Mississippi Gulf Coast. The USM-GC campus is located in one of these 12 communities, Long Beach, and was heavily damaged by Hurricane Katrina winds and storm surge. Many of the buildings on campus were destroyed or severely damaged, to include complete destruction of the small wooden-framed building that housed the School of Social Work. The damage was severe: no functions could be continued on the campus, three of the five largest buildings suffered such extensive damages that they may have to be demolished, and re-opening of some of the campus facilities will not be possible until the Fall, 2007. Finally, over 30% of the university’s 350 staff and faculty were displaced due to destruction or heavy damage to their residences and personal belongings.

Remarkably, a temporary campus location was established with classes resuming on October 10th on a modified summer-session-like schedule. About 65% of the students enrolled pre-Katrina followed through and attended classes, in spite of severe personal challenges and losses. The destruction to the surrounding southern Mississippi communities was massive, to include:

- Over 235 confirmed deaths (G. Pender, 2005a)
- 68,700 homes and businesses were destroyed, 65,000 sustained major damage, and 60% of the forests in the coastal communities were destroyed along with much of the shipping and fishing industry (Editor’s Notebook, 2005a)
- There was 34 feet high storm-surge from Katrina in western Mississippi that was propelled inland as far as 10 miles from the coast through myriad rivers and bayous, severely damaging or destroying homes and communities that had never previously been flooded by storm surges. And damaging hurricane-level winds and tornadoes swept up through the central and north central areas of the state. (Walsh, 2006)
- An estimated 350 buildings listed in the National Register of Historic Places were washed or blown away, along with most of the evidence of 300 years of Gulf Coast history. This makes Katrina the worst historic preservation disaster in our nation’s history (Huffman, 2006)
- As of March 13, 2006, almost 100,000 Mississippians were living in FEMA trailers, and hundreds of other displaced residents were not eligible for FEMA trailers (Copeland, 2006)—to include 30,000 still in December, 2007
- The two major east-west bridges on the Mississippi Gulf Coast that connect the three coastal counties together were totally destroyed and only one will be partially rebuilt and re-opened for some traffic in later 2007

There is a daunting time-lag required for rebuilding destroyed homes and buildings. It took more than a decade for the 28,000 homes in Florida wrecked in 1992 by Hurricane Andrew to be rebuilt; Mississippi alone has four times that number of homes to be rebuilt (Rubinkam, 2005). The long time-line is due to a number of factors, such as still remaining uncertainty regarding revised federal flood requirements for rebuilding, continuing lack of utilities’ infrastructure (electricity, water, sewage) to many of the devastated areas, and the lack of construction industry capacity to meet the overwhelming demand. Yes, the loss of lives, homes and personal property has been staggering. Furthermore, hundreds-of-thousands of Katrina survivors in Mississippi have been experiencing a profound sense of
loss, grief and malaise over the destruction of places of employment, small and large businesses, churches, schools, neighborhoods, recreational facilities, historic sites and even entire communities—the loss of so much about life that was familiar and cherished along the entire Mississippi Gulf Coast (Scurfield, 2005; Scurfield, 2006b).

I was fortunate to still have a home that was habitable, even though with moderate damage inside and substantial outside damage. In contrast, there were the innumerable concrete slabs where homes and neighbors once were. And, for many who had no flood insurance and were not in designated flood zones, as well as those who suffered both storm-surge and wind/air-borne damages, on-going battles with the insurance companies are being waged. This includes numerous class-action lawsuits regarding what damage was caused by wind and rain versus storm-surge water. These remain extremely contentious and complex issues; many homeowners (and politicians) are left feeling that Katrina survivors are being ripped off by their insurance companies—-with disastrous financial consequences.

My greatest personal loss was the total destruction of my university office, which has subsequently been completed bulldozed. I lost 30 years of data, back-up data stored on floppy discs, raw data collected over several years from two research projects, 1,000+ books, hundreds of videos and journals, artwork, etc. And it appears that neither personal nor university insurance will cover any of the loss.

My wife, Margaret and my daughter, Helani and I managed to find a circuitous route through several streets and yards where the debris was piled high and wide, to walk to the college campus two days after Katrina. I must admit that I was almost in a state of shock as we turned the corner and saw what was left of the School of Social Work building and my office: walls gone, almost all contents swept out into the street and intermixed with debris and contents from other buildings. I did find two file cabinets that were stuck in one corner of what was left of my former office. Even though the contents were completely water-logged and laced with storm-surge muck, we decided that I ought to go through the files and take away whatever seemed most important—on the off chance that I would be able to actually salvage some of the contents later. We located two garbage cans that I dumped files into, and found two battered office chairs to put the cans on to wheel them back through the debris and across the railroad tracks. I am glad we did; some of the files eventually were dried out and copied for later use.

There were several hard-earned lessons for me, to include never keep back-up data on the same campus, let alone in the same building or in the same room, as your primary data. That doesn’t help when the campus is swept away. I also learned to become an expert at salvaging techniques to dry out storm-surge files soggy with muck. For example, I discovered that red pen notations are illegible when the paper has been immersed in storm-surge, blue-pen notations are hard to read but black-pen notations are quite legible; and most amazingly, I discovered the untold wonder of yellow sticky notes—they are remarkably resilient, remaining stuck right to the pages where they had originally been placed months or years ago, and readable; and (6) finally, even storm-surge saturated files that have been successfully dried out are left with one tell-tale post-hurricane legacy (Scurfield, 2006b)!
Perhaps the most important lesson was finding the humor in it all---or it would have been unbearable. On August 31, I found the couch of my colleague, Patricia Davis, in the street in the middle of the debris from several buildings. One of my most memorable photographs is of me sitting on that couch, surrounded by debris, a small end table propped in front of me, my studiously reading something from the rubble, and laughing---or I would have been sobbing. And yes, I still have days where the enormity of these losses resurges into my consciousness. And I am one of the luckier ones; others lost both their offices or businesses and their homes.

**Coordination of Emergency Housing Assistance**

Our home still had my roof overhead, and so I was more available than many to take a lead role in offering to help with the re-establishment of the university. It became evident very quickly that if the University were to be able to get back on its feet soon, something had to be done to help the 90+ faculty and staff who were homeless in the aftermath of Katrina. I volunteered to help coordinate and ended up taking a lead role to expedite emergency housing arrangements for university employees, with considerable assistance from Shelia White, director of university relations, Pat Smith, History Professor, Linda Skupien, public relations officer at our Gulf Coast Research Laboratory in Ocean Springs, and Judy Isbell, our web developer.

The work required on a daily basis to facilitate university employees to obtain emergency housing was unrelenting; for example, having the Long Beach City mayor willing to designate our employees as “essential personnel” in order to hopefully expedite their receiving trailers, working with the Long Beach School District to have some of our employees placed in trailer sites along with their teachers, interfacing with numerous FEMA officials at several locations in the three coastal counties, and back-door discussions with Congressional and State officials to put pressure on the lagging federal response. There was extraordinary difficulty in being able to get accurate and updated information from FEMA officials (for example, our entire set of trailer application packets for our employees was lost by FEMA and had to be re-submitted). And no one either knew or was willing to delineate the exact procedures for trailer applications, criteria for expedited processing, the status of the trailer requests, or who would get a trailer and when. In contrast, individual federal and other disaster relief employees and volunteers from national relief organizations typically were very friendly and well-intentioned. The challenges of attempting to respond to such unprecedented (in the U.S.) numbers of storm survivors were immense, and many survivors found much to complain about. Even so, many have been able to appreciate that which they did receive.

However, in the aftermath of Katrina, many other survivors found that the labyrinth of bureaucracy to be navigated was almost impenetrable and that the disaster relief resources were overwhelmed. No wonder that four of the more common acronyms for FEMA that supplanted “Federal Emergency Management Agency” included: “Failure to Effectively Manage Anything,” “Forget Ever Moving Ahead,” “Federal Employees Missing in Action.” My personal favorite: “Fix Everything My A**” (Lee, 2005)² And then there was the inscription on T-shirts that appeared: “FEMA evacuation plan. Run, m-f, run” (with “m-f” spelled out).

² The last acronym was provided by an attendee at my post-Katrina workshop at the annual meeting, MS Chapter of NASW, Jackson, MS. March 9, 2006.
Yes, if we didn’t laugh at the extraordinary and unrelenting series of obstacles and roadblocks to receiving help, we would all have been crying incessantly or been enraged or totally numbed. Unfortunately, it appears that the disillusionment phase of post-disaster recovery has now arrived for a substantial number of south Mississippi residents. We almost surely will be facing a markedly prolonged response in the face of the immense recovery tasks still ahead.

**Post-Disaster Counseling and Psycho-Educational Services**

Our USM-GC campus is the smaller of the two campuses of the University of Southern Mississippi; the larger campus is in Hattiesburg, 75 miles to the north. In the absence of any university student health or counseling services at our campus, in the immediate aftermath of Hurricane Katrina, it was absolutely compelling to have a counseling presence at our campus---not only for our students but also for our faculty and staff (a constituency that is beyond the mission of most university-based student counseling services). I was in a unique position to provide a counseling and consultation response that would be optimally accessible for our students, faculty and staff. I have an expertise in Posttraumatic Stress Disorder and post-disaster services. I am a resident faculty at the USM-GC campus. And I was a fellow survivor of Katrina along with my wife and daughter. Consequently, I offered and the university accepted my offer to provide counseling services I was given a university cell phone (a necessity in the absence of any working land line phones). Also, I was given an office to counsel in, a rarity in that there was and remains so little available space in our temporary campus quarters. Finally, the School of Social Work Director in Hattiesburg, Mike Forster, gave me release time from a course that I was scheduled to teach at that campus so that I could marshal my activities at the USM-GC campus.

