

SPECIAL SECTION

NEW ORLEANS:

A YEAR AFTER THE STORM

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SPECIAL SECTION OVERVIEW

Bertha G. Holliday, PhD

Director, OEMA

Like any great tragedy, the impact of Hurricane Katrina is longstanding, dramatic, and full of twists and turns. Thus, a year after its onslaught, the tale of Katrina continues to unfold. In March 2006, OEMA sought to highlight the multicultural disaster of Katrina – especially as this related to psychological effects and services and psychology’s response -- by developing a Special Section for that issue of the *Communique* (See: http://www.apa.org/pi/oema/special_section_on_katrina_march%202006.pdf). A year later, we feel the need to take an accounting and review the actions taken and not taken, the lessons learned and not learned from this continuing tragedy.

Much of Katrina’s psychological tragedy in the form of substance abuse, post traumatic stress syndrome, chronic depression, etc. is just beginning to fully unfold. Although this is predictable, mental health service delivery remains grossly insufficient for the need. Local, state and federal politics continue to be a source of significant frustration. Issues of race and poverty, which were discussed in the March 2006 Special Section, continue to be ignored and not embraced by some policy makers. But positive things are also evident: APA continues to actively engage in activities in response to the aftermath and lessons learned from Katrina; there continues to be an outpouring of philanthropic and voluntary assistance to the people of New Orleans and other affected communities; significant numbers of students have returned to New Orleans’ Historically Black Colleges and Universities (HBCUs), which were damaged by Katrina, and these institutions’ rebuilding efforts are in process.

OEMA thought you would like to be informed about Katrina’s continuing effects, and we also wanted to commemorate APA’s bold commitment to hold its 2006 convention in New Orleans as a means of assisting in the economic recovery of that city. So we developed the current Special Section on *New Orleans: A Year After the Storms*. This Special Section begins with an analysis by OEMA staff of major Katrina issues during the past year as these are related to social disadvantage, political process, current status, and lesson learned. This is followed by an update of an eyewitness report that was presented in the March 2006 issue. The Special

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Section also includes an update on the rebuilding and recovery of New Orleans' HBCUs; an overview of lessons that have been learned by APA's Disaster Network; and the draft findings and proposed recommendations of APA's Task Force on Multicultural Training and Disaster Response.

We hope this Special Section will serve to again reinforce the centrality of multicultural issues in disaster response and outcomes, and the critical role that psychologists and psychological knowledge can play in the tragedy of disaster.



Analysis: One Year After Hurricane Katrina — Issues of Social Disadvantage and Political Process

Dennis Bourne, Jr, BA; Shannon Watts, Terrez Gordon and Alberto Figueroa-García, MBA

Issues of Social Disadvantage

Those geographical areas with the most vulnerable residents with the least amount of resources, suffered the greatest damage compared to other areas in New Orleans and the Mississippi Coast. Indeed, the overwhelming despair and frustration associated with ethnic minority status and poverty were publicly exposed and exacerbated by Hurricane Katrina's destruction. For these persons, Hurricane Katrina transformed an already dire situation into a nightmare. These are the conclusions derived from two studies of Katrina's social demographic impacts that were conducted by the Congressional Research Service (CRS, 2005) and Brown University (Logan, 2006). These studies are largely based on 2000 U.S. Census data and the Federal Emergency Management Agency's (FEMA) Damage Assessment Criteria.

On August 29, 2005 Hurricane Katrina made landfall on the Gulf Coast of the United States, impacting an estimated 1.7 to 2.5 million people in the states of Louisiana, Mississippi, and Alabama (CRS, 2005; Logan, 2006). These are among the nation's poorest states: Mississippi ranks second behind the District of Columbia in its poverty rate, followed by Louisiana ranking third, while Alabama has the sixth highest poverty rate. Thus, while the national rate of home ownership is 66%, in the affected areas, it is 55% (Logan, 2006). The unemployment rate for working age-men in the affected area is 5.8% compared to the national average of 4.2% (Logan, 2006).

