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Background: I was living on the Big Island in 1972 during a major earthquake and eruption, and on Oahu in 1992 when Iniki devastated Kauai, and on the Mississippi Gulf Coast in 2005 when Hurricane Katrina destroyed the college campus where I teach, as well as inflicting wide-spread destruction across the 12 Mississippi communities along the Gulf Coast.

1. Because of the limited time we have this morning, I am going to spend a substantial amount of our time discussing lessons learned from my Big Island and Kauai post-disaster experiences, and then will briefly summarize some key aspects post-Katrina. You can go to my university web site, where I have several journal articles that go into some detail about my post-Katrina observations and mental health experiences.

2. There also are profound parallels between surviving and the impact of natural disasters in comparison to surviving war, as I have learned as a Vietnam veteran and working with hundreds of war veterans over the years. These also are available in a journal article on my web site, and the afterword of my third book on War Trauma. Lessons Unlearned From Vietnam to Iraq.

3. I would like to begin by mentioning that Traumatologists generally consider there to be two broad categories of trauma:
   a. natural disasters, trauma that appear to be “acts of nature” without any human contribution to their occurring (such as hurricanes, earthquakes, avalanches), and
   b. human-induced trauma, trauma that is caused or inflicted by human beings -- such as war, sexual assault, child abuse, homicides, domestic violence.
   c. As a side-note, there are what might appear to be “natural disasters” that are at least partly or significantly caused by human beings—such as forest fires caused by humans, flooding caused by poor construction of levees (such as in New Orleans), or elimination of natural wetlands or global warming.
      i. Historically, there have been two major differences: between natural disaster and human-induced trauma: survivors of human-induced trauma oftentimes are blamed by others for having been in the trauma in the first place (such as war and sexual assault), and human-induced trauma survivors also oftentimes blame themselves for having been in the trauma.
      ii. More recently: there has been a blurring of such distinctions to some degree. For example: victims of coastal flooding being blamed for living in homes that are on the ocean’s edge or choosing to live in locales that are hurricane or tornado or flooding prone. Inevitably, the human factor becomes intertwined in natural disasters: for example, one of the choices residents in the projected path of a hurricane must make is whether or not to evacuate their homes and go elsewhere. The parents of one family of six had a serious disagreement whether or not to evacuate with Katrina approaching. The father decided that the family would stay—and everyone in the family except him drowned in Katrina. Obviously, he will be confronting self-blame and the blame of others forever by his behaviors that occurred before, during and after a natural disaster.
      iii. It is my experience that blame, while not an inclusionary criterion of PTSD in the DSM-IV-TR, is a major issue for many trauma survivors, both of natural disasters and human-induced
trauma. This is because very few people exposed to trauma believe that the trauma was a random event; almost inevitably, attribution is directed inwardly (i.e., usually manifested as guilt) and/or directed outwardly (blaming some person or organization for the trauma, and if none are relevant, possibly blaming God or a higher power). This will be illustrated next in terms of peoples' beliefs about the causes of natural disasters.