**The Complementary Roles of Counselor, Emergency Housing Coordinator and Faculty Member**

I made myself available on campus, Monday-Friday, except when teaching my field seminar, and by cell phone at any time. Also, through my coordination of housing assistance to staff and faculty, I was very visible and active daily throughout our temporary campus location, interacting with many employees about housing needs. As I had learned in coordinating disaster relief services on the island of Kauai in the aftermath of Hurricane Iniki (Scurfield et al, 1993), “the provision of goods and mediation with disaster agencies was the door through which mental health assessments and interventions could pass.” (p. 47). In the course of such interactions, people would just start sharing their stories of the hurricane. Employees and students would spontaneously spend a few minutes, or longer, in the hallways, outside of offices, etc., sharing their hurricane and post-hurricane experiences with each other.

Over the ensuing several months, I continued to be involved in innumerable informal in-the-hallway conversations with faculty, staff and students that have covered a wide range of topics. Inevitably, many folks would casually mention a personal difficulty they, a family member, friend or neighbor have been experiencing. And we then, in effect, would have an informal mini-counseling or
consultation interaction without it ever necessarily being labeled as such. Not infrequently, someone would drop by my office to ostensibly inquire about housing assistance or to check on their FEMA trailer application process, and there would be a mention of a personal difficulty, such as concerning current temporary living arrangements, spousal disagreement arising out of what to do about their housing situation, or how an extended family member or friend is not doing very well. University colleagues at our Gulf Coast Research Laboratory have mentioned how this seems to be the way that the men they know are able to talk about the aftermath of Katrina. Rather than through having an appointment with a counselor, it occurred naturally when working on homes and trash removal, during breaks, through lots of small talk that actually becomes an avenue of expression and sharing among males who otherwise would see the same level of sharing in a counseling session as too touchy-feely.

The crowded conditions raised the concern about adequate privacy and if people would be willing to use my counseling services. Thus, I decided to advertise my counseling services within the rubric of my providing both housing assistance services and being the senior social work faculty member at this campus. I had signs made and posted throughout our campus building that said, Housing Assistance, Social Work & Mental Health Counseling. Walk-In or Call Dr. Ray Scurfield at 228.234-2062. Thus, people sitting in my office might be there for any one of several reasons.

Most of the counseling I provided has been for a myriad of problems associated with the post-Katrina aftermath and not the more narrowly defined acute post-traumatic symptoms arising out of a specific traumatic episode during and/or immediately following Hurricane Katrina. Such issues include: pervasive sense of loss of place of residence and possessions; inability to concentrate; low energy and exhaustion; the stress of decreased academic performance; not having a place to study or the resources to study with; sudden loss of employment; day-to-day stress of too few businesses open and too many people trying to use the few that are open for business (with subsequently very long lines and delays everywhere); a marked loss of quality of life; significant others who themselves are stressed out from the challenges of life post-Katrina; and confusion, anxiety, anger and/or sadness over what is and might be happening to them and to our communities in the ensuing months and years (Scurfield, 2006c).

Helpful Post-Disaster Psycho-Educational Information

- Several of my colleagues sent me helpful literature on post-disaster reactions and coping. Colleagues Bruce Young at the NC-PTSD, Menlo Park, CA, Judith Holland, Trauma Consultants, Honolulu, and Bruce Lackie, Philadelphia, were particularly generous of their time and expertise to send me post-disaster materials or materials. In addition, there is helpful information gleaned from the web. Some of the more helpful information included: National Center for PTSD handouts on trauma (NCPTSD.org); Psychological First Aid: Field Operations Guide (National Child Traumatic Stress Network at NCTSN.org) and My Hurricane Story: A Guided Workbook for Children, and What Happened to My World. Helping Children cope with
natural disaster and catastrophe, by Jim Greenman (available free of charge through www.mercycorps.org). [For other resources, see Scurfield, 2006c)

I became a central clearinghouse for providing such literature and several additional handouts. Out of all the post-disaster literature available, I have found one chart to be most helpful, “Common Stages of Disaster Recovery” (Faberow & Gordon, 1981), adapted by the North Carolina Cooperative Extension Services, 1999, and used by many disaster agencies. However, I have found that the original four-stage chart lacks two vital additional stages (tunnel vision and post-traumatic growth), one crucial and increasingly appearing sub-stage (delayed responses) that cuts across four of the five stages, and that the time-lines for the stages are not aligned with post-Katrina realities. Even so, these common stages are helpful for some survivors, to be better able to gauge their current status, and possible progression and regression post-Katrina. (See Figure 1, Six Stages of Disaster Recovery).

As I talk with people on the Coast past the one year anniversary mark post-Katrina, there seem to be three general groupings in regards to post-Katrina coping. Firstly, there are those whose personal property and possessions and employment were not that directly or seriously impacted. Secondly, there are those who have made at least some progress ahead to a more normal post-Katrina life and feel like they are now entering the reconstruction phase (e.g., those who have finally had their lots cleared of debris or their homes are now past the gutting out stage and are actually being rebuilt) and others who are well into the reconstruction phase---such as those who have been able to move back into their homes and replace sufficient personal possessions that were lost. And then there is a third group comprised of seemingly an increasing number who are entering or already into the disillusionment stage. Among this group it is more and more common now to hear comments like: “I’m getting exhausted trying to deal with FEMA, life in the trailer, the insurance, contractors, traffic, long lines everywhere, not to mention having to take care of the usual everyday things. It just seems like I’m treading water and not making much if any progress” (Scurfield, 2006b).

And, very poignantly, an exasperated Coast teenager recently said: “I want my bed back, I want my room back, I just want a normal life again.” Unfortunately, the blunt reality is that a normal life won’t be happening again, very soon, for very many here on the Coast--- in regard to personal or individual post-Katrina recovery. The devastated communities all along the Gulf Coast have removed most of debris at this point, although there are still devastated buildings yet to even be demolished. And, there are many difficult decisions yet to be finalized regarding planning strategies, zoning, indeed decisions about the very character and make-up of devastated communities. And extremely weighty decisions remain for individual families and for businesses about rebuilding or not, and staying or not, and for those many tens of thousands of residents still displaced elsewhere—returning or not. For example, by the one-year anniversary of Katrina, only one restaurant had been reopened along the entire Highway 90 from Pass Christian to Biloxi.

“Delayed” Post-Katrina Response—and Making Every Contact Count
The fact that any “common stages of disaster recovery” do not necessarily occur in a sequential, linear fashion for all trauma survivors is poignantly illustrated by a letter that I received from a senior faculty colleague in early March, 2006. [This letter was sent to me in response to my sharing a pre-publication copy of a journal article, excerpts reprinted with written permission by the writer.] Excerpts from this letter also movingly illustrates how there can be a “delayed” response and how survivors who themselves are hurting oftentimes are wanting to do something to help others (Scurfield, 2006b).

Thanks Ray. As I read your article on Katrina, I had a flash of understanding about myself. My make-up tends to make me appear sane and rational in the midst of the storm and in its immediate aftermath . . . I have always had the delayed emotional reactions days after very difficult events. [What] I bring to the table is the ability to focus on strategy even when everything is coming apart. I get upset later; it hits me what "might have happened" if we had faltered. Would you believe that I am having more difficulty now than in the three months after the storm? . . .

I find myself feeling more overwhelmed by competing demands on me--house, job, parents, other family members---than at anytime in the immediate aftermath of the storm. I am mentally distracted more now than when mucking out my in-law's ruined house and more than when we were trying to figure out how to deal with FEMA housing or reconfigure the university schedule to begin six weeks late, and those were difficult tasks. And so, delayed response is harder for me than the immediate aftermath of the storm.

You can file this and use it if you wish -- maybe for the class -- if it helps anyone else to know that they are not alone in this prolonged struggle. Your article just gave me the occasion to get it off my chest. By the way, how are you doing? Caregivers have some vulnerability too, you know. [My e-mail response: Thank you so very much for your sharing. And, yes, you are absolutely right about care-givers! For one thing, I find myself having a difficult time slowing down and seem to be running full-tilt, 24 & 7.]

I had absolutely no idea that my colleague might communicate to me what he did above. However, his statement, “Your article just gave me the occasion to get it off my chest,” helped me to remember a cardinal rule about how precious each existential moment can be. You never know when your just being there for someone will be an opportunity for others to share something important, or that they might take something you have said and use it to gain insight about something really meaningful for them, or where your mere caring presence is so needed and received. That is why each contact with another in and of itself is precious, ought to be experienced with genuineness, and savored. And in the aftermath of Katrina, I have found myself and others going out of our way to stop and, in spite of innumerable tasks to get done, taking the moment to enjoy chatting with each other---for no particular reason other than to make a brief yet genuine human connection. I find myself doing this with receptionists, academic counselors, security officers, I-tech advisors, administrators, library staff, secretaries, book store customers, maintenance workers, students, colleagues---and strangers (Scurfield, 2006b).

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

One minister, a state senator from Alabama, proclaimed that Katrina was the wrath of God on the sinful Mississippi Coast, because “New Orleans and the Mississippi Gulf Coast have always been known for gambling, sin and wickedness. It is the kind of behavior that ultimately brings the judgment of God . . . So why were we surprised when finally the hand of judgment fell?” (Erwin, 2005). And many local residents were or continue to be preoccupied with, “Why was my home destroyed but not my neighbors?” “Why did my neighbor die, but not me?” “Maybe I deserve to be suffering so much from Katrina.”

Kushner offers a refreshing and easy read to challenge such thinking and how to move beyond “why?” to “what do I do, now that this terrible thing has happened,” God’s possible presence in our lives and his role now that this terrible thing has happened. [It also is a a short book, a relatively quick read and is inexpensive, three additional attributes.] I strongly suggest that all traumatologists and counselors consider the possible efficacy of this book as a recommended read and point of discussion point-counterpoint—or another reading that addresses these questions and challenges attribution beliefs and promotes self-review of one’s basic assumptions about “why” and “causes.” I have found Kushner’s book applicable for many survivors of trauma (not necessarily just those of Judeo-Christian faith) who are grappling with the “why” question.