Of the 700,000 persons who were displaced as a result of Hurricanes Katrina and Rita, 354,000 lived within the New Orleans city limits, and 235,000 lived in New Orleans suburbs (CRS, 2005). Within the city limits, 75% of the displaced were African American, nearly 30% had incomes below the poverty line (and 40% of these had incomes that were 2 times below the poverty line), and nearly 6% were elderly and disabled (Logan, 2006). The social demographic impacts were markedly different in the New

Orleans suburbs where 9% of the displaced were African American, only 10% had incomes below the poverty line, and 6% were elderly and disabled (Logan, 2006). Overall, 45.8% of the storm's victims were African American (Logan, 2006).

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The impact of social disadvantage is most striking in its effects on children, elderly and mortality. The majority of displaced children were African-American and 45% of those children are poor (CRS, 2005). Indeed, Black children account for 82% of all poor, displaced children (CRS, 2005). Health complications, immobility, and isolation made surviving Hurricane Katrina especially difficult for the elderly: 48% of victims 65 or older reported having at least one disability, 26% reported two or more disabilities, and 15% are impoverished (CRS, 2005).

Throughout the New Orleans and Gulf Coast, residents of the most damaged neighborhoods were characterized by greater social disadvantage. Thus, African Americans were 45% of the residents of damaged neighborhoods compared to 26.4% of the residents in undamaged neighborhoods (Logan, 2006). Likewise, in damaged neighborhoods, 45.7% of housing was occupied by renters compared to 30.9% in undamaged neighborhoods, and 20.9% of household had incomes below the poverty line in damaged neighborhoods compared to 15.3% in undamaged neighborhood (Logan, 2006).

The damage associated with the hurricanes took two forms: Structural damage caused by the wind and rain of the storms themselves, and flood damage caused by storm surges on coastal areas and levee failure. According to FEMA's Damage Assessment Criteria, 97% of the flood damage was concentrated in Louisiana, while Mississippi contained the majority of the structural damage and 94% of the catastrophic structural damage. Alabama experienced the least amount of both flood and structural

"The bodies of at least 588 people were recovered in neighborhoods that engineers say would have remained largely dry had the walls of the 17th Street and London Avenue canals not given way - probably because of poor design, shoddy construction or improper maintenance..."

damage (Simerman, Ott & Mellnik, 2005). It has been noted that, "The bodies of at least 588 people were recovered in neighborhoods that engineers say would have remained largely dry had the walls of the 17th Street and London Avenue canals not given way - probably because of poor design, shoddy construction or improper maintenance—after the height of the storm", (Simerman, Ott & Mellnik, 2005).

At the end of May 2006, Katrina's death toll was over 1800 of whom nearly 1600 are Louisiana residents: About 600 of these deaths were due to the collapse of floodwalls of the 17th Street and London Avenue canals in New Orleans; nearly 300 were due to a storm surge that poured over levees in the Lower 9th Ward, New Orleans East, and St. Bernard Parish; and more than 200 were reported at hospitals and nursing homes (Simerman, Ott & Mellnik, 2005).

Issues of Political Process

The large number of deaths due to engineering failures of levees and floodwalls, and the delay in first-response efforts, which left a large number of ethnic minority, poor and elderly persons unaided for days, served to create a continuing political storm. The separation of families during post-hurricane evacuation, especially children from their caretakers, also brought a great deal of criticism.

Almost one year later, the rebuilding of New Orleans continues to be hampered by numerous problems. Experts concluded that lack of cooperation among government officials, inability to communicate with displaced residents, and continued concerns over relief funding are major obstacles.

The devastation and uncertainty complicated citizens' lives and the normal functioning of the local government and its political process. Because many polling places were still in disrepair and many voters were still scattered across the country, Governor Kathleen Babineaux Blanco postponed elections for New Orleans' Mayor and City Council (Simpson, 2005).

The postponement of the elections, from February 4 to April 22, was contested by civil rights groups who did not believe the extension was long enough for the many displaced African-American citizens (Cottman, 2006). They argued that because Louisiana law requires first time voters, many of whom were displaced, to vote in person, the travel costs would be prohibitive to poor voters and serve as a modern day equivalent of a poll tax. In addition, state officials would be unable to locate displaced residents to mail them absentee ballots because many were relocated to temporary housing. But the U.S. District Judge upheld the April 22nd election date.

