

NOPD Blues

In the wake of Katrina, stressed-out cops do their best to maintain their sanity -- but cops and therapists alike say it's not easy.

By Daniel Castro

Officer Gregory Clay, a 25-year veteran of the NOPD, was head of building security at department headquarters when Hurricane Katrina hit New Orleans. By the time those in the building realized what was happening, 4 to 5 feet of water surrounded the first floor, which quickly flooded. Clay's primary job was securing the premises, but after everyone had made it to the second floor, there wasn't much to secure. He and other officers began launching rescue missions in flatboats throughout the surrounding Mid-City neighborhood.

"You just can't imagine what it was like riding through the neighborhood," Clay says. "You look down as far as you can see, and your whole city's underwater."

Clay's wife was staying at her sister's house in another part of town, and he had no contact with her for a week. When he finally got the chance to check on her, he was stopped on the way by a group of people who had taken refuge in a cemetery in Gentilly. They were standing on a small plot of dry land, shouting for help. A woman in the group was diabetic and had gone without treatment for days.

"Her legs were all swollen," Clay recalls. "Sores everywhere."

The boat was already full, though, with other people who had been stranded and with supplies Clay was bringing to his wife. There was no more room. After making sure a National Guard boat was on its way to get the people in the cemetery, he was forced to leave them. Fortunately, his wife and sister-in-law were fine, but they had run out of food and water. The house was surrounded by water but did not flood.

Clay has difficulty talking about certain things he saw during that period. What troubles him most is describing what happened when they first set out on rescue missions.

"We were going down Broad Street, and I saw a body floating in the water," says Clay. "When we got close, it turned out to be this white guy I knew from the neighborhood. I would see him walking around when I drove to work. We'd wave to each other. About a block later, I see this young girl floating, with a baby. Dead."

Nearly a year later, the men and women of the New Orleans Police Department face a whole new set of challenges. To be sure, no police department in memory has had to endure the same levels of trauma and ongoing hardship. As a unit, no one experienced Katrina more directly, or intensely.

Over the past months, life in the department has been a microcosm of life in the city. NOPD headquarters currently amounts to six trailers in the parking lot of an old brake-tag station. While a new superintendent introduces much-needed reforms, officers have seen an almost constantly changing environment and fought a rising tide of crime in sparsely populated areas with reduced manpower -- all while haggling with insurance companies in order to rebuild their own homes. Because of the city's pre-Katrina residency requirement, most NOPD officers lived in the storm's hardest-hit areas. More than 75 percent of them lost their homes or saw significant damage to their dwellings.

"There's an overwhelming sense of uncertainty -- what's going to happen to the city, what's going to happen to me," says Dr. Elmore Rigamer, clinical director for Catholic Charities, who has done counseling work with the officers. "The only way they get through their work is that they're proud of what they're doing."

Many officers are still separated from their families, who have found better jobs and better public schools elsewhere. They patrol devastated areas 'round the clock and go home to empty FEMA trailers. Dr. Armond Devizon, the department's psychologist, says the situation is a recipe for stress. Or worse.

"Morale is not the best," says Devizon. "It's a logical effect of the situation. There are lots of young officers who don't have the life experience of some of the older officers."

"The family situation is a big problem. They're unable to meet with their families because they can't afford it. And then they've got other departments in other places trying to pull them away."

In April, the Centers for Disease Control published a report claiming that 1-in-5 officers suffered from post-traumatic symptoms or from depression. What the report failed to mention was that those who took the survey were not only officers, but also NOPD employees working in other, less stressful fields -- receptionists, communications specialists, janitors, etc. Still, it rightly called attention to a question in many people's minds: How are the officers doing?

"The term PTSD (post-traumatic stress disorder) may be sexier," says Dr. Jeff Rouse of the coroner's office, who has also worked extensively with cops. "But the real diagnosis right now is depression. Where's the 'post' to this? The effects of Katrina haven't ended, they go on and on."

"It's still fresh in our minds," says Clay.