Finally, my fellow Vietnam vet and former counselor, Nelson Korbs, has a refreshing take on the “why” question that he poses to get at the heart of the issue of perhaps feeling that I am so special that I should be spared such an experience. He asks, “Why *not* me?”

**New College Course Offering: “Stress Management Post-Katrina.” Once Again, An Unexpected Opportunity**

My colleague, Mark Maneval, Chair, Human Performance & Recreation, suggested that he and I, along with Faye Mitchell, Nursing, co-teach a special survey course during the Spring, 2006, semester. We taught this as an overload course, and our teaching reimbursement was donated to help establish a recurring scholarship for a College of Health student. Mark’s idea was to have a low-impact exercise and humor emphasis, with supplemental instruction in other areas that could positively impact on stress. I taught five of the class meetings: myths and realities about trauma [Scurfield, 2006c), coping, personal awareness, and self-care in life and at work. Other class content included aroma therapy in stress reduction, progressive relaxation exercises, yoga, the role of nutrition, flexibility, aerobic dance, and Pilates. About 20 students enrolled for credit, of which fully 15 were university staff members.
As I led students through the following topics, five to seven months post-Katrina, the freshness of Katrina memories was revealed.

- I briefly discussed several common myths about trauma and its impact (i.e., time heals all wounds; my trauma was not as bad as yours so I shouldn’t be feeling as badly as I do), and common warning signs and triggers (i.e., anniversary dates; sights, sounds and smells reminiscent of the hurricane and its aftermath).  

- Then, I showed a 2 minute video excerpt of four survivors’ reactions immediately after Katrina. This was extracted from an outstanding video produced by the local ABC station (WLOX, 2006). To our surprise, practically every student was in tears.

- I then had the students complete a one-page “Katrina Awareness Inventory” for their own personal awareness. There were only two questions on the inventory, with room for their comments: How are (1) you and (2) your life different now compared to before Katrina? Negatives about you and your life: how you are, how you are reacting to people and circumstances, how your life has changed. Positives about you and your life, how you are, how you are reacting to people and circumstances, how your life has changed.

- Five minutes later, I started off by sharing one negative for me—my reaction to the complete destruction of my office and 30 years of professional stuff. We then started around the room to see if anyone was willing to mention a negative impact of Katrina. What then unfolded was that each and every student “emotionally told her story” of what had happened during Katrina--as if it had happened yesterday. One after another, as tissue paper was passed around, the responses were poignantly heartfelt, full of pathos, impacted grief over losses and guilt that some had not suffered the damages that others had. The sharing was so extensive that we were unable to carry out most of the rest of our original plan for this first class meeting; we realized that what was being shared and vented was much too important to cut short. And this was the first class meeting. And so, learning points already have emerged. First, that if provided a safe and supportive milieu in which the purpose ostensibly is to provide information, trauma survivors may spontaneously use the opportunity to vent and share; and we must be flexible to allow such to happen and not be overly concerned with sticking to a pre-arranged agenda. Second, a number of people who might benefit from counseling, but have not availed themselves of it, are willing to enroll in a college course for credit that will provide at least some therapeutic attention to their post-disaster coping. At the least, they have learned alternative stress management strategies and basic information about trauma and its impact, shared with sister survivors---and had some fun, perhaps the most therapeutic element. ☺ [For a discussion of the role of positive emotion and laughter post-trauma, see, Bonanno, 2004, Keltner & Bonanno, 1997]

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

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3 If you are interested in handouts that I have developed regarding trauma myths and realities, and triggers and warning signs, please contact me by e-mail at Raymond.scurfield@usm.edu for a copy.
People who are already disadvantaged prior to Katrina, such as the poor and the near-poor, the sick and the elderly, find themselves disadvantaged even more in the face and wake of natural disasters. After my family had decided that we were not going to evacuate, we went to our church, St. Thomas, early in the morning of August 28th to pray in the adoration chapel. While there, we saw one other person, someone we knew whose wife was physically disabled. We asked him, “Are you going to evacuate or stay?” His reply still tugs at my heart: We’re staying. We have nowhere to go, and no money to get there with (Scurfield, 2006b).

The already disadvantaged are the ones:
- Least able before the disaster to prepare adequately if they are staying: to safeguard their property and possessions, to stock up on needed provisions
- Least able before the disaster to evacuate due to lack of necessary resources: money, reliable transportation, a safe and affordable place to go to
- Least able to return to their communities if they have been displaced and evacuated, especially when displaced many miles away from home
- Least able to safeguard their family pets or to take their pets with them or know what happened to them (and, no, I am not equating humans and pets; however, many people are very attached to their pets who are their trusted and loved companions; this is yet one more separation and loss of something very important to so many. And yes, we were able to take our two Golden Retrievers and bob-tailed kitten with us---at the insistence of our daughter, I must admit.)
- Least able to have adequate, if any, insurance coverage of their property and possessions
- Least able to have adequate, if any, emergency monetary savings to draw upon
- Least able after the disaster to get needed resources to survive on: shelter, basic necessities, cash, transportation, medical assistance
- Least able after to find out in a timely manner what has happened to their loved ones
- Least able after to actually access needed resources post-disaster

And so, there is at least a double-disadvantage for many sectors of our society in the aftermath of disasters; this tandem makes a successful post-disaster readjustment from a very difficult series of traumatic events even more complicated and difficult. And then, politics and policies can exacerbate the plight of the already doubly disadvantaged. For example, the Governor of Mississippi, Haley Barbour, has released details of his office’s plan for spending $3 billion in federal Community Development Block Grant (CDBG) funds. Noticeable are who are excluded from being eligible to receive up to $150,000 grants for Katrina-caused damages and loss. Left out are those who have the least and need help the most, many of whom are elderly or disabled (Stallworth et al, 2006):
- Renters. About one-half of those who lost homes and apartments that they were renting are excluded
- Uninsured homeowners outside of the flood plain. Many of our poor, elderly and disabled neighbors were those who could not afford insurance if they were to be able to feed their families and pay medical bills.
• In addition, the governor is requesting a waiver of the federal regulation that 50% of the funds go to low- and moderate-income folks—and we know that at least 50% of Katrina’s victims fall into this category. (Stallworth et al, 2006).

In addition, Mississippi has one of the highest taxes in the nation on food—a tax that of course is disproportionately hurtful to the less well-to-do. And a number of Mississippi politicians continue to be against reducing the food tax. Furthermore, the availability of affordable housing—always at a premium—has become almost non-existent in the wake of Katrina’s destruction. Most of what was not destroyed is being used by disaster relief and reconstruction workers. And there has been a significant spike in rental rates for the few units that are available; indeed, there are reports of rental rate increases of over 100% from pre-Katrina rates. (Copeland, 2006).

Finally, in the best of times healthy and sufficient food and timely medical care are difficult for many disadvantaged people to afford—and even more so in communities devastated by natural disaster. And the competing priorities of a free market economy versus availability of low- or no-cost services can clash. The continued operation of a food tent in Pass Christian is opposed by businessmen who argue this makes it difficult for small businesses to re-open and have sufficient customers. This is in spite of the fact that every restaurant on the coast that is open or has re-opened typically is overflowing with customers and in constant need of additional workers. Similarly, a free medical clinic has been operating in the Bay St. Louis/Waveland area—arguably the two most devastated communities on the Mississippi Gulf Coast. Several local physicians have been pressing for this fee clinic to be closed down “because it is making it economically unfeasible for us to be able to re-open our medical practices.” And how many of the citizens who are using these free medical services could actually even afford to go see one of these physicians in their private practices. Yes, the poor, the near-poor and other disadvantaged people know full well their reality of what Kris Kristofferson wrote and sings in “Me and Bobby McGee”: Freedom’s just another word for nothin’ left to lose, nothin’ mean worth nothin’ but it’s free

Providers Coping with the Realities of Disaster Relief Agencies and Services

Providers of services to survivors of disasters have a lot to contend with just in regard to the nature of the profound pain and loss that such survivors have experienced, the significant and time-urgent needs that they are presenting, and the extraordinary venting of such pain, loss and needs in the presence of providers. Compassion fatigue and secondary traumatic exposure are very real and need to be attended to—and many disaster relief providers do not receive nearly the systematic attention and follow-up in this regard that they should. However, I want to briefly focus on about another related aspect—the nature of the organizations and agencies that are the structures within which many such disaster relief services are provided.

Unfortunately, many such agencies and organizations, in the midst of providing disaster relief services, are characteristically beset with serious difficulties themselves. [Admittedly, I am not attempting to provide a balanced perspective here, as I am focusing on
what is problematic and the impact of such on the provision of services and on the providers personally.] And I don’t see many of these difficulties being resolved anytime in the foreseeable future. These include:

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

The impact of the above characteristics of disaster relief agencies, to the degree that they are present, is marked on service delivery, customer satisfaction, and staff role satisfaction. And of course such negative impact is exacerbated by the nature of the disaster itself and the profound and urgent needs of survivors. What is the disaster relief worker to do to maximize optimal service delivery and self-preservation? I want to focus on just a few basics that a number of workers do, and all should do. It is essential to be focused on the two basic objectives concerning clients that must be kept front and center: getting clients what they need and are entitled to and in a timely manner; and empowering clients. Disaster relief employees are in a unique position to facilitate both of these objectives; this requires keeping such objectives crystal clear and focused in the midst of turmoil, heavy pressures and demands and disorganization. Being very willing to be an effective advocate for the client, using your knowledge of and information about the systems, using your people contacts, and perfecting the art of political behaviors and strategies—for the betterment of the client—are essential. [see
Scurfield, 1980, for a discussion of the ethics of engaging in “political” behaviors with one’s own employing and other agencies when that is in the best interest of the client.