When the votes from the April election were tallied, 108,153, or 36.3%, of New Orleans registered voters had cast a ballot, and no candidate had received more than half of the vote (Konigsmark, 2006). So, incumbent Mayor Ray Nagin and Lieutenant Governor Mitch Landrieu competed in a run-off election on May 20, which Nagin won with 52% of the vote, the slimmest margin on record for an incumbent (PBS, 2006).

Current Status and Lessons Learned

In May 2006, the U.S. Senate Committee on Homeland Security and Governmental Affairs released a bi-partisan report titled "*Hurricane Katrina: A Nation Still Unprepared*" (available at <http://hsgac.senate.gov/>). The report attributed the prolonged suffering of Katrina victims, and breakdown in recovery efforts and service delivery to four major shortcomings of government officials at all levels: (a) failure to heed long-term warnings and prepare for an impending disaster; (b) insufficient action immediately before and after landfall; (c) failure of support systems to aid response efforts; and, (d) lack of effective leadership by government officials. (CHSGA, 2006).

The report further called for the dismantling of the Federal Emergency Management Agency (FEMA) and its replacement by a National Preparedness and Response Authority, the head of which would serve as the top adviser to the President on issues of national emergency. It included 86 recommendations for major procedural changes to disaster response and structural changes to responding agencies (Jordan, 2006).

Although the report's recommendations address the special needs of persons with physical, mental and other disabilities, and the need to provide for transportation and sheltering of pets, notably absent from the recommendations is any reference to culturally competent service delivery or specific references to mental health services for trauma victims, both of which proved to be needed for Katrina

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survivors. Any service provider must be aware of and sensitive to the fact that the victims' experienced the disaster through the lens of "historical and traditional racism, classism and benign neglect" (Hawkins, 2005). This worldview could also affect the dynamic of any service relationship.

The city's mental health system - which in most large cities could be most accurately characterized as "adequate" - was as devastated by the storm as the rest of the health care infrastructure - and is still ill-prepared to treat the number of survivors who display symptoms of post-traumatic stress disorder.

The city's deputy coroner reports that the city's annual suicide rate has increased from less than 9 per 100,000 persons (pre-Katrina) to more than 26 per 100,000 persons (Sauly, 2006). And calls to the city's suicide hotlines have more than doubled although the size of the population has significantly declined. As of May 2006, there were only two functional emergency rooms, one psychiatric hospital, and a three- to five-day wait for psychiatric beds. There are no facilities equipped to treat children and adolescents. One such facility was undamaged but closed because its

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operating funds were frozen by the Louisiana Department of Health and Hospitals' Office of Mental Health, and FEMA funds cannot be used for operational expenses. Only three of the city's nine mental health clinics are open. (DeBose, 2006; Reuters, 2006). The state estimates that half of the mental health providers have relocated, and the city's remaining private providers are not qualified to receive Medicaid payments if they did not provide services to Medicaid clients before Katrina. (Reuters, 2006; Saulny, 2006).

June 1 marked the beginning of the 2006 hurricane season in the North Atlantic, which the National Oceanic and Atmospheric Association (NOAA) predicts will include four to six major hurricanes (NOAA, 2006). The events surrounding Hurricane Katrina opened the eyes of our nation and its leaders to the devastating effects of natural disasters and the need for preparation. It is our hope that should any of these storms reach our shores, they will find us ready, smarter and stronger for the lessons we have learned.

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Eyewitness Report: Katrina Revisited

Priscilla P. Dass-Brailsford, EdD

Chair, APA Committee on Ethnic Minority Affairs

In June 2006, I returned to New Orleans, a little over nine months after I completed my deployment to the ravaged Gulf coast. Katrina had once again beckoned and I was back doing a pre-convention assessment for a Division 17 (Counseling Psychology) taskforce. Although it was about nine months since my earlier visit, I was struck by how little had changed in many areas. The social class differences were prominent in how reconstruction was taking place in this devastated city.



