

PUBLIC SERVICE PERSPECTIVES

A Louisiana Psychologist's Experience With Hurricanes Katrina and Rita

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This article was originally written shortly after Hurricanes Katrina and Rita hit the Gulf Coast of the United States. It describes the process through which one local psychologist progressed during the evacuation and immediate aftermath. The final part of the article was written two years later and includes reflections on the recovery process as well as changes in the practice of the psychologist.

Keywords: hurricane response, disasters, disaster training

When I was first asked about submitting this article, I was prone to decline because I currently do not have access to scholarly references and because my own reactions were still too fresh. These thoughts were overridden by the hope that my reflections might be useful to others who may wish to have a better understanding of this type of experience. Unlike many professional articles, the opinions expressed are generally personal rather than data-based.

Psychologists have a history of providing support to people who experience disasters. Within the APA Practice Directorate, our profession established the Disaster Response Network (DRN) to organize psychologists on a state level. These psychologists work with the American Red Cross (ARC) and emergency management services following disasters. Psychologists have studied the response to disaster to provide a basis for developing and improving professional response strategies (Gist & Lubin, 1998; Vernberg & Varela, 2005). But what about the psychologist who is a survivor rather than one who enters the situation after it is over?

The following material provides one psychologist's view from the inside of life during and after two major hurricanes.

People who live in hurricane-prone parts of the country are accustomed to such terms as "hurricane tracking maps" and "hurricane evacuation routes." They are encouraged by community leaders to develop an "evacuation plan" for their family. Six months of every year are designated as "hurricane season." This season starts June 1 and goes through the end of November. Thus, half of every year is theoretically spent "on alert." The names of major hurricanes are "retired" and no longer used to designate these storms. A hurricane is generally seen as having caused disastrous results to qualify for name retirement. Some of those retired names are used to explain the projected strength of current storms and, thus, during hurricane season when a storm is compared to "Andrew," "Betsy," or "Camille," residents tend to become wary.

Within the greater New Orleans area, another term that was always considered important at this time of the year is whether or not one lived within the "levee protection district." These structures were built to protect citizens from floodwater overflowing the banks of either the Mississippi River or Lake Ponchartrain. Living outside the levee protection district meant you had increased flood risk. Since the metropolitan area is below sea level, this protection is ex-

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tremely important during any storm. Political leaders as well as disaster management personnel have warned citizens of metropolitan New Orleans for many years that if the “big one” came, however, these levees would not withstand the pressure and massive flooding would occur. The “big one” was usually defined as a Category 4 or Category 5 storm. We were often told this type of storm could literally wipe out the city. During the 22 years that I have lived in metropolitan New Orleans, my home had never flooded. Like many others, I felt the warnings were probably an exaggeration that was being used as leverage when they sought funding needed to improve the levee system. An evacuation of the area for an earlier storm produced traffic problems and those who either experienced them or watched them on TV may have been concerned about having that same experience in the future. Hurricane Katrina was rated as a category 5 storm. This is the strongest storm within the rating system. This strength was sufficient to convince most people that they should evacuate.

As the storm approached, my psychologist-husband and I settled on a specific latitude and longitude that we felt was critical for evacuating. If the storm did not turn away from us by that point, we would leave. Questions then arise about what to take with you. If the worst case scenario occurs, and you lose everything you did not take, what would you select? It is difficult to actually believe your home will be destroyed and, therefore, preplanning on this level is often lacking. Although items such as money and identification are obvious, important personal mementos can be overlooked in this situation. This preplanning for disaster is hard to do when you are already experiencing the early stages of fear.