We can learn from the major luxury hotel chains and even from Wal-Mart, who ingrain employees with the motto that the “customer is always right” and heavily emphasize “customer service” attitude and behaviors. Wal-Mart’s motto on the back of employees’ shirts is not, “Do you need any help?” Rather, it is “How may I help you.” This is an important difference. Is this the attitude of not only the front-line disaster relief workers, but also the attitude of the supervisors, regional and national staff of the various disaster relief agencies? I have no magic answers for the above negative characteristics that apply way too often to disaster relief agencies and operations. However, I do have one basic question for supervisors who are in the middle: are you willing to be primarily people-centered, focused on what is best for your supervisees and clients, and be as helpful as you can be to facilitate job satisfaction, self-care and role performance. It is essential to go beyond being the keeper and enforcer of the rules and regulations, to not focus on how to corral and “herd” employees and suppress their passion, creativity and output. And for line-workers: these negative characteristics of disorganization, etc., were and may still be happening now. And yet the alternative is a much more controlling milieu and very defined regulations and procedures and, typically stifling of flexibility and creativity.

So, to me, the most important advice is: savor any chaos, lack of clarity, looseness of operations. Savor this opportunity, which is an ideal milieu in which you can maximize your skills, your initiative, your multiplicity of roles, your adaptability and creativity. Learn how not only to survive but to thrive in the post-disaster milieu that envelops you. Please remember Scurfield’s reframe of your expectations about bureaucracy (honed over 30 years of working in big bureaucracy): Big bureaucracies oftentimes do not function that well in normal times. Why in the world would you expect them to function well during times of crises?

And so: expect that big bureaucracy will be at least somewhat dysfunctional during crises and gear your strategies accordingly. Yes, do not get caught up in the negativity of lack of order, cohesion and orderliness. Instead, keep reminding yourself that you are in a position where you can do so many people much good---you can make a difference. So, savor the adrenaline ride, savor this opportunity, fully and completely. Because this, too, shall pass.

Helpful Clinical Intervention Strategies

The following intervention strategies were found to be very useful with Katrina survivors, and take into account the agency and service delivery realities of many disaster relief agencies and situations described above (for more detail and case excerpts, see Scurfield, 2006a, 2006b).
• **Survival needs:** Before *anything* else, it is imperative to insure that the person’s basic survival needs are being addressed.  

• **Written information and education:** It is not preferable, it is *essential*, that trauma survivors be provided with written information to be able to possibly read through as you are talking with them and/or to take with them for reference later. The challenge is to have handouts that are easy to read (no long paragraphs and print large enough for easy reading), in a language *understandable and useful* to the persons you are providing services to, and containing information that the client needs to be educated and knowledgeable about. Essential information that trauma survivors need to have and in writing concern: (1) locations and contact information concerning needed resources; (2) the common myths and realities about trauma and its impact (i.e., “time heals all wounds,”); (3) common warning signs and triggers (i.e., such as anniversary dates. For Katrina survivors, such anniversary dates include the date Katrina hit---August 29th; and the official beginning of the new hurricane season—June 1); (4) common stages of disaster response and delayed responses [Figure 1]; (5) dynamics of post-traumatic responses (i.e., oscillation between numbing and detachment on the one hand, and physiological arousal and intrusive memories and emotions on the other); and (6) coping strategies (i.e., re-establishing routines; being realistic about what you will be able to accomplish and when).

• **Advocacy & Follow-Up:** Being expert and active in advocacy and follow-up roles are essential with post-trauma survivors. Such survivors oftentimes are in circumstances in which their normal abilities to cope have been diminished, or they had marginal such abilities to begin with. Typically, interactions are required to obtain needed resources from agencies or institutions that may well be very impersonal, bureaucratic, and rigidly adhere to procedures—and procedures that may be a mystery to the client to fathom. Furthermore, such institutions may be facing heavy client demands, staffing turnover, staff who may be less than knowledgeable or courteous or efficient and/or disorganized—and/or an agency that may be downright fragmented and in chaos. And very few agencies provide either (1) a truly simple, fair and effective channel for appealing or tracking what has been requested or promised, or (2) conscientious, systematic and proactive outreach and follow-up services. This leaves the traumatic client facing yet additional hurdles. The need for follow-up is particularly relevant for trauma survivors in that, typically, they have memory and concentration difficulties and may find it very difficult to follow through to completion on tasks. Also, recovery is not a straight-line progression; it is more like a spiral binder, with progress and regressions that need attended to. With awareness of the above realities, it is important to consider the merits of the adage about teaching people how to fish versus giving them fish. An expanded version of the original adage is that rather than giving fish to people, it is better to teach them an expanded perspective and set of skills: 1. how to figure out where the good fishing is; 2. how to get through any fences

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

5 I have several such handouts that I would be very happy to share with any readers.
(obstacles) between them and the good fishing spots; 3. to make sure to check to determine that the water is not polluted, and then 4. how to fish.\textsuperscript{5}

There are \textit{three cardinal questions}, in descending order of priority, to use as a self-review about advocacy strategies, and to maximize the possibility of accomplishing the above elements of the fish adage. Firstly: are the tasks required to accomplish the advocacy intervention something that there is a reasonable likelihood that the \textit{client can do} by him or her-self, or with a friend or personal support person. If so, this is the first advocacy strategy to implement. Secondly: is it something that \textit{the client and I need to do together}. This is the second advocacy strategy to implement. Finally: is it something that \textit{requires my solo action} without the client’s direct involvement, or something that is \textit{so time-urgent and essential} to accomplish with maximum speed and optimal chance of being successful (such as an acute safety issue) that it would be inappropriate to delay or wait or leave it up to the client. Only under these conditions should I alone implement an advocacy action on behalf of the client.

- \textbf{Clarifying possible issues related to special populations: racial and ethnic minorities, elderly, alternative life style:}
  
  You’ve mentioned that you’re feeling racially discriminated against because the much wealthier neighborhood down the street got their blue roofs first and seem to be getting their debris cleaned up much quicker than your neighborhood. “Is there anything else besides how quickly that neighborhood was provided post-disaster services that has convinced you that there is racial discrimination going on?” [You are checking out the soundness of their thinking process.] “\textit{When was the last time that you felt racially discriminated against}?” [Note: I didn’t ask, “Have you felt racially discriminated against before?” If someone is an easily identifiable member of a racial minority, then I have to assume that their life has contained several if not many instances of overt and/or covert racial discrimination.] [See Scurfield & Mackey, 2001, regarding the impact of exposure to race-related events, a form of trauma that receives little systematic attention from researchers or from many clinicians.]

- \textbf{Creativity:} Crises and trauma demand that you be willing to think outside of the box; normal solutions may not be available, or relevant. Use your ingenuity, your deviousness, your cunning, your manipulation, your political and your creative skills.

- \textbf{Clarifying reasonable therapeutic goals:} after basic survival needs, it is important to make sure that the survivors are aware of what is the realistic and attainable goal in regards to their trauma experiences, i.e., it is not realistic to hope or expect to totally forget what happened. \textit{And you can be helped to learn how to achieve a more peaceful co-existence} with unforgettable traumatic memories and experiences.

- \textbf{Non-judgmental, accepting and confirming the survivor and her/his story and capability for recovery.} Lest we forget the basic Rogerian counseling principles, such as accurately communicating back to the survivor that which she/he has shared, and communicating basic trust in the survivor’s ability to move forward if conditions fostering growth are present. Such principles

\textsuperscript{5} An attendee approached me after my workshop at the annual state meeting of the MS NASW chapter, March 9, 2006, and shared with me this expanded version of the fish adage (to which I added the new first step).
offer a powerful affirmation of the trauma survivor’s dignity and inherent strengths, and are an integral foundational context to more recently-developed trauma-focused techniques and strategies.] (Rogers, 1951, 1961, 1980).

- **Strengths**: I am amazed that you’ve been able to handle these challenges as well as you have—single mother, two special needs kids, the hurricane, losing your apartment, the difficulties in still not having a FEMA trailer, continuing to take college classes. How are you able to do as well as you have been in spite of all these factors?

- **Normalizing**: What you have just described is not unusual in the aftermath of a disaster. In fact, several other students (or faculty or staff) have mentioned very similar feelings and difficulties coping.

- **Not “comparing” traumas**: It is important that you not compare your experience of trauma to the trauma experiences of others. Comparing traumas is a no-win proposition: you deny or minimize the validity and importance of your traumatic experience to you. It was your trauma and your trauma experience, it was real and you were impacted. This is what is essential to acknowledge to yourself. (Scurfield, in press 2006b)

- **Validation**: Client: Why do I feel like crying so much? I'll be okay and all of a sudden I'll start crying. Ray: Is this something you used to do before Katrina? Client: No, this is not like me at all, that’s why I’m so confused and concerned. Ray: From what you have told me (loss of your residence and your possessions, your adult child not being helpful to you in your time of need, loss of your university office), you have had a lot of losses and issues going in your life that are things to cry about, yes?

- **Tunnel vision**: What you are describing, a way to get through the day-to-day issues and needs, has been called “tunnel vision,” focusing on the next task to get done, day to day. How well is your use of tunnel vision working for you?

- **Sharing practical symptom-relief strategies**, i.e., sleep and anger management.

- **Clarifying Other Pre-versus Post-Katrina issues**: It is essential to help clients be very clear which, if any, of the issues they are facing existed before Katrina and might be aggravated by Katrina experiences, versus which issues are connected to what happened during and following Katrina

- **Solution-Focused (and Strengths)**: This includes looking back at some things that the clients did or describe that existed before Katrina that were used to deal more successfully with serious issues. (de Shazer, 1985, 1991)

- **Re-establishing routines**: to bring some order and sense of control to disrupted lives.