Priscilla P. Dass-Brailsford, EdD

In the affluent suburbs of Metairie, Uptown and the Garden District, residents had returned to their homes. These areas were a hive of activity as repair people were busy with remodeling. Water sprinklers gently cooled manicured gardens against the fierce June sun while SUVs and fancy cars lined their driveways. Discarded refrigerators, stylish furniture and crossed out signs that adorned front doors were no longer evident. People in these well-resourced neighborhoods were attempting to return to their former lives. Admittedly, their losses were tangible but their homes were habitable and efforts at reconstructing their lives were clearly underway. There were no abandoned or silt-covered cars in these neighborhoods. Essentially these towns resembled those in which a tropical storm had swept through, causing severe damage but moving on.

As we slowly drove away from Metairie into more economically mixed neighborhoods, of Tremaine and Mid-city it was evident that the inhabitants had fled, leaving all their possessions behind. They had not returned. Walking up a weed-infested path, I tentatively peered into someone's home. I felt like an intruder and eavesdropper, a witness to the haste with which people had left. Doors were flung wide-open, hanging

lifelessly on tired hinges. They patiently waited for their owners return. I held my breath against the stench emanating from unattractive, gutted houses that nine months of the hot Louisiana sun had not managed to quell. The mold on the walls formed huge indefinable maps of unknown continents.

Moving along we crossed the 17th street Canal Bridge. Time seemed to stand still here. We were in the Lower Ninth Ward, the home of many of New Orleans' Black residents. The devastation was tangible. Entire roofs were lifted off homes exposing their intimate insides to the unforgiving sun. Tired and weakly built houses had simply fallen into each other like a pack of cards. They remained locked in a permanent embrace since August 29th. Others were swept off their foundations to find new resting places. The unforgettable scene of a house that was apparently airborne briefly during the storm returning to its former position on top of a car blown into its evacuated space entertained Katrina voyeurs like me. I wondered whether there were any dead bodies underneath all that rubble; that would be no surprise. The previous week a decomposed body was found in the Ninth Ward. Uprooted trees tipped precipitously along weed-infested sidewalks. There were no beautiful gardens in these poor neighborhoods; just ugly overstuffed sofas, and poorly constructed furniture that had long served their purpose, heaped in piles waiting to be picked up on some indeterminate day by FEMA trucks. Unbelievable, speechless, words to describe what I saw escaped me.

How would the owners of these homes even begin to reconstruct their lives? The area was an insurance assessor's nightmare. What did the absent residents think when they came back to take stock of their losses? Were they even able to come back? Could they afford the ticket back to their beloved New Orleans? Were they captive of FEMA finances in some American city they really did not want to go to in the first place? A kitchen apron forlornly blowing aloft a tree remained a reminder that people once lived in these neighborhoods. Would the cook someday serve her family meals here again?

A huge sign waves sadly in the wind. "Respect this neighborhood" looters are warned. I wonder what can be stolen from a neighborhood that has already lost so much.

There are only so many pictures that I can take, only so much my brain can process. Hopelessly I put my camera away. The Ninth Ward needs more than my pathetic pictures. The dry dust swirls around me. I am tired and dirty from just an hour in this forlorn city. A huge sign waves sadly in the wind. "Respect this neighborhood" looters are warned. I wonder what can be stolen

from a neighborhood that has already lost so much.

Later, in the comfort of my hotel room I ponder the issues of race, class and reconstruction in New Orleans. First, it is clear to me that using race as primary framework of understanding reconstruction in New Orleans misses the whole point because it is primarily about class. Ninety-eight percent of the low socio-economic community of the Ninth Ward was obliterated. Unfortunately, it was where most African-Americans lived. Hurricane Katrina did not destroy New Orleans but its African-American population was most affected and became scattered as a result. A disaster always carries the potential to shake people and change their values. The stereotype of the unworthiness of the Black underclass surfaced strongly after the storm. These sentiments continue to proliferate.