WHEN THE LEVEES BROKE, OFFICER Sabrina Richardson was on duty in the Sixth District. Her parents, whose home was in eastern New Orleans, were riding out the storm in her third-floor Uptown apartment with other family members. Richardson, a single mother, had sent her 9-year-old son to evacuate with his father to Shreveport. After the district headquarters flooded, she joined other officers in the now-famous Wal-Mart parking lot on Tchoupitoulas Street, which served as an outpost for weeks. She worked with the cooking crew during the day and patrolled the streets at night.

"The stars were so bright at night, since all the lights were out," says Richardson. "When we stopped we would park two squad cars facing each other with the headlights on. That way, if something broke the light, we would know that we weren't alone."

Richardson also provided backup to the Eighth District, which was in charge of crowd control at the Convention Center. She recalls one instance in which another officer, who had lost contact with his mother when the storm hit, learned that she was in the Convention Center. Immediately after hearing the news, they received word over their radios that a riot had broken out in the same hall that the officer's mother was in.

They rushed over to find a crowd of young men spurring everyone on to protest the lack of food and water. After separating the men and establishing control of the room, they began searching for the officer's mother. Luckily, Richardson says, they found her sitting peacefully on the other side of the room, unscathed.

"Moments like that were what made everything so difficult," Richardson says. "When you go to work you try to leave the family part of you at home. But at that point it was like both parts were competing against each other."

Though Richardson's apartment sustained only minor wind damage from the storm, her parent's home in eastern New Orleans -- the house she grew up in -- was destroyed. Almost all of her extended family resided in the same area and lost their homes as well. The entire family, including her parents, has relocated to San Antonio. Her son didn't return until May 30; she wanted him to finish out the school year in Shreveport.

"These past eight or nine months have been hard," she says. "It was hard being separated. We used to have a big family dinner every Sunday night. Now on Sundays I call them in San Antonio to see what they're eating. They ask me the same thing, and I'm like, oh, just this salad from McDonald's."

She says that the isolation makes it harder for some cops to move on from what happened during Katrina.

"A lot of officers are asking themselves, can I recover from this? Richardson says. "Even though they're working every day, they've got the same problems as everybody else. It's like a death, where you have to go through a grieving process."

Officer Jonette Williams of the Eighth District lost her home in eastern New Orleans to the flood. A first-time homeowner, Williams describes her house as the perfect place for her and her dog. Most of her family also lived in New Orleans East but left Louisiana after Katrina. Her father moved back to the city just a month ago.

"I'm a daddy's girl," she says. "Losing everything was bad, but losing my family was worse."

Isolation is known to aggravate post-traumatic stress symptoms such as difficulty sleeping or memory loss. NOPD's current problems, however, aren't limited to officers who are isolated from friends and family. Even those who have been reunited with their families have seen rifts in their personal lives, likely due to post-Katrina stress.

Moreover, individuals can experience post-traumatic stress symptoms without having the full-blown disorder. Therapists who have worked with the department discount the notion that PTSD is widespread among officers, but rumors of the disorder and concerns about officers' well-being are understandable.

Dr. Rigamer compares NOPD officers post-Katrina to Vietnam War veterans, who also were widely criticized by the media.

According to a study by the U.S. Department of Veterans Affairs, those who are most likely to develop PTSD experience "greater stressor magnitude and intensity, unpredictability ... greater perceived threat or danger ... a social environment that produces shame or stigmatization."

"Those who suffer from PTSD are ruminating on the event," says Dr. Howard Osofsky, Chair of the LSU Department of Psychiatry, whose staff provided counseling services to the NOPD throughout the storm and who continues to work with officers. "They have not let go of it in their minds."

Osofsky adds that some officers are drinking more and are having marital difficulties.

"Family issues are really causing officers problems," says Dr. James Arey, commander of the NOPD's Crisis Intervention unit. Arey has served as an unofficial broker between officers and independent mental health-care professionals in the community since 1995. "Relationships suffer," he adds. "In order to do police work, you have to have a healthy home life."

Another stressor, unique to police work, is patrolling devastated areas. Officers spend almost as much time in the city's hardest-hit zones as the contractors and construction workers who are rebuilding them. They drive daily through neighborhoods that haven't changed much since the floodwaters receded.