- **Taking Time for Self-Care**: I feel guilty that I want to take a little time each evening ‘just for me’—to have an hour or two just to be by myself, and not have to deal with the kids. I’m just exhausted. Ray: Are you not worthy, important enough, to deserve to have some time for yourself? And why is it that on airplanes when the oxygen masks come down, the adults are instructed to put their masks on first? (Scurfield, 2006c)

- **Humor**: It is important to emphasize that use of humor is essential as both a helpful intervention and coping skill that I use for my own personal self-care and with other survivors. For example, the destruction of the two major east-west bridges on the Mississippi Gulf Coast is an enormous obstacle, with projected very long delays until both bridges are completed. And yet, in a letter to the local newspaper: One local coast resident reported that he had just been to the dentist, and was told that he “had a Katrina mouth.” He asked what a Katrina mouth was, and the dentist replied: “You need two bridges.”
**Intervention In-The-Classroom**

A faculty member called me regarding the unexpected death of one of her students. The circumstances surrounding the death were vaguely referenced and may have been suicide. This faculty member had read about the death in the obituary section of the newspaper two days after he had attended her class. We discussed how she was going to handle this in the next class meeting. She planned to announce his death there, and have an acknowledgement by those present of R___ and his passing. We agreed that I would come in after the class break to be introduced and say a few words. At the class meeting I briefly emphasized the following:

- A sudden and tragic loss such as the death of R___ [it was very important to say his name and personalize what had happened] is a very difficult thing to understand or deal with in the best of times---and of course these are anything but the best of times in southern Mississippi.
- Also, such a tragedy can trigger memories and feelings about one or more recent or more distant past personal losses in your own lives. And you may find such personal losses becoming more conscious and difficult for you at this time. It is important to recognize this and give proper attention both to R____’s death and to your own personal losses or issues that may be coming up for you.
- It is common for people to “compare” traumas, such as R____’s death, with your own problems and to then minimize or discredit your own issues as not being so important. But that’s not true, and it is unfair to you to make such a comparison. Both are important----R____’s death and any issues in your life that need attention.
- This is especially so, now, in southern Mississippi post-Katrina, as many people are now entering what has been described as the “disillusionment” phase of post-disaster response. I want to give each of you a copy of this handout about these phases of post-disaster response for you to take with you (Figure 1). The handout also has my telephone number and e-mail address on it. [It was important to give them my contact information in writing, especially since all of my professional business cards were swept away by Katrina and my land-line office phone was still inoperable.]
- Look down the chart at the Disillusionment Phase. If you are in this post-disaster phase, you are probably feeling disappointment, resentment, bitterness about the delays and seemingly never-ending trials and tribulations that you are facing post-Katrina. We’ve all had our share of such trials. And so, it is important to be aware of what post-Katrina stage you are in, and how does this overlay and interact with your response to R____’s death? For example, you may be in such a phase of disillusionment that R____’s death seems like just another reason to be embittered and you may not let yourself grieve for R____’s death or acknowledge his life.
- Notice on the back of this chart that I briefly describe what are commonly referred to as Elisabeth Kubler-Ross’ five stages of grief. While you may or may not go through these five stages in regards to R____’s death, I am sure that all of you have experienced the first stage about R____’s death---denial or shock that this has happened.
Just Like Ground Zero, Except . . .

There were hundreds if not thousands of volunteers from throughout the country who have come to southern Mississippi to help with debris removal and recovery efforts. Faith-based and other private organizations in particular have been instrumental in bringing immediate and on-going assistance that has not been adequately provided by governmental organizations. The positive ramifications of this cannot be overstated. Several such volunteers who came from New York City described the devastation in Mississippi as “just like Ground Zero at the World Trade Center Towers”. But there was a major difference---the Gulf Coast area that was totally or almost totally devastated from Katrina was an amazingly wide and deep swath across the entire 80 miles of the Mississippi Gulf Coast and many miles inland (not to mention the severely damaged coastal communities in Louisiana and Alabama).

The Nexus Between Post-Katrina and The Vietnam and Iraq Wars

There were a number of letters and emails to the local newspaper about the anguish and agony of various Mississippi active duty military personnel being deployed to or who were in Iraq at the same time that their own families and communities were suffering terribly from Katrina. Illustrative:

Our Nation Is Shipping Homeless Soldiers to Iraq.
Is anyone aware that Naval Construction Battalion 133 is starting to deploy this weekend? How can we send homeless soldiers to Iraq to help build someone else’s’ world when their own is destroyed? It is an absolute disgrace and something needs to be done about it. Some of these men and women have lost their homes completely; most have significant damage. Loved ones are being left behind to clean up after the largest natural disaster our nation has seen. This is so wrong on so many levels. We need our men and women here at home to stand together with us, not with foreigners. Christine Kelley, Gulfport. (Kelley, 2005)

Bring the Guard Home
The “noble” cause of this illegal, immoral war in Iraq is bankrupting and destroying us here at home. Our National Guard is all over in Iraq with the equipment, generators and water trucks we so badly need on the Mississippi Gulf Coast, and will continue to be needed for weeks and months to come. Bring our Guard home now. (Sound Off, 2005).

Parallel Reactions and Experiences: Post-War and Post-Katrina

As a Vietnam War veteran, I am acutely aware that there are significant parallels to the experiences and reactions post-Katrina and post-Vietnam (Scurfield, 2006b, 2006c):
**Similarities of the physical destruction.** The extent of the destruction itself is, indeed, markedly similar to what one sees in a war-zone. A Vietnam veteran described the destruction as “just like a war-zone, except there is no gunfire.”

**Marked disorientation.** Perhaps the greatest parallel to soldiers returning from deployment is the marked disorientation of coming home; coming home to a world that was now so unfamiliar and strange to those conditioned and battle-hardened to the ever-present violence and danger and death of life in a war-zone. Indeed, it can feel as if you are a stranger in a strange land, even if it is your home. (Figley, 1980) Similarly, there still is a profound sense of marked disorientation to many Katrina survivors. However, this disorientation is due to the destruction and absence of so much that was familiar, to include landmarks and street signs.

**Being forgotten.** Another painful parallel between veterans’ post-war life after Korea and Vietnam that is intertwined with the continuing war on terror, Iraq and post-Katrina life, is the powerful and painful reminder of how forgotten many war veterans have felt. In addition, there is the resentment towards both our government’s continuing _broken promises_ to our veterans and their families, and towards much of society who seem to have forgotten what our armed forces went through during and continue to go through following wars (Scurfield, 2006c). And now, post-Katrina, Mississippians (as well as Louisianans survivors of Hurricane Rita) have discovered how forgotten we seem to have become. Hello, USA. Please remember that we are still here, many of us immersed in destruction from a natural disaster the extent of which has never happened before in the history of our country.

**Protest the war “versus” support the troops.** There is a substantial group of war veterans, including me, who have found ourselves to be embroiled in a painfully familiar _angst_. Yes, here we are again, finding ourselves caught in the excruciating dilemma—accused of being unpatriotic and indeed, harmful to the war effort and to our military, if we protest against a war _while it is being waged_. It happened during the Vietnam War, the Persian Gulf War and it is happening during the Iraq War. (Scurfield, 1992; 2004; 2006c)

**The federal response.** Another parallel is the oftentimes continuing troubled legacy of the Department of Veterans Affairs (the VA) and the post-Katrina FEMA response. While there are many wonderful individual VA providers, the VA as a system continues to have too many programs and services that are under-funded, inefficient, error-prone, and certainly not near enough medical and regional office sites that could be called anything approaching a state-of-the-art medical and benefits system for our veterans and their families. Similarly, there has been the post-Katrina saga—an incredibly inept disaster response by our federal government (at least partly due to having relocated FEMA within the Department of Homeland Security and thus given a much lower priority).

**The financial costs, national priorities and “out-of-sight.”** There is a new Katrina-induced dilemma. Is not the enormous cost and manpower required to sustain both our very large military presence overseas and the rebuilding of an entire nation [Iraq] a marked detriment to be able to do right by our own people in need? How can we possibly wage such a war and rebuild an entire nation overseas, while doing justice to those in Katrina-ravaged Louisiana and Mississippi? In the words of one protestor, “Make levees, not war.” Is “out-of-sight” also now “out-of-mind” for much of the rest of the country and our national officials in regards to Mississippi residents and communities devastated by Katrina (and Louisianans residents devastated by Rita)? Oh, yes, too many of our nation’s war veterans and their families know _exactly_ how that feels. I pray that the collusion of sanitization and silence that has enveloped the truth about the full and continuing human cost of war (Scurfield, 1992, in press, 2006a) is not being replicated in terms of silence and sanitization about the full and continuing human impact of Hurricane Katrina and Rita.
Indeed, our nation’s veterans are seeing how national politics and policies proclaim that our nation must fully fund and provide for our current massive war effort—at the expense of programs for veterans, the sick, the elderly, and children. Furthermore, an adequate budget to address the massive destruction and rebuilding required on the Gulf Coast has been pitted by a number of politicians against the massive budget for the continuing “war on terror”. Is our country willing or indeed even able to do what is right financially to help the Gulf Coast rebuild from Katrina without the Administration’s insistence that such spending for Katrina relief be offset by budget cuts elsewhere, especially by taking additional funds away from our human services programs? (Pender, 2005b, p. A20). Of course, it should not be surprising that the massive amounts of money being spent on the Iraq War would have an inverse relationship to the massive amounts of money that are required for post-Katrina recovery and rebuilding. After all, this is a trade-off that our nation faces when financing any war. In the poignant words of General Dwight (Ike) Eisenhower, Commander of the Allied Forces in Europe, upon his return from World War II (Wright, 20005):