Once you join the steady stream of evacuees, you must then try to decide where to go. Some people preplan this phase and make hotel reservations or contact friends with whom they might stay. Others just drive and hope to find a place to stay. The metropolitan New Orleans area uses a contraflow plan as part of their emergency management process. This means that once you enter the interstate system, you do not have a choice about the direction you will go and lanes that were formerly used to enter the city are added to the exit process. Our lane directed us to the north and thus we drove. We

called friends in the western part of Louisiana to ask about the latest prediction on the “cone of error” for the storm. This term refers to the most probable areas within the storm’s path. We had decided to drive toward Memphis and were planning to call friends there for help in finding a hotel as media people were announcing an absence of rooms that far away. Our friends informed us that Memphis was “in the cone” and so we turned west when we were able to do so and headed for northern Louisiana.

Cell phones are an essential part of modern evacuation as they become the source of information from friends as well as providing the ability to call the “800” number for major hotel chains. When we evacuated, we used our cell phones to make regular calls to our neighbor who had left shortly before we did. She was on the same route we were taking. We shared information about the storm, hotels, gas stations with short lines, and generally provided a level of human contact during the stress of heavy traffic and concern about the storm. Preparation for evacuation should probably include purchasing a car charger for the cell phone as it is likely to get active use.

We spent just over a week in hotels. As a psychologist, I noted several new behaviors. Over breakfast at the hotel, strangers tended to ask each other about news “from home.” If anyone had contact with a person who was still in the New Orleans area as part of the essential personnel, they shared what they had been told with the rest of us. People also shared information about how to contact various assistance agencies, such as the Red Cross and FEMA. There were frequent questions about specific neighborhoods. Most of the media coverage seemed to center on the French Quarter and center of the city. Those of us who lived in other areas found it quite difficult to get any sense of what might have happened to our homes. Even using Internet access to local media did not provide the answers we sought. Although children seemed to be using the motel pool and having fun, the adults discussed nothing but Katrina and the life changes that were rapidly becoming apparent. For example, some people were taking their children to live with relatives in other parts of the country so they could be enrolled in school. Others reported having located apartments in neighboring states that were being offered rent-free to evacuees. The sound

of TV from motel rooms was often news programs rather than entertainment. I also noted that concentration had become more difficult for me. As an avid reader, I found it particularly distressing that I had no interest in the novel I had brought with me during our evacuation.

Personal support systems became a lifeline for many of us at this point. The hotel provided Internet access on our laptop. We were, thus, able to contact friends in other parts of the country. A network of friends became our link to the outside world. They called to check on us and also to provide us with information we did not get in the rural town where we were staying. One friend, for example, even developed an email list for us and sent regular updates to other friends about where we were and what was happening.

Another issue we faced was uncertainty about how long we should plan to be away from home. Because we had no idea how long we would need to stay in a hotel, we made our initial reservation for only two nights. When we tried to extend that reservation, we were told there were no rooms available. Several days later the governor ruled that you could not be forced out of a hotel room during the disaster, but it was too late for us. Fortunately, that "800 number" dialing had produced another hotel for the remainder of our stay. This level of uncertainty about when you might be able to go home adds to the stress experienced in this situation.

Where to stay was also a problem when we were allowed to return to the New Orleans metropolitan area. Although we started earlier than people from the city were able to do, we were unable to find temporary housing anywhere in the area. Every apartment and hotel for miles had been rented by companies and governmental agencies that were providing workers for the clean-up process. Through friends, we eventually rented a fishing camp in Houma, Louisiana, about 65 miles south of our home. This rental allowed us to experience Hurricane Rita.

The original plan was to allow people to view the damage to their homes, salvage what they could of their possessions, and then have them leave until it was safe to return. Word about this option, however, did not reach those of us who were some distance away. Some people had evacuated too far away to be able to return during the specified "window." Although na-

tional media provided considerable coverage of the central city and its issues, there was little information about these early suburban entry options. Residents of these communities often heard this information by word of mouth rather than through the media. In some cases, this lack of information prevented people from being able to retrieve beloved possessions.