4. Living on the Big Island in 1972 and working as a community social worker for the Queen Lilioukalani Children’s Center, when there was a significant eruption and earthquake.
   a. During my time on the Big Island, I learned about Pele and how the belief’s of a number of Native Hawaiians about Pele strongly influenced their beliefs and thinking about natural disasters and attribution about “why” there were volcano-related lava eruptions, earthquakes and VOG. This was an early lesson learned (that I did not realize until years later) about how people’s beliefs about the nature of natural disasters was associated with the impact of such events: were these viewed as “acts of God,” “acts of nature”, etc., or where they viewed as random events . . .
   b. Taking beliefs about Pele as an example: Pele giveth the Hawaiian people so very much, and yet Pele also taketh away so very much. Pele was responsible for the islands and all their beauty, their rich, fertile land existing in the first place, and she gave the people so very much to be thankful for.
   c. On the other hand, Pele was very unpredictable and could also taketh away that which she had provided. For example, the ancient native Hawaiian village of Kalapana and the strikingly beautiful Kalapana Black Sand Beach and Queen’s Bath area – revered and sacred places. And after the eruptions that began in 1983, what had been the village of Kalapana, the Black Sand Beach and Queen’s Bath was no more—buried under more than 30 feet of new lava.
   d. How was this viewed—as an act of Pele, or an act of nature—Pele’s expression of having been displeased by the people, or an unpredictable event of natural causes that was totally unrelated to any human behaviors?
   e. Such beliefs are critical in the aftermath of natural disasters—were you someone who had a home on one of the lava land sub-divisions and watched as your home was consumed by an eruption, but your neighbor’s home was not? What did you attribute this to—to a random act of nature and thus it was just bad luck or random chance that your home was destroyed but not your neighbors? Or were both the destruction and the exemption from destruction throughout the lava land subdivisions more purposeful events?
   f. One’s beliefs about the “why” of a natural disaster are essential in helping to understand the short and longer-range of the impact on those who survived, and the family members of those who did not.

5. Fast forward to 1992. I had just moved back to Hawaii several months before Hurricane Iniki was fast approaching the Hawaiian Islands. (Iniki: “strong and piercing wind” – and was it ever!). The forecasts had Iniki on a direct path to smash into Oahu; and yet, on, ironically September 11th (but in 1992, not 2001~) somehow at seemingly the very last minutes, she abruptly and markedly changed directions, sparing Oahu a direct hit but devastating the island of Kauai.
   a. At the time, I was the Director of the VA’s Pacific Center for PTSD, and I was able to convince VA Central Office to give us permission to send VA mental health providers to Kauai—not to help veterans per se, but to be disaster relief providers for all residents of Kauai – successfully arguing that it would have been absurdly arbitrary, ethically conflicted and operationally a triage nightmare to send teams who would help one Kauai resident who was a veteran yet ignore the next person who was not.
b. Hence, I co-coordinated (along with the then Chief of Psychology, Rod Torigue) the formation and deployment of rotating teams of VA providers to Kauai over what turned out to be an almost four-month deployment, and personally co-facilitated numerous debriefings on Kauai with Iniki survivors.

c. By the way, how many of you were here during Iniki and had any experiences on Kauai in the aftermath of Iniki? I welcome your thoughts as I recount some of the lessons learned from my perspective.

d. Some of the key lessons learned from our VA experiences on Kauai post-Iniki:

i. During debriefings with the entire staff of several public schools, and debriefings with the Mayor of Kauai and her staff, I was struck by the profound difficulties these public servants were facing—their very own families and homes and neighborhoods sorely impacted and/or physically damaged if not destroyed by Iniki—which they were somehow having to deal with personally—while simultaneously continuing to fulfill their job duties for the greater good of the people that they serve. Most of us simply assume that our police, fire protection, medical personnel, public officials et al will continue to carry out their duties to the public—and have little understanding of the extraordinary challenges they simultaneously face personally.

ii. When we were organizing into small disaster relief teams, we had a lot of discussion about what to call ourselves. There was great concern that if we labeled ourselves as “mental health relief” teams or some such jargon, that this would be a turn-off to many of the residents—after all, who wants to be labeled as having mental health problems? And so, we came up with the notion of calling ourselves “talk story teams”—a title that was culturally congruent with the people and communities we were serving.

iii. We also decided that rather than trying to cover the entire island, that we would concentrate on serving two or three areas on Kauai, that we would make a commitment that our talk story teams were going to operate on an on-going basis for as long as the acute need was there—and that by remaining in these several designated locations, word would get out and people would know where we were located. This was in contrast to many of the outside agencies that came in (and after Katrina as well), would set up shop, and then abruptly would relocate to another location, and then to another—exacerbating the immense task of those in need from being able to actually locate and access desperately needed services.