*Every gun that is made, every warship launched, every rocket fired, signifies in the final sense, a theft from those who hunger and are not fed, those who are cold and not clothed. This world in arms is not spending money alone; it is spending the sweat of its laborers, the genius of its scientists, the hopes of its children.*

**“Exposure” Post-War and Post-Katrina: A Negative and/or an Opportunity?**

There is a marked difference between post-war readjustment back in the USA versus post-Katrina adjustment that may have extremely negative or positive ramifications. Veterans of previous wars could relatively easily avoid physical reminders of their war trauma by avoiding watching war-movies or media accounts of current day wars. Of course, media coverage of the war on terror is so omni-present that this is becoming increasingly difficult to avoid being exposed to. Conversely, it is a quite different matter to attempt to avoid the widespread destruction from Katrina. For those of us who live here, it is seemingly everywhere, every day. One may be able to avoid driving through the most extreme devastation (unless you live in those communities), but debris removal trucks, FEMA trailers, blue tarped roofs, rubbish alongside the roads, are seemingly everywhere. And the local media coverage is continually saturated with the latest issues concerning FEMA, home flood insurance controversies, the uncertainties of new and very high building height requirements, debris removal news, the latest road openings and closings (due to more repairs), the markedly increased traffic congestion everywhere since Katrina, *ad nauseum.*

What will be the ultimate impact of such inescapable avoidance of re-exposure to traumatic reminders of Katrina? To what extent will such reminders be an intrusive, inescapable and recurrent painful hurt that only compounds the negatives of post-Katrina life and fuels resentments, preoccupation with the loss of what once was, hopelessness and disillusionment? To what extent will the 24 and 7 exposure to the destruction of Katrina spark profound detachment, isolation and avoidance behaviors? Alternatively, to what extent will it provide an impetus *to have* to deal with what otherwise might be buried deeply for many years? Will each slow yet very visible
sign of recovery and rebuilding (because the building of one structure in an otherwise entire block of devastation is quite prominent) exacerbate how much more there is yet to be done—or will it nurture a gradual healing and sense of recovering from the profound losses? Illustratively, one student shared how she has been coping with living in a trailer on her property that is surrounded by similarly devastated properties. “It’s the little victories that are important now. I actually found some fresh tomatoes at the store the other day, and I really became excited. I cling to small signs of progress. I have planted a tiny garden in one corner of my lot, in the midst of the devastation. That is what I focus on, not on the devastation all around me.”

I am reminded of the question about the glass with water in it: “Are you someone who sees it as half empty or half full?” This question gets to the crux of what many post-disaster survivors are perceiving and dealing with, and can be framed to incorporate humor as well. How are different people likely to respond to this question about the glass being half empty or half full?

- An engineer would say: “It isn’t that the glass is half empty or half full; the glass is too big for the amount of water.”
- A personal injury lawyer would say, “Have you suffered any emotional distress because the glass is half empty?”
- A FEMA official would say: “We can get you the other half of the glass of water next month.”
- A post-disaster insurance adjuster would say: “Your glass is half full because it was hurricane storm surge and not wind or rain that damaged the water connection to your water faucet, so we will not cover any of the empty contents of your glass.”
- And what might a really thirsty Katrina survivor say? Something like: “I could care less if it’s half empty or half full; I’m damn thirsty right now.”

I fervently hope that Mississippians and other disaster survivors will be able to see that the glass is neither half empty nor is it half full. Rather, as a Buddhist or a Gestalt therapist (such as me) might see the glass of water: it is both part empty and part full. That is the reality (Scurfield, 2006c). And yes, the glass may actually be more empty than full right now for far too many Mississippians; that is the unavoidable reality of the compelling and so very slowly changing devastated landscape here on the Mississippi Gulf Coast. And that will be the landscape for many, many years to come. And yet, exposure to this pervasive and devastated landscape might offer a healing possibility as well. Just what further strategies might help folks transform what otherwise might be experienced as overwhelmingly traumatic to something more palatable, and eventually to possibly be able to even transcend the hurt and loss?

**Lesson To Be Learned: Creative In Vivo Exposure, From Vietnam to Katrina**

*[WLOX (2006) video segment, “It’s not Camille anymore—–it’s Katrina, Katrina, Katrina . . . ‘"]* The specter of Gulf Coast hurricane survivors having to endure many more years of exposure to the awesome physical destruction from Katrina’s wrath also offer a

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7 My thanks to an attendee at the training I provided to Project Recovery staff working in Mississippi (March 8, 2006, Hattiesburg, MS) who told me about how an engineer would respond to this question.
powerful opportunity for further healing. For example, I gave a presentation on February 10, 2006, in Vicksburg at the Mississippi Psychological Association annual conference, “From Vietnam to Iraq to Katrina: Posttraumatic Stress and Healing.” I showed a video of an innovative and highly effective helicopter ride therapy program in the late 1980’s that we had implemented for three years while I was the Director of the Post Traumatic Stress Program at the American Lake VA Medical Center in Tacoma, WA. (Scurfield, Wong & Zeerocah, 1992). As part of the treatment program for war veterans in our hospital-based residential program, cohort groups of veterans were briefed both before and following their going to Gray Army Air Field to ride in Huey helicopters operated by the U.S. Army Air National Guard. The purpose of the flights was to enhance war-related memories that might be a helpful adjunct to their PTSD treatment. This did indeed happen and served as a very effective catalyst to addressing war trauma issues. (Scurfield, Wong & Zeerocah, 1992; Scurfield, 2004) In addition, we discovered an unexpected outcome. By and large, the participating veterans had at least if not more enhanced memories of positive war-related experiences of pride, camaraderie and esprit corps, the adrenalin rush. Also, they were able to achieve a much greater feeling of some closure. In spite of many fears before riding in the helicopters that they would become overwhelmed with negative emotions and memories, they were able to use this helicopter ride to discover that they had successfully survived the experience. No one had gotten hurt or died; no one had become overwhelmed with traumatic memories. They all came back safely. And ultimately, they were better able to put their traumatic war memories into perspective and feel better about themselves. After the presentation, one psychologist (I apologize that I do not remember her name) approached me.

I was so excited to see the video about helicopter ride therapy and your comment of the important parallels for Katrina survivors. I did this very same approach with a Gulf Coast family who had stayed through Katrina and had lost everything except for their lives. They had been studiously avoiding returning to their devastated home site, fearful of provoking the associated terrible feelings and memories of terror and loss. Following appropriate discussion with them about what we might accomplish and do, I accompanied this family to their home site. While there, we lit a small fire, sat, absorbed, remembered, talked, cried, reflected, embraced, connected—and they came to a better place. No, they are not “cured”, yet they are more at peace with their losses and survival experience. And they are able now to return occasionally to their home site.

Hopefully, Gulf Coast residents will be able to use to their advantage their continuing exposure to the destruction that, literally, is almost impossible to avoid seeing and being in the midst of. This might happen as part of a counseling experience. It also can and is happening for others who have been able to not let Katrina’s losses damage them psychologically or socially any more.

**Transforming Disaster**

It is important to emphasize that all trauma experiences contain the combination of both very troubling and potentially very positive aspects in terms of the possible impact on one’s post-trauma life. Hence, a central therapeutic strategy, especially in the middle and latter stages of stress recovery, should be to facilitate the discovery and appreciation by the trauma survivor of such positives (Scurfield, 1985, 1994, 2006b, 2006c; see also Calhoun & Tadeschi, 1998; Tedeschi & Calhoun, 1995). Also, there is the important
concept of adult resilience to trauma and loss. Resilience has been defined as the ability to maintain a relatively stable equilibrium of healthy levels of psychological and physical functioning in the face of trauma and loss. Furthermore, it is not just the absence of pathology; there also is a demonstrated capacity for generative experiences and positive emotions. (Bonanno, 2004; Bonnano, Papa & O’Neill, 2001. See also Kobasa et al, 1982; McFarlane & Yahuda, 1996; Fosha, 2002). Such resilience among a number of Mississippi Gulf Coast residents has been evidenced in the aftermath of Katrina.

Victim versus survivor. On an individual level, one Gulf Coast Mississippi resident expressed his attitude and feelings on the subject of being a Katrina “victim” rather than a “survivor.” We will get back to normal. I wish people would stop referring to the residents of the Gulf Coast as “victims of Katrina.” We are the “survivors of Katrina.” If we were in fact victims, we would all be deceased, which we are not. We are living, feeling people who deserve the respect of the proper title. We will not give up as a community. We will rebuild and get our lives back to as normal as possible. (Sound Off, 2005).

Have you ever seen a hearse with a luggage rack? A frequent set of positive changes that many survivors describe as a result of Katrina is that their priorities have changed. “Things” like the large home, fancy furniture and possessions, etc, don’t seem nearly as important now. One university colleague said, “Katrina forced me to downsize.” Another student said, “I don’t want anything that I’ll have to drag to the curb” [after it has become water logged with storm surge or destroyed by hurricane-force winds]. In fact, there is only one possession that most people seemed to still value after Katrina---photographs of loved ones and of happy memories. And so, there is a much greater appreciation of simplifying life down to the basics. It’s the people, the relationships, being a good neighbor, community, their faith that really matter. The lyrics in country singer George Strait’s song (2005), “You’ll be there”, sound remarkably like what could have been written by such Katrina survivors: . . From the beginning of creation I think our maker had a plan, For us to leave these shores and sail beyond the sand, And let the good light guide us through the waves and the wind, To the beaches in the world where we have never been . . . Sometimes it seems that I don’t have a prayer. Let the weather take me anywhere . . . Well you don’t take nothing with you here. And you can’t take nothing back. I ain’t ever seen a hearse with a luggage rack.