Hurricane Rita coverage centered on the area of its direct hit in western Louisiana, but it also did major damage to several parts of the greater New Orleans area as well as in Terrebonne Parish where Houma is located. In addition to further damage to the levees, Hurricane Rita did suburban damage. For example, my local public library experienced sufficient damage during Rita that it is the only one in my parish that has not yet reopened. The month I spent in Houma brought new insights about the impact of these hurricanes in our more rural areas. The fishing camp we rented was located on the intracoastal waterway. We spent one night with the building swaying in the wind. I certainly missed the storm shutters from my own home. For several days after Hurricane Rita, I experienced the sight and smell of bloated dead fish floating past my temporary home. There was also floating scum of unknown origin on the water. Listening to a local call-in program about the flood damage in Terrebonne Parish, where Houma is located, I heard frequent reference to the fact that little or no media attention was given to their flooding or losses either by national or even Louisiana TV. The pictures I saw of flooding in some of these communities, people being taken in boats to their homes, and total communities under water certainly suggested that Terrebonne Parish was part of the disaster as well. Despite the fact that I have lived in metropolitan New Orleans for more than 20 years and my husband has consulted at a Houma hospital for the past several years, I had never noticed the lack of attention to this area on my local news. As we were leaving to move into a temporary apartment near our home, I heard an announcement about a meeting of local businesspersons to discuss how to organize and go to Washington, DC on their own to get recognition for their needs. This experience added to my appreciation of the diversity of the state as well as the magnitude of the problem.

Unlike some other disasters, hurricane aftermath is an ongoing process. There is not only

the loss, but also confusion about recovery. No time line exists to indicate when to expect an end to the process. National pictures do not convey what is experienced by the senses other than visual. Most important of those other senses is the sense of smell. Walking into my house, I experienced odor of a magnitude that is difficult to describe. My home had about 15–18 in. of water based on the water line. By the time I arrived, however, it had an additional foot or so of a rather bright blue mold. Over the days when my husband and I began the salvage process, the mold also grew. Even with the windows and doors open, the smell required frequent trips outside the house for fresh air. Even using hospital masks did not seem to help as they quickly absorbed the odor. We bought rubber boots to walk in the slime. Since there was no electricity when we first returned, this meant using flashlights to explore our home. We found many dead worms in the mud and water.

The potential for disease adds to the stress. You need to buy latex disposable gloves when entering your home so that you decrease the probability of contracting disease. A tetanus shot is also needed. Depending on the water level, you may also need shots for both hepatitis A and hepatitis B. Local health authorities determined that only a tetanus shot was needed for our neighborhood. One of our local hospitals that had reopened offered free tetanus shots to residents.

The national pictures of the aftermath have been graphic. It is different, however, when you drive on familiar streets and see piles of furniture, bags of trash, carpets, dry wall, and insulation piled high in front of every home. Yes, this is a neighborhood where the homes still stand and are being rebuilt. These people are more fortunate than many in this metropolitan area. This visual impression of our world, however, is likely to remain with many of us for a long time. A young psychologist who was taking her crisis counseling training to work with Hurricane Rita victims in western Louisiana visited me and commented that after seeing my neighborhood she felt she would have a better understanding of the people she would be helping. Experiencing a disaster with multiple senses seemed to give her an added appreciation for the aftermath of a hurricane.

It is now over a month since Hurricane Katrina changed my life. According to my

phone company, it will be another two months before I have home phone service. Of course, this also means no Internet access in my home. I go to the nearest public library where I can use the computer for 30 minutes. My university office is not yet available to me. I do not return to work until January (it is mid-October as I write this article). As a professional who has relied on email for much of my activity, this lack of a home phone has led to major life changes.

No one knows how many people who left this area may have found jobs elsewhere and will choose not to return. Some businesses may not be able to recover. Thus, questions are starting to arise about what type of metropolitan area will be developed. We know it will be different, but not what it may look like. Estimates of the size of our “new” metropolitan area vary widely. Major structures, such as our public hospital, must be demolished due to structural damage. No projected date has been announced for rebuilding this facility that not only serves the needy of the community, but also trains many of the state’s health care professionals.