Secondly, we have much to learn from history. The New Deal was a series of programs implemented between 1933-1937 by President Franklin D. Roosevelt with the goal of relief, recovery and reform of the United States economy during the Great Depression. The Works Project Administration (WPA) was created in May 1935 as the largest and most comprehensive New Deal agency. This "make work" program provided jobs and income to the unemployed during the Great Depression. WPA projects primarily employed unskilled blue-collar workers in construction projects across the nation. The parks along the Chicago Lakefront district and the Golden Gate Bridge in San Francisco are examples of projects undertaken by the WPA that changed lives of poor people. The Fair Housing Act is another example of federal intervention around housing, allowing many White working class families to become upwardly mobile.

These are historical examples of how a motivated government can provide financial resources for its masses. This type of thinking will bring the black community back to New Orleans. Unfortunately, this is not where discourse seems to be going; instead, there appears to be an unstated hope that the indigent and economically distressed, evacuated to distant US cities after the storm will remain there. Long-term employment that provides a fair wages and housing incentives can help people reconstruct their lives. If we could did it in past why can we not do it in present? However, without a political will, this cannot be achieved. Do we have that will?



Hurricane Katrina and Ethnic Minority Serving Institutions: After The Storm — A Tale of Resilience

Veronica Womack, BA, OEMA Intern (Howard University, Washington, DC) and Alberto Figueroa-García, MBA, OEMA



Southern University at New Orleans Campus

Hurricane Katrina devastated the Gulf Coast region. Many of the areas hardest hit included sites of some of the nation’s Historically Black Colleges and Universities (HBCUs), Dillard University, Southern University at New Orleans, and Xavier University of Louisiana. Preliminary damage estimates of these institutions range upwards of \$1 billion. Most were forced to close; forever changing the lives of many.

To many, the devastation clearly signaled a tragic catastrophe to institutions of higher education whose very existence can be traced to other great catastrophes of oppression and racism: HBCUs communities are no strangers to hardship. However, working to keep an already hectic college schedule on time can be tough enough without adding the complication of “Where do I live, now?” or “Is the water safe to drink?” Though the university’s buildings were closed and their students displaced, others were quick to breach the gap. Sister HBCU institutions such as Howard University in Washington, DC, Hampton University in Norfolk, Virginia,

and Atlanta's Morehouse and Spelman Colleges opened their gates. Tulane University and other local institutions did likewise.

While the displaced students were admitted for the fall 2005 semester and extended an invitation to prolong their stay, most were being encouraged to return to their home institutions for the 2006 spring session.

In January 2006, as classes resumed at Dillard, Xavier, and Southern Universities many came face to face with the unintended consequences of a cancelled semester: Graduation, job hunting, and missed deadlines associated with applying for internships and graduate school. Returning students hoped for regularity but found much had changed. Many stores and restaurants remained closed and telephone lines



Southern University at New Orleans Physics Department

were still down. Also, many seniors were concerned about securing the requisite classes for graduation eligibility given the absence of many professors who were laid off or themselves displaced. Many students were forced into the workforce well in advance of their plans because of missed graduate school application deadlines. In an effort to assist students earn their required credits, schools in New Orleans, including Dillard and Xavier Universities, will offer two accelerated semesters that will end with summer graduations.

There was an unexpectedly high rate of student return for the Spring semester. According to *The Black Collegian Magazine*, 37.5 percent of Southern University's students came back while Xavier University had a 76 percent return rate. Dillard's pre-Katrina enrollment was 2,200 students and 1,071 returned. If the number of returning students anticipated by each institution is realized, collegians will push the city's population past the 160,000 mark, nearly a third of its level before Katrina (Chollette & Bannister, 2006).

Dillard University students began taking their classes at the Hilton New Orleans Riverside Hotel. “Hotel Dillard”, the students’ affectionate nickname, gives the students hotel amenities and the opportunity to fulfill work-study obligations by working as hotel staff.

Dillard and Xavier are aggressively recruiting and attending college fairs across the country. All displaced students do not plan to return to their home universities. Reasons include city conditions, financial setbacks, tuition costs, and health issues related to asthma and allergies. Despite numerous obstacles, students and faculty are excelling.

The presence of college students from these ethnic minority serving institutions are crucial to the redevelopment of New Orleans. Area businesses are using high wages and accelerated advancement opportunities to entice students to fill jobs, making them both a significant workforce and customer base for the city.