Life in a FEMA trailer. First of all, let’s get one thing straight about “FEMA Trailers.” As I was reminded by one of my students: “They are not ‘trailers.’” They are much more temporary than that; almost all are actually campers---they have wheels and are designed to be mobile places of shelter for very short periods of occupation---they were not designed to be homes for 12 or 18 months—or to withstand winds of more than 40 to 50 mph. The words of a couple living in the coastal town of Pascagoula on the lot where their home once stood illustrate how each of the challenges of what is perhaps the epitome of post-Katrina life on the Gulf Coast---living in a FEMA trailer--- has been transformed to a positive. FEMA trailers are infamous for their flimsy quality of construction, very crowded living space, minimal insulation, smells, temperamental and ill-functioning appliances and sparse amenities. This couple has taken the opportunity to positively turn each of these challenges of FEMA trailer life into an opportunity.
Storm has made us appreciate what matters. After our first week of camper life, it became apparent that we are not into roughing it. Amid all the screaming and crying, we wondered how in the world we would make it. The first order of business was to be able to sleep comfortably... That pathetic excuse for a mattress had to go. A huge “thank you!” to the Red Cross. Our check purchased a pillow-top mattress. It is now the most comfortable spot in the place. A good night’s sleep has made us a little kinder to each other and easier to get along with. By building a deck and patio, we doubled our living space. Most afternoons we can be found sitting outside, waving to neighbors and wondering where all these sightseers come from. We bought a grill with a side burner. After a few meals cooked inside, I realized how much heat that stove put out. I have since learned to cook almost anything on the grill, even spaghetti. This storm has not changed who we are. It has made us appreciate what matters. In our camper, you often will find the table set, a candle ready to light, and fresh flowers. We have freshly ground coffee in the morning and long talks by the fire pit at night. We are those people on Washington Avenue with the tacky lights and flamingos; you know the ones. We often have dinner outside by candlelight, with a tablecloth blowing in the wind atop the card table, set between the camper and the freshly grown rye grass. Stop in for a visit. We always have a couple of extra chairs, and we enjoy the company. Paul and Tracie Sones, Pascagoula (Sones, 2006)

Metamorphosis of the University of Southern Mississippi—Gulf Coast campus. The temporary re-establishment of our campus at a location an amazingly short six weeks after Katrina has presented severe challenges. Our former Gulf Park campus had 326,000 square feet of classrooms, research laboratories and other work spaces (Hebel, 2006) spread out over a number of historical and two new state-of-the art buildings, nestled on a beautiful oak tree filled campus fronting the Gulf of Mexico. Subsequently, at our temporary location in what was an abandoned former hospital, on less than picturesque grounds, we are squeezed into 50,000 square feet in a rambling one-story configuration. It is an oxymoron to say that campus space is at a premium. And yet, a most amazing thing has unfolded—a remarkable and unprecedented sense of community amongst and across faculty and staff, colleges and programs, and students. Yes, we are ridiculously crowded. And I know by far many more people on a first-name and friendly basis in these six months than I knew in my previous seven years on the campus. And many other university employees have had the same experience. There is now a palpably and heightened shared camaraderie, collegiality and friendship that envelop our university community. It is unprecedented, and it is beautiful. And it never would have happened if not for Hurricane Katrina.

The continuing miracle of volunteers. Here on the Gulf Coast of Mississippi there are other wonderful signs of hope and community in the truest sense of the word. One amazing happening has been the absolutely remarkable voluntary outpouring of money, time and effort from tens of thousands of people throughout our country. Untold numbers have sent donations from afar and/or have come to the Coast to volunteer. And untold numbers of other persons throughout the U.S. have opened their communities, their homes and hearts to receive hundreds if not thousands or tens-of-thousands of persons displaced by Katrina. Yes, we have witnessed the incredible discovery of how Americans from throughout our country (and from other countries as well) have come together as a national (and international) community to respond in the aftermath of Katrina. What has happened to and with the Catholic parish that
I belong to is just one example of how almost miraculous the results of many of the responses have been. The church of our parish of 1400 families, St. Thomas the Apostle, the rectory, newly built Life Center, the Elementary School and the nearby Knights of Columbus building—all were destroyed or severely damaged by Katrina. Just to describe the church: the structural supports of the church building were still standing and most of the roof remained; however, the storm surge had literally sucked *everything* out of the interior of the building. The strength of the storm surge is reflected in the fact that, to my knowledge, no remnants of *any* of the many heavy wooden church pews were ever found—anywhere! The Long Beach Grace Lutheran Church graciously shared their church as a temporary site for St. Thomas to use for masses. This was just one of innumerable and wonderful instances of inter-faith support that has continued throughout the coast. Meanwhile, the Knights of Columbus found and purchased an available vacant building that had been a roller rink; and a contingent of Navy Sea Bees and many volunteers worked feverishly to build-out the interior of the roller rink to house 12 classrooms and a chapel to use for mass. And every time that there was a pending stoppage because materials could not be found, somehow, someway the materials would appear. The building was ready for the school to open and church services to be held an amazingly 19 days later! It was absolutely remarkable; indeed, some might say miraculous. [St. Thomas, 2006]

Like many other leaders and citizens in the devastated communities, Katrina severely disrupted the life plans of many. One such disrupted life plan was our pastor’s, Father Louis Lohan. He had been scheduled to retire from the priesthood in January, 2006. Katrina had destroyed much of what he had been shepherding our parish towards over the past decade, as well as taking all of his possessions and the retirement home he had planned to move into in Long Beach. Then, at a very emotionally moving meeting, Father Louie told us that there was no way he could retire at this time when the need was so great. I distinctly remember his moving words:

> I cannot leave you now. I am committed to be here at St. Thomas with you. I want to minister you when you are sick, visit you in your homes and in the hospitals, marry you, bury your dead, and baptize your children.

Father Louie, with his famous Irish wit, also was able (as usual) to find some much needed humor in the midst of this tragedy regarding our temporary church site that used to be a roller rink:

> We may be the first Catholic parishioners who can truly be called “holy rollers.”

**Survivors helping survivors.** We survivors of Katrina are, indeed, blessed by the continuing generosity of giving that has continued to come to the Gulf Coast from people seemingly everywhere. And the giving also has been remarkable between fellow and sister survivors of Katrina. The famous Navy Sea Bee motto, “can do”, has been beautifully carried out by the Sea Bees post-Katrina. Most of the Sea Bees themselves and their families were victimized by Katrina. And yet, they were *seemingly everywhere* throughout the coastal communities, lending skilled hands and equipment and their labor. And many other Mississippians, out-of-state and in-state volunteers, also have displayed that very same can-do attitude and resilience. Ed Cake, volunteer and resident of D’Iberville, described what happened in D’Iberville after it was devastated by Katrina (Lee, 2006): “We waited for FEMA to come,” Cake said. “We waited for the Red Cross to come. We waited for the Salvation Army to come. They never came, so we put it together ourselves.” Out of the
storm, the D’Iberville Volunteer Assistance Relief Team evolved. It has obligated to helping the city for two years. The team works in partnership with Presbyterian Disaster Assistance from its headquarters at Rudy Moran Park. Just one beautiful example of the many convergences of secular and faith-based organizations and efforts of citizen volunteers throughout Mississippi. (Lee, 2006).

There have been innumerable stories about how the resilient people of the Mississippi Gulf Coast have not only survived, they have been enriched---and continue to enrich others. Personally, in spite of how unsettling and divisive the night before Katrina was when my family was extremely split as to whether to evacuate or not, I am blessed to have a renewal and even enhanced appreciation of the importance of my relationship with my wife and daughter, with whom we experienced together our harrowing survival of Katrina. And so many friends and relatives cared and reached out across the miles. And those things have helped to provide a potent antidote even to the toxic devastation of a Katrina (Scurfield, 2006b). Finally, I came to the realization about six months post-Katrina that this is exactly where I am supposed to be---right now, right here. I realized that I would feel like I was deserting our community and university in their hour of greatest need if I had left anytime soon. Conversely, many people are displaced and temporarily living many miles away, not sure if they will ever return or where they eventually will settle. Each of us has to come to that realization and conviction of what is best for us and our families (even if it is a very ambivalent decision)---and to then carry through on that conviction to the best of our abilities. It does no good to look back once that decision has been made. And I am one of the fortunate ones who is blessed to be exactly where I know that I am supposed to be.

**Even Better Than BK**

There still is a massive debris removal required in the waterways all along the Gulf Coast, and recovery efforts that will continue for many years that confront hundreds-of-thousands of individual residents and families in re-building our own personal lives. An equally daunting challenge on a community-wide and regional level must be faced as so many of our Gulf Coast communities and ways of life also have been devastated. Understandably, there is great pressure to get things rebuilt as soon as possible in order to relieve the immediate suffering and disruption. On the other hand, there is the belief that I share that we now have a remarkable opportunity to not only rebuild, but to transform our communities and way of life. This is because Katrina has provided the Mississippi Gulf Coast with, literally, “a clean slate” of, ironically, destroyed communities. Far-sighted vision and transformation could result in a Mississippi Gulf Coast that will be even better than “BK” (Before Katrina).