The aftermath has produced both cooperation and tension. Neighbors assist each other and share hints about clean-up methods. They seem to talk more than ever before as they take breaks from their recovery activities. The resilience of people who are determined to rebuild their homes and their lives is visible in neighborhoods on a daily basis. Comments about having a better home and a good life can be heard in many places. On the more negative side, questions are raised on a daily basis about the lack of temporary housing for those who are now returning to the city, but have no homes. Although trailers were promised for these people, no date for their arrival has been given. Frustration with insurance carriers and assistance agencies is expressed regularly on radio call-in programs. Various leaders blame each other for problems at a time when cooperation is essential for recovery.

One of the results of this experience for me has been to look more closely at my life priorities. I would not characterize this as a life review of the type we associate with those who are dying, but certainly it has led to an evaluation of what is important in our lives. Many people will live their entire lives without ever experiencing a disaster of the magnitude of Hur-

ricanes Katrina and Rita. Our local weather forecasters have told us that the Gulf coast can expect such active and intense storms for at least the next decade. This information about the probability of future hurricanes, following our recent experience with hurricanes Katrina and Rita, is a factor not only in our future planning, but also that of others with whom we have spoken.

It is now almost two years since Hurricanes Katrina and Rita. Once again I am entering the peak part of hurricane season. My reflections center on how the profession of psychology might improve its response for future disasters and how this experience has actually impacted my work as a psychologist. I have enough distance to consider these issues, but also realize that at times it feels as if it just happened rather than having been two years ago.

Our profession needs to have better immediate access to victims of disasters. Although it is important for people to be sheltered from inadequate care, the process I saw in which licensed psychologists were required to go to the capital and complete a range of forms before being allowed to work in disaster centers not only slowed the provision of services, but also may have deterred some from volunteering. These psychologists were already licensed in the state, but needed to have this special form to volunteer in relief centers. Such delays just compound the sense of abandonment felt by many victims. There are several groups with whom psychology might consider collaboration in future disaster settings. First, there are the churches. Many people look to churches in times of disaster. For example, in the rural town where we spent a week in a motel, one of the local churches provided several hot meals to all evacuees who came. Having psychologists there would have been a real help as well. A second group for collaboration is the large motel chains. Psychologists who enter disaster areas may find it difficult to obtain housing and having a prior understanding with some of these housing sources would be helpful. Also, most of these motels and hotels have rooms that could be used for the provision of services where the victims are actually residing. This would mean taking our services more specifically to them rather than in some central location that may be difficult for them to reach.

Diversity training is essential. Psychology tends to equate this term to ethnicity, but we need to think of diversity in a broader context. When we talk about multiculturalism, we think of people who have come to the United States from other countries. We may not, however, think about the regional differences in culture that exist within this country and thus miss some major issues when providing disaster services.

Finally, psychologists need to make clear distinctions between those disasters that provide immediate stress and those that are more likely to have ongoing stress. I doubt that anyone in the immediate aftermath of hurricanes Katrina and Rita would have predicted that many people would be living in FEMA trailers almost two years later. The needs of our community are different from those of communities faced with disasters that, while devastating, do not have such long-term impact on people's lives.

As a psychologist, my practice has changed as a result of these experiences. In my role as a teacher, I find that many of my students seem more emotionally fragile. Some are local and lost everything, others are adapting to life in a city that is still recovering. In a clinical setting, vulnerability has taken on new meaning. Helping people determine what is their personal bottom line is part of the therapeutic process. There are questions of what is most important in people's lives and what are their priorities. Some people decide that they are dedicated to rebuilding their community while others find their safety needs to dominate and opt to relocate. Although the importance of self-care has always been part of my view of intervention, I find that I probably emphasize it more now. In the past, self-care tended to be more individual activity, such as taking time away from work for something such as exercise. Now I also work on the importance of personal support networks and how to develop them. Finally, there is the issue of living in the present versus planning for the future. It is unrealistic, from my perspective, to totally ignore the future, but the Katrina/Rita experience has led me to work with people on a better balance between these two activities. I am not the same person I was before the storms and neither am I the same psychologist.

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