Though the timing may appear inopportune, students will have the remarkable opportunity to play a part in what is being called by some as the “New Orleans renaissance,” because of their financial contributions, innovative ideas, community service, and resilience.

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Update: APA Task Force on Multicultural Training and Disaster Response

Bertha G. Holliday, PhD

In response to the multicultural disaster of Hurricanes Katrina and Rita, APA's Board of Directors (B/Ds) initiated a broad response that included efforts to ensure that cultural competency skills training is part of the mental health response to disaster-relief efforts. Specifically, the B/Ds authorized the establishment of a Task Force on Multicultural Training, with members appointed by the APA President **Ronald F. Levant, PhD**. The Task Force was charged with developing and recommending ways in which culturally competent mental health services might be made available to persons and families who have been victimized by Hurricane Katrina and other disasters, and their aftermath (flooding, displacements, evacuations, violence). Members of the Task Force are **Henry Tomes, PhD**, Chairperson, **Elizabeth Boyd, PhD**, **Nicolás Carrasco, PhD**, **Anderson J. Franklin, PhD**, **Chalsa M. Loo, PhD**, **Matthew Mock, PhD**, **Fayth M. Parks, PhD**, **John Peregoy, PhD**, **Azara L. Santiago-Rivera, PhD** and **Kevin Washington, PhD**. **Jessica Henderson Daniels, PhD**, served as the Board of Directors liaison to the task force.

The Task Force met October 28–30, 2005. Its deliberations included discussion of the (a) authority and roles of the Federal Emergency Management Agency (FEMA) and the Red Cross in the nation's response to disasters; (b) mental health service provision to victims of Hurricanes Katrina and Rita; (c) the participation of APA's Disaster Response Network; (d) multicultural training models e.g. those of the National Multicultural Institute and the Disaster Mental Health Institute of the University of South Dakota; and (e) analyses of the shortcomings in the responses to the ethnic minority and impoverished victims of the Hurricanes.

The Task Force recently developed draft recommendations that are currently under review for comment by various APA governance groups. The following is a summary of those draft recommendations, which the

Task Force suggests be undertaken in collaboration with FEMA and the Red Cross.

1. Creation of brochure/fact sheet(s) that can assist psychologists and other mental health providers, in providing culturally competent services in times of disaster. Recognizing the importance of linguistic diversity, the Task Force recommends that the brochure/fact sheet(s) be made available in multiple languages.
2. Creation of a Multicultural Training Curriculum that can be accessed online. Web-based training modules on multicultural competency could facilitate psychologists gaining certification in this area. The Task Force recommends that the content of the Multicultural Training Curriculum include, but not be limited to, the following:
 - Legacy of social, economic, historical and political trauma that result in the inter-generational transmission of sociohistorical trauma;
 - PTSD and disasters [using the National Center for PTSD website as a reference-www.cptsd.va.gov/] or the Journal of Traumatic Stress- www.wkap.nl/journalhoe.htm;
 - Training psychologists in assisting volunteers impacted by delivery of services in disaster situations on issues of ethnicity and culture, including stigmatization, stereotypes, bias and prejudice;
 - Developing skills in collaborating with individuals who understand the dynamics and cultural traditions of the community;
 - Ethnic and cultural community relations;
 - Working with diverse populations (ethnic groups, persons with disabilities , older adults, families and children, lesbians, gay men and bisexuals, linguistically diverse populations, diverse faith-based organizations and diverse spiritual orientations, and persons with differing socio-economic statuses);
 - Sharing information about adverse race-related life stressors and race-related trauma; and,
 - Self Care.
3. Development of APA Convention workshops on multicultural issues in times of disaster and trauma.

4. APA should serve as a resource to assist the Red Cross and its regional offices in identifying psychologists and other disaster mental health volunteers who can provide culturally competent services.
5. Encourage graduate psychology training programs to include courses related to delivering multiculturally competent services in response to disaster and trauma.
6. Creation of an annotated selected bibliography that can assist in developing modules for delivery of multiculturally competent services in times of disaster.
7. Examine programs or models of disaster mental health training with multicultural content for the purpose of developing an APA multicultural training curriculum.
8. Compile, evaluate and disseminate resources on disaster and multicultural issues, e.g., videotapes, web sites, CD ROMs.
9. Encourage the APA Board of Directors to engage in a dialogue with the Red Cross about multicultural competence in disaster mental health response training and ways in which APA could be of assistance.