"It's not just a question of crime, of the nature of the work, but of hour after hour of driving through the devastated areas," says Osofsky.

Arey agrees that may be the most demoralizing part of the job.

"I was in Saigon during the Vietnam War, and it was horrible to see such a great city blown up," Arey says. "But then I left. It wasn't my city. Parts of New Orleans feel unfixable right now."

COPS ARE CONDITIONED EARLY ON TO hide their weaknesses. In time, that concealment becomes a kind of armor -- an armor that officers often need to survive in a world very different from that of civilians'. That rationale might explain why there isn't exactly a line outside the department psychologist's office every day. Devizon says the notion of a cop seeking mental health care still carries a stigma in the department. Many still regard therapists with old-school suspicion and, to some extent, even ridicule.

"First of all, policemen don't trust anybody," says Devizon. "Second, an officer might be laughed at by his peers for seeing a therapist. A buddy might tease him about it."

Anthony Radosti of Metropolitan Crime Commission, a former NOPD detective, says that the attitude toward mental health professionals has improved since he was in the department, but the stigma persists.

"Policemen think they're bulletproof," he says. "If I had gone through what they did, I would want to get checked out psychologically."

Officer Clay admits that some of his coworkers fit that stereotype.

"I can't speak for everyone in the department, but if you know the mentality of a police officer, you know they're not going to be lining up to talk to a shrink," Clay says.

Besides the tough-guy facade, other factors may account for cops' reluctance to open up to a departmental shrink. Devizon says there used to be two NOPD psychologists instead of one. One counseled officers while the other conducted fitness-for-duty evaluations. At the moment, Devizon is forced to do both. He insists that when officers volunteer to see him, it has nothing to do with fitness-for-duty. He will only take an officer off the street if that cop is homicidal or suicidal.

Nevertheless, it is difficult to imagine officers venting freely to the same doctor who evaluates their fitness for duty. Devizon himself describes his job as "tricky."

"If counseling is done in a police facility, officers will feel self-conscious," Radosti says.

On the *Ecstasy*, the cruise ship that housed much of the department after Katrina, counseling services were offered in one of the lounges and in a library. Some who were on the ship say that many officers stayed away because the rooms were too open. Although people on the ship couldn't hear what officers were saying, they could see who went in. Considering the circumstances, there wasn't much choice, Devizon says, and they did the best they could.

"The rooms didn't guarantee absolute confidentiality," Devizon says. "But I met with officers in the bow of the ship, in warehouses around the docks, in the beds of pick-up trucks -- wherever we could have some degree of privacy."

Arey disputes the notion that officers aren't coming forward for counseling. He points out the difficulty in approximating the number of officers who may be seeking therapy because many do so privately.

"From my end, at least, officers seem very forthcoming," Arey says. "My phone rings all the time with people asking for assistance. Officers have stopped me while other officers are around."

INSTEAD OF TURNING TO MENTAL HEALTH professionals for therapy, officers often turn to each other. As with many first responders, the hurricane forged a renewed sense of camaraderie in the department. In light of the mass migration of officers' parents, spouses and siblings, NOPD has, in a way, become its own extended family.

"I've hugged more police officers this past year than I have in my six years with the department," Officer Richardson says. "We all wear blue. We're all we got."

Off-duty, officers see each other often, going out to dinner, to a bar or just somewhere to talk. Among coworkers who have been by each other's side during and after the flood, issues of trust and confidentiality disappear readily.

"People deal with things in their own particular way," Officer Clay says. "You heal yourself through your friends. Officers talk to each other. When we got on that boat (the *Ecstasy*), the first bar that opened up -- boy!"

Whenever Richardson had a problem, she felt no compunction about approaching one of her coworkers. Now on most Sundays, instead of calling her family in San Antonio from McDonald's, she goes out to dinner with other officers.

"About 15 of us will just go out to dinner and talk," Richardson says. "We laugh, we cry. We speak our true feelings."