iv. During one debriefing, in which the room consisted of about ten family members whose homes had been destroyed by Iniki, there was one family present whose home had amazingly was still standing with hardly a scratch. The woman of that household said, as we went around the room and people were sharing about their experiences, that “we were blessed, our home was saved.” What impact do you think this statement had on the other families present whose homes had been destroyed? There was considerable anger expressed at her: “What do you mean—that our family was not blessed by God, that is was a punishment or something that our homes were destroyed—and somehow your home being spared was a sign that you were favored by God?!!” One of the lessons I learned from this interchange was that it is really really important to be aware of how what you say can have such a significant impact on others and their attempts to cope with and understand what has happened to them and their families and communities.
v. During another debriefing, a woman was almost hysterical as she started venting, but it was not about the terrible experiences associated with Iniki. Rather, she started sharing about an in-rush of horrific memories about trauma that happened to her some ten years earlier when she had been ensnared in a religious cult in California run by a fanatical leader. She managed to escape from the cult’s compound and decided that she had to move as far away as she possibly could to a place remote and hence safe from that compound – and she ended up on Kauai, where she could be safe at last. But then, 10 years later, Iniki came swooping in, destroying not only her home but her senses of safety that she had so desperately sought ten years ago. Iniki triggered her severe terror reaction and she was becoming overwhelmed by the long-suppressed memories and feelings associated with her stay at that religious commune ten years later.

This was a critical lesson learned—a similar lesson that I had learned from working since 1968 in Vietnam with war veterans – that a current traumatic or severely stressful event, such as a natural disaster or other trauma, that evokes feeling states similar to those from a prior trauma, oftentimes will transport that person back to the previous and yet-to-be resolved earlier life trauma. And this phenomenon can cause the person to become very confused and/or think “I must be going crazy” that, here I am in the midst of a hurricane (Iniki), but my mind is filled with the terror of what I thought I had left behind many years ago . . .

An example of a military veteran: a Vietnam vet’s daughter suffered a serious injury at their home, and the vet is rushing with his injured daughter to the closest emergency room, and as he is running into the ER with his daughter In his arms, he starts having flashbacks to Vietnam when a Vietnamese child had been accidentally severely wounded by his unit and he came across her lying there, dying—and there was nothing he could do to save her . . . As a side-note, when working with trauma survivors, it oftentimes is productive to ask if their current reactions and/or experience is familiar to them, if it reminds them of having similar feelings or memories of another traumatic or stressful event that happened sometime prior to this current event . . . It might be that the person has recovery work yet to do re BOTH an earlier trauma, AND this current trauma . . .

vi. Also, because we were rotating talk story teams on five and seven day rotations into and out of Kauai, we were at the Kauai airport quite frequently and often ran into various FEMA and other disaster relief workers who were getting ready to leave Kauai—and we discovered how almost none of them had been debriefed by anyone about their experiences on Kauai—and they were returning to their homes across the U.S. taking their extremely impactful experiences with them without benefit of any meaningful debriefings . . . And I know that this still is a problem today in disaster relief efforts.

vii. One final experience that happened on Kauai post-Iniki that I would like to share: a few weeks before Iniki hit Kauai, Hurricane Andrew devastated significant portions of Florida. And the news was replete, in the aftermath of Andrew, with stories of extensive looting that happened in the aftermath, and the emergence of numerous signs by homeowners saying, “you loot, we shoot.” These reports were fresh in our minds when we deployed to Kauai, and I remember, vividly, during one of my deployments to Kauai, as we were walking through the widespread debris, to come across a crudely hand-painted sign on the half-destroyed front of a home, that said something like: “kokua, please don’t take—it’s all we got.”
6. **Fast forward to August 29th, 2005: Hurricane Katrina hits the Mississippi Gulf Coast.** [Note: most of the remainder of this presentation is excerpted from Scurfield, “Post-Katrina Storm Disorder and Recovery in Mississippi More than Two Years Later,” *Traumatology, 4* (2), 2008, 88-106]: I might start off by mentioning that a major parallel between Hurricane Iniki and Hurricane Katrina’s impact on the Mississippi Gulf Coast (vs. Katrina’s associated impact on New Orleans), is that both have been well-kept secrets from the vast majority of America. Hurricane Andrew helped to eclipse any meaningful news coverage of Iniki, and the media preoccupation with New Orleans helped to eclipse any meaningful coverage of the devastation in Mississippi.