Comments on these recommendations may be emailed to: sarcher@apa.org.

Update from APA's Disaster Response Network

Margie Schroeder

Director, APA Disaster Response Network

In addition to the havoc they create, disasters become learning opportunities. Ideas abound about what went awry and ways to better prepare for the future. After Katrina, it became clear that disaster responders could benefit from more education on cultural diversity and that there is a need for more ethnic minority volunteers. These findings and recommendations were also made by APA's Board of Directors' Task Force on Multicultural Training.



Margie Schroeder

APA's Disaster Response Network (DRN) has initiated steps to increase its training and recruitment. At the Practice Directorate's State Leadership Conference this spring, the DRN organized a continuing education workshop for its state/provincial/territorial coordinators entitled "Multicultural Knowledge and Awareness in the Delivery of Disaster Mental Health Services." A standing room only group heard from two experts, **Priscilla Dass-Brailsford, EdD**, and **Kevin Washington, PhD** on ways cultural issues can affect disaster response.

Dr. Dass-Brailsford, in an attempt to increase people's awareness and receptivity to cultural differences, introduced an exercise in which participants discussed in small groups their own experiences of being different or an ethnic minority. She then gave an eloquent presentation about her own experience and observations as a disaster responder of color working with hurricane survivors. Dr. Washington spoke of the plight of Hurricane Katrina survivors and played a recorded song and video that highlighted the dislocation and alienation many ethnic minority survivors of Katrina felt in the wake of the disaster. Participants, many of whom were disaster responders in the Gulf region or at shelters nationwide, engaged in an emotional and candid discussion of their own experiences and feelings related to diversity. Participants also discussed ways to continue building their multicultural knowledge and awareness.

With regard to recruitment, the Disaster Response Network has invited the presidents and chairs of national ethnic minority psychological associations to encourage their members to participate in a disaster mental health training at the APA Convention in New Orleans. This training prepares licensed mental health professionals to offer disaster mental health assistance on relief operations. The day-long training will be held on Wednesday, August 9th. Interested persons are asked to contact APA's Disaster Response Network office for more information and to register. (**mschroeder@apa.org** or 1-800-374-2723). APA's Disaster Response Network seeks to include more ethnic minority psychologists among its ranks in order to be more able to meet the needs of people affected by disaster.

Fact About APA's Disaster Response Network

After identifying a need to manage the stress experienced by its relief workers at disaster sites, the American Red Cross entered into a Statement of Understanding with APA to add a disaster mental health function to the services it offers. This agreement led to the establishment of APA's Disaster Response Network in 1991.

- APA's Disaster Response Network (DRN) is a national network of psychologists with training in disaster response who offer volunteer assistance to relief workers, victims, and victim's families after manmade or natural disasters in the United States and territories.
- DRN members use their professional judgment and training to help disaster victims cope with extremely stressful and often tragic circumstances. Members help problem-solve, make appropriate referrals to community resources, advocate for workers' and victims' needs, provide information, and listen. They also focus on providing general emotional support and helping people to marshal their own successful coping skills.
- The DRN has more than 2,500 members nationwide who volunteer primarily through our valued partnership with the American Red Cross. The DRN has an extensive database to track and provide information to these members.
- DRN members have volunteered more than 24,000 days in the past 14 years (approximately \$11 million worth of psychologists' time) helping the American Red Cross.
- In addition to their work as disaster responders, several DRN members also are American Red Cross instructors, consultants, and American Red Cross state mental health leaders.
- Each DRN member is required to complete two Red-Cross-sanctioned courses: the 3-hour Introduction to Disaster Services course (offered regularly at most local Red Cross chapters), and the one-day Foundations of Disaster Mental Health course. Members also may obtain additional training through outside continuing education courses or graduate-level programs.

For more information, visit: <http://www.apa.org/practice/drnindex.html>.

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For More Information

APA Office of Ethnic Minority Affairs

202/336-6029

oema@apa.org