Although Devizon is encouraged that officers are at least talking to someone, he says that friends don't always provide the kind of depth that a mental health professional can. Those with serious psychological issues need more than a kind word or a pat on the back. He says that if officers notice signs of serious psychological trauma in a coworker, they should direct the person to a psychologist.

"They don't have to reveal that much to their friends," Devizon says. "I go a little deeper."

Dr. Rigamer of Catholic Charities has introduced the idea of implementing a peer-counseling system similar to the NYPD's Cop to Cop program in which peer counselors meet with officers confidentially. If counselors see serious problems in an officer, they can refer the officer to a mental health professional within the department. Counselors can provide a familiar go-between to officers who are wary of therapists. Rigamer organized a similar program for the New Orleans Fire Department, where it has been a success. Though there is some form of minimal peer counseling in the NOPD, the program is still in its infancy.

"Peer counseling is wonderful," Arey says. "I hope someday down the line we're able to set it up down here."

Some, like Radosti, have recommended mandatory counseling in the department.

"I think it should be mandatory for officers who were in the field during Katrina to have at least one counseling session with a mental health professional," Radosti says. "The department needs to be more aggressive in terms of psychological help for the officers."

For most within the department, however, the success of mandatory counseling seems doubtful. Bob Young of the Public Affairs Division has seen similar ideas fail. "Anytime you do anything mandatory, it tends to have a negative effect on the officers," Young says.

He says that if counseling is going to be successful, it has to be a voluntary effort on the part of the officers. Some even question its necessity. Since Lawrence Celestine's and Paul Accardo's suicides in September, there have been no similar incidents or publicized mental breakdowns by police officers in New Orleans. Devizon emphasizes that the majority of officers he sees suffer from normal problems, not psychological disorders.

"Sometimes we really can't do anything for them," Devizon says. "They just want to be with their families."

Rigamer agrees. He says that even PTSD or depression is normal after an event like Katrina. "Officers are having a normal reaction to a terribly abnormal situation," Rigamer says. "Being sad is not being ill."

Dr. Peter Scharf, a criminologist at UNO, says that officers are experiencing the same problems as everyone else. "Do I think every officer in the NOPD should see a therapist? Sure," says Scharf. "But do I also think that everyone in the city who experienced Katrina should see a therapist? Absolutely."

HOWEVER MUCH OFFICERS' PROBLEMS may resemble those of everyone else, the "Katrina factor" left many inside NOPD feeling particularly distant and weary. Officers who patrolled violent areas before the storm were accustomed to seeing dead bodies -- but no amount of training could prepare them for the scale of destruction that Katrina inflicted on the city. Another stressor is the image of New Orleans cops as corrupt and incompetent, particularly at the height of Katrina-related looting. Rigamer says the bad press has taken its toll on officers.

"Most officers are proud of what they did during the storm, and I'm proud of them," says Rigamer. "But there's a lack of visible signs of appreciation."

Those who were with the officers during the storm generally share Rigamer's sentiments. "I was with the officers day and night, and I'm very proud of them," Devizon says. "What those guys did was amazing."

The trouble with labeling most officers' reactions as normal presents obvious dangers. As many have realized, the rebuilding process will not be one of months, but of years. Officers who assume that their psychological trauma will go away once their families are back and their homes are finished may be waiting too long to get help, Radosti says.

"Some guys on the street seem distant," says Radosti. "You don't want to have another situation like Paul (Accardo) or Lawrence (Celestine). A disaster could be prevented."

With the city's mental health services currently in tatters, it becomes, as Scharf puts it, a question of the chicken or the egg. Should officers (as well as the rest of the city) be waiting until things get back to normal to declare themselves emotionally stable? How high should mental health be on the city's (and state's) recovery list? As the murder rate takes a summer upswing, it seems unlikely that the focus will shift to therapy anytime soon.

"I think people should take care of their mind and their soul first, and then rebuild their house," Arey says.

Officer Jonette Williams can sympathize.

"Your health comes first," Williams says. "The house is going to be there."

Clay adds that as long as citizens realize that officers are on their side, things will get better.

"People's memories are very short," Clay says. "It was our duty to stay, and we stayed. Policemen put their lives on the line. Inside that uniform, there's a human being with a family."