Even better than BK can take several forms. In the words of one Coast resident in the local newspaper, **Don’t let this Coast jewel be rebuilt cheesy or cheap.** From this tragedy, a unique opportunity is presenting itself: the chance to truly plan the function, look and feel the heart of the Mississippi Gulf Coast . . . to build “tourist-friendly” instead of “cheesy, tourist-cheap.” So many of the historic and grand homes are now gone. Be resident- and tourist-friendly, but enact a building code that keeps the Coast from looking like another cheap tourist trap. (Cole, 2005).
Eleven of the Mississippi coastal communities hit hardest by Katrina have been engaged in a series of “charettes”. Each charette, similar to a focus group, includes an architectural firm and planners working with community leaders and citizens to develop a post-Katrina vision for each community. This is a unique opportunity presented by the huge swath of empty land left in Katrina’s wake. Past errors of inadequate building codes and too many poorly constructed and unattractive buildings, ineffective zoning regulations, poorly planned residential and commercial development that resulted in years of haphazard growth literally have been deleted, erased, obliterated from the landscape. Our communities, literally and figuratively, can be re-designed to restore and enhance historical links while also moving ahead into the 21st century, to include the possibility of creating tasteful, distinctively local pedestrian-friendly communities (my community of Long Beach, for example, has almost no sidewalks and no bike paths), adopting “smart codes” to insure that what is wanted to be built will be built (such as mixed-use downtowns, where residences could be allowed above ground-floor retail businesses), confining well-defined commercial development to reasonable heights and densities and in designated areas, proper set-backs from the beach to protect beaches, views and structures. Yes, it is possible that at least some of our community leaders and citizens may resist the “build back quickly” and not cow-tow to the demands of major developers to build over-sized boxes and towers. Rather, we may be willing to make the hard decisions to slow down, plan first and maximize the opportunity to foster the vision and commitment necessary to plan and implement an enhanced quality of life through aesthetically-pleasing and environmentally-friendly development along much of the Mississippi coastline. (El Nasser, 2005; Keller, 2005; Pender, 2005c).

In the words of an ancient Yogic expression, “What you put attention on grows in your life.” We can choose to take the quicker fix (which still will take many years) and essentially rebuild our lives to BK levels and quality. Or, we can take the risk to choose to enter uncharted waters on a journey to attempt to fulfill a shared vision of recovery and enhancement beyond what was for both our personal lives and communities. That is a gift that may come out of even such a massive tragedy as Hurricane Katrina.

Update: October, 2006: Changes on the Mississippi Gulf Coast have been very mixed negative and positive. On the negative side:
- there are still 101,000 Mississipians living in FEMA trailers, the unemployment rate in the three MS coastal counties hovers around 12%---considerably above pre-Katrina levels and reconstruction has been at a snail’s pace for most homeowners. (As a personal example, our home has a new roof and new fencing, but it has taken us a year to find a contractor to repair the internal damages to our home. This is because it is almost impossible to find a reputable and reliable contractor to do the work, and labor and material costs have skyrocketed since Katrina---estimated at over 30% higher.)
- Affordable housing is at a premium and the too few rentals have dramatically higher rental prices.
- In a 60 mile swath of Highway 90 bordering on the Gulf, only one restaurant has reopened and not one gas station since Katrina, only a handful of residents are back in their homes and essentially all of the marked amount of debris that Katrina sucked back into the Gulf is still there.
A considerable number of residents are firmly in the “disillusionment” phase post-disaster in which the enormity of the challenges yet to be accomplished have hit them. Many people, quite frankly, are simply exhausted from what they have been and are facing to get their lives, homes and routines back.

It will almost surely be five years or so minimum before a semblance of normal living and meaningful levels of rebuilding take place for many Gulf Coast residents—and for too many it will take years longer. Even so, too much history has been lost that is irretrievable, and it is way too soon to know if the ultimate outcome will be a Gulf Coast that is as good or better than what existed pre-Katrina—especially for the lower and working class sectors.

Finally, the push from developers to build luxury high-rise condominiums and more and more casinos, a very inadequate transportation system, and conflicts as to the vision for our future, present enormous challenges—and opportunities.

Conversely, there is an amazing resilience and spirit of community that pervades many families and communities, and the continuing large numbers of faith-based volunteers from all over the country who keep coming to the Gulf Coast is truly extraordinary.

Many local churches have each been “adopted” by not by one but by several churches in other states; cash donations and volunteers continue to arrive, i.e., our St. Thomas parish in Long Beach recently church pews donated from a parish in Missouri that dramatically turned our temporary location at a former roller skating rink into more of a church atmosphere.

There is a human connecting between our local residents, neighbor-to-neighbor, that continues and is truly heartwarming.

The continuing greater appreciation by many Katrina survivors about what is really important in our lives---family, relationships, and our faith---hopefully will sustain us as we face the enormous rebuilding and recovery from Katrina.

Thank you for your thoughts and prayers, and for our brothers and sisters in Louisiana, Texas and Alabama who are survivors of Hurricanes Katrina and/or Rita.

Ray Scurfield

Acknowledgements
Several of the concepts in this article were published in a much briefer version (Scurfield, “Social work interventions at a Mississippi University Devastated by Hurricane Katrina”, in Social Work Today Online January 2006 E-Newsletter, and in Traumatology. Also, I would be remiss not to emphasize the remarkable volunteer effort that has been undertaken by thousands of people from throughout North America, from both faith-based and secular organizations, and volunteers and staff who are with numerous federal, state and local organizations and municipalities. These volunteers and staff truly have gone above and beyond and continue to come to the Gulf Coast to help in our massive recovery and rebuilding that is so sorely needed. Finally, I am amazed at how our university faculty, staff
and students have been able to continue to provide and seek education and knowledge under the most trying of circumstances. I tip my
hometown Super Bowl XL Champion Pittsburgh Steelers’ cap to y’all from the bottom of my heart.

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REPLACE WITH SIX STAGES CHART
## Disaster Recovery

<table>
<thead>
<tr>
<th>Phase</th>
<th>Time Frame of Phase</th>
<th>Emotions</th>
<th>Behaviors</th>
<th>Most Important Resources</th>
</tr>
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<tbody>
<tr>
<td><strong>Heroic</strong></td>
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<tr>
<td><strong>Tunnel Vision</strong></td>
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<tr>
<td><strong>Delayed Responses</strong></td>
<td>Any time post-trauma</td>
<td><strong>Emotions/memories intrude</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Honeymoon</strong></td>
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- **Heroic**
  - Occurs at time of impact and period immediately afterward.
  - Altruism. All emotions are strong and direct at this time.
  - Heroic actions. Use of energy to save their own and others' lives and property.
  - Family groups, neighbors and emergency teams

- **Tunnel Vision**
  - Overlaps with Heroic, Honeymoon and can extend into Disillusionment phase.
  - Mostly detachment or emotional numbing. Strong feelings and intrusive memories tend to be temporarily minimized, denied or pushed aside.
  - Very activity-focused. Continuing attention to taking care of daily tasks and more basic survival needs of self and loved ones.
  - Family, friends, work colleagues, church/prayer, personal self-care (stress release, meditation . . . )

- **Delayed Responses**
  - From one week to three-six months after the disaster.
  - Strong sense of having shared a catastrophic experience and lived through it; expectations of great assistance from official and government agencies.
  - Victims clear out debris and wreckage buoyed by promises of great help in rebuilding their lives.
  - Pre-existing community groups and emergent community groups which develop from specific needs caused by disaster.

- **Honeymoon**
  - Begins as early as 10 days.
  - Strong sense of disappointment,
  - People concentrate on
  - Many outside agencies may now
### Disillusionment

and more commonly around the 3rd week post-disaster or later. Phase closely associated with extent of losses and resources received—typically lasts from months up to two years or so.

anger, resentment and bitterness appear if there are delays, failures or unfulfilled hopes or promises of aid.

rebuilding their own lives and solving individual problems. The feeling of “shared community” is lost.

pull out. Indigenous community agencies may weaken. Alternative resources need to be explored.

(continued)

## Delayed Responses

<table>
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<tr>
<th>Delayed Responses</th>
<th>Any time post-trauma</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Reconstruction</td>
<td>Lasts for several years following the disaster</td>
<td>need to solve the problems of rebuilding their lives. Visible recovery efforts serve to reaffirm belief in themselves and the community. If recovery efforts are delayed, emotional problems which appear may be serious and intense.</td>
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Community groups with a long-term investment in the community and its people become key elements in this phase.

Please note the following about common stages or reactions in disaster recovery:

- Also, the time-line for the *Disillusionment Phase* has been modified per input from Bruce Young, National Center for PTSD, Menlo Park, CA
- Indeed, the devastation from Hurricane Katrina was so profound and widespread that the *time-lines* identified in this chart for one or more of the phases may be prolonged well beyond these general time-lines; all disasters are not equivalent in devastation or impact.
- All phases are not necessarily experienced in the order listed, nor do all trauma survivors necessarily experience all of the phases. For example: some people may never have a Honeymoon Phase; others may become “stuck” in and not get past the Disillusionment Phase.
• Remember that Hurricane Katrina survivors who did not suffer a death of anyone in their circle of relatives or friends may be experiencing a profound sense of loss and grief over the destruction of home and possessions, loss of place of employment, church, school, neighborhood, community—the loss of so much that was familiar and cherished along the entire MS Gulf Coast.
• Because of the actual or sense of loss and associated grief that occurs during and following disasters, a number of post-disaster and grief counselors have applied what is commonly known as the “five stages of grief” [by Elisabeth Kubler-Ross, 1969, in her book, On Death and Dying] to be, in effect, five stages of coping with any traumatic event, whether or not death has been involved:
  1-Denial. “This is not happening to me.” “No, not to me” (or, no, not to someone close to you)
  2-Anger. “Why is this happening to me?” or “Why to my ____?”
  3-Bargaining. “Yes me, but . . .” (“If I do this, will you take away the loss . . .”)
  4-Depression. “Yes, me.” Feeling sad, angry and/or numb with the courage to admit that it is happening.
  5-Acceptance. The anger, sadness and mourning have tapered off and the person comes to accept the reality . . .
• However, it is my experience that the relevance of these stages of grief should be limited to traumatic loss issues and are not adequate to use as the model for understanding the common stages of disaster recovery. [In fact, the stages of grief were originally presented by Kubler-Ross as the five stages that terminally ill persons may go through upon learning that they have a terminal illness in order to be able to then actually move on to resolve their grief. See: TLC Group, Dallas, TX, Editorial, “Beware the 5 Stages of ‘Grief’”, @ 1997 by Counseling For Loss and Life Changes.]

I welcome any feedback regarding the usefulness of this modified “common stages of disaster recovery” chart.
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