a. At the time of Katrina, I was a professor of social work at our Gulf Coast campus, which sits perhaps 50 yards from the Gulf of Mexico; our campus was almost totally destroyed by Katrina; also, I was living in the adjacent town of Long Beach, which suffered catastrophic damage along with the other 12 coastal communities along the Mississippi Gulf coast. This included 30-foot high storm surge that swept inland as much as 10 to 12 miles through the myriad bayous and rivers. Katrina is considered the most destructive natural disaster to ever hit the U.S.

b. PKSD or “Post-Katrina Storm Disorder”: post-Katrina, there were not nearly as many cases of full-blown PTSD that emerged, as there were innumerable cases of what myself and other local providers began to call “Post-Katrina Storm Disorder” or PKSD. Indeed, it is my perception that is it a mistake to focus on whether someone has full-blown PTSD from being in a natural disaster or in another trauma, such as war.

c. **Rather, I would argue that the most important question to ask or determine with a trauma survivor is: in what ways and to what extent have you been impacted by the hurricane, by the war, etc.?** For example, “PKSD” had four major characteristics:

i. **Loss:** a profound sense of loss, grief and malaise over the irreplaceably lost “sense of place” of what used to be the Mississippi Gulf Coast---destruction of places of employment, small and large businesses, churches, schools, neighborhoods, recreational facilities, historic sites and even entire communities---the loss of so much about life that was familiar and cherished along the entire MS Gulf Coast.

ii. **Left behind:** substantial numbers of the population are not benefiting from the post-Katrina recovery. This sub-group is more likely to have become cynical, moody, despondent and perhaps angry, seemingly immersed in the disillusionment phase of post-disaster response ---as they are reminded daily of the gap that grows ever wider between those seemingly stuck, in contrast to the majority who appear to have “put Katrina behind them.”

iii. **Exhaustion:** exhaustion at having to continue to deal with fights with insurance companies, to find affordable housing, to afford dramatically increased rental rates or insurance premiums, to commute on still-ravaged roads, increased traffic and longer driving distances required to access grocery store or recreation resources, to see the markedly slow progress in revitalizing downtown areas ravaged by Katrina. Even among those with more resources who have been able to move back into their homes, it is not uncommon to hear, “We’re exhausted—we got back in our homes and we are still exhausted.”

iv. **Post-storm-related anxiety:** A number of Katrina survivors (non-clinical cases) have exaggerated anxiety or panic reactions during severe thunderstorm warnings—let alone when another tropical storm is forming out in the Atlantic and there is a chance that it will be coming our way. There appears to be a significantly elevated baseline of anxiety among
many residents. For example, while attending a conference in St. Louis, MO in early August, 2007, I received an urgent telephone call from a colleague at Southern Miss. Three employees (who had lost almost everything in Katrina) were having serious anxiety reactions as a tropical storm out in the Atlantic was being projected in some weather computer models “to possibly hit the Mississippi Gulf Coast within several days.” Indeed, when the next major hurricane does make landfall, severe anxiety and other Katrina-related issues will resurface and profoundly impact many Gulf coast residents (Scurfield, 2007).

D. Intervention strategies:  I have found that almost all of the following intervention strategies are as relevant 2 years later as they were in the initial weeks and months post-Katrina. The difference is mainly in the context: Over the first months and year post-Katrina, there was a continuing atmosphere of crisis. While there are reoccurrences of crises now much more common is a sense of dismay, frustration, and exhaustion that has set in for a number of people who are now struggling with the fact that while most others seemed to have moved ahead, they have not—and they are having difficulty seeing a better future down the road.

- **Survival needs:** It always is imperative, first and foremost, to ensure that the person’s basic survival needs are being addressed.
- **Written information and education:** Distracted and preoccupied, trauma survivors must be provided with written information to be able to read as the provider is talking with them and/or to take with them for reference later- I have developed several handouts, including one on common myths and realities concerning trauma and its impact. For example, there is the myth that “time heals all wounds.’ Oh, that that were true. (If so, old folks like me would be paragons of mental health!)
- **Advocacy and follow-up:** This intervention continues to be necessary under more “normal” circumstances—let alone during a catastrophe. Very few agencies provide (a) truly simple, fair, and effective channels for appealing or tracking what has been requested or promised, or (b) conscientious, systematic, and proactive case management, outreach, and follow-up services.
- **Clarifying possible issues related to minority populations:** I have to assume that anyone who is an easily identifiable member of a racial minority has experienced several if not many instances of overt and/or covert racial discrimination and that it may well be a part of their post-Katrina history as well.8
- **Clarifying reasonable therapeutic goals:** Survivors must realize realistic and attainable therapeutic or healing goals in regard to their trauma experiences; for example, it is not realistic to hope or expect to totally forget painful things that have happened.
- **Nonjudgmental accepting and confirming the survivor and his or her story and capability for recovery:** These basic Rogerian counseling principles affirm the trauma survivors dignity and inherent strengths and are foundational to any providers human connection with those being served. (Rogers, I 951. 1961, 1980).
- **Strengths, normalizing, validating, and solution focused:** These four intervention strategies emphasize the positives rather than a deficit or problem focus. “What is it about you that you are able to survive what you have survived?” ‘Your reactions are not unusual and indeed are expectable considering” ‘1From what you have told me, you have lots of good reasons to feel the way that you are feeling. ‘What have you done in the past to deal more successfully with serious issues?’” (de Shazer, 1985, 1991).
- **Not “comparing” traumas:** Comparing traumas continues to be a no-win proposition that denies or minimizes the validity and importance of one’s traumatic experience to oneself and promotes denial and self-blame. “It was real and you were affected.” This truth telling must be faced if healing is to occur.
• **Tunnel vision:** For those still feeling overwhelmed or exhausted, this is a strategy to get through the day-to-day issues and needs, focusing on the next task to get done, day by day, and pushing aside other issues for now.

• **Sharing practical symptom-relief strategies:** for example sleep and anger management.

• **Clarifying other pre- versus post-Katrina issues:** Clients must be very clear about which, if any of the issues they are facing existed before Katrina and might be aggravated by Katrina experiences, versus which issues are connected to what happened during and following Katrina or in addition to pre-Katrina issues.

• **Re-establishing routines:** Routines are essential to bring some order and sense of control to disrupted lives, whether from more immediate post-trauma dysfunction or from not getting back on track while immersed in more prolonged reactions (See also Scurfield, 2002),

• **Survivors taking time for self-care:** The message is simple yet profound—survivors are worthy important enough, to deserve to have some time for themselves in order to be able to help loved ones. Yes, when the oxygen masks come down on airplanes, adults need to put their masks on first (Scurfield, 2006c)

• **Humor:** Humor continues to be essential as both a helpful intervention and coping skill to use for personal self-care and with other survivors. For example, the destruction of the two major east-west bridges on the Mississippi Gulf Coast has been an enormous obstacle post-Katrina. And yet, in a letter to the local newspaper, one local coast resident reported that he had just been to the dentist and was told that he “had a Katrina mouth.” He asked what a Katrina mouth was, and the dentist replied: “You need two bridges.” Also, my favorite photograph from Katrina is one taken of me sitting in the midst of the destruction of our university campus two days after Katrina—if I hadn’t “posed” for this photo, I would probably have broken down crying . . . (see it on my university web site).

Besides the negative impact, there have been profound positive impacts as well.

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

• One university colleague said, “Katrina Forced me to downsize. ‘Things’ like the large home, fancy furniture and possessions, etc., don’t seem nearly as important now.”

• Another student said, “I don’t want anything that I’ll have to drag to the curb” (after it has become water logged with storm surge or destroyed by hurricane-Force winds).

• In fact, there were only two possessions, both family related, that most people seemed to still value after Katrina. By far, the most common: photographs of loved ones and of happy memories; second was precious mementos, small family heirlooms, and so on, to which were attached fond familial memories. Hence, there is a much greater appreciation of simplifying life down to the basics. It’s the people, relationships, good neighbors, community and their faith that really matter. The lyrics in country singer George Strait’s (2005) song “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.
“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 (as quoted in Sones, 2006)

The continuing enhanced appreciation by many Katrina survivors about what is really important in our lives, what I refer to as “the three ‘Fs’” --- family, relationships, and our faith—hopefully will sustain us as we face the enormous rebuilding and recovery from Katrina that will be going on for decades.

Metamorphosis of the University of Southern Mississippi Gulf Coast campus. The temporary reestablishment of our campus at a location an amazingly short 6 weeks after Katrina has presented severe challenges — that are even harder to deal with when months turn into years . . . At our temporary location (where about half the faculty and staff are still located) 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 among and across faculty and staff, colleges and programs, and students (Scurfield, 2006b).

Yes, we continued to be ridiculously crowded and in subpar physical conditions. However, Perhaps the most remarkable phenomenon was and has continued to be that faculty from different departments and colleges, and staff from various departments, know- so many more university employees across the campus and on a remarkably much more personal and caring collegial basis than pre-Katrina. The palpably and heightened shared camaraderie, collegiality and friendship that envelop our university community are both unprecedented and invigorating. And this never would have happened if we were still compartmentalized in our daily homogeneous work units each located in a separate building or on a separate floor, on the original Gulf Park campus.11

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

We have witnessed the incredible discovery of how Americans from throughout our country (and from other countries as well) have come together as a national and international community, citizens of one planet, to respond in the aftermath of Katrina.

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

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

‘Personal Discovery: Right where I am supposed to be.” I am someone who has a history of moving every several years to new locations, usually thousands of miles away 2005 was the 8-year mark of living in Mississippi, my wife’s birthplace, and I had been noticing that my wanderlust was kicking up. However, about 6 months after Katrina, I found myself realizing more and more that my various life experiences and professional abilities that had evolved over the years “had come together” in this post-Katrina environment. My professional knowledge of posttraumatic stress and personal survival of war and several prior disasters, my commitment to work with survivors of trauma, the fact that our university campus did not have a counselor and here I was able to volunteer to be that counselor. In addition, I realized that I had become more and more a part of this Mississippi Gulf Coast community. It just did not seem that all of this could possibly be just a matter of random chance.

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

In closing, the importance of Humor: I would like to close with a few examples of the humor that helped many to get through the trauma of Katrina. By the way, I don’t mean to pick on FEMA—many FEMA workers were very conscientious, hard-working, and helpful. But, as a system, FEMA clearly was overwhelmed and beset with a cumbersome labyrinth of regulations and procedures that did not take into account the realities in providing disaster-relief in a post-Katrina environment. And I did personally encounter some FEMA employees who I would not want to be a dog-catcher. Also, as a former employee of the VA for some 25 years, I know quite well what it is like to be convicted by many people simply because of who my employer was—the VA! But that is part of the reality---all of us carry with us the baggage, both good and not-so-good, that comes with being an employee in an organization – be it governmental or private.

“What does FEMA stand for? Federal Employees Missing in Action”
“How can you tell which Mardi Gras float is the FEMA float? It is the one that shows up 3 days after the parade is over.”

And, pardon my French: “What was the FEMA evacuation plan? Run, mother-fu*ker, run.”

Such sharing of humor has very special meaning, and engenders a sense of common or shared life experiences that were extraordinary – and helps to get us through the tough times . . .

Mahalo nui loa for your listening . . .

END