

SPECIAL SECTION

PSYCHOLOGICAL PERSPECTIVES

**HURRICANE KATRINA:
A MULTICULTURAL
DISASTER**

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SPECIAL SECTION OVERVIEW

Bertha G. Holliday

The historical legacies of people of color in the United States – such as our cross-generational experiences of oppression/colonization and resistance and their related trauma, the culture-rootedness of many of our values, behaviors, rituals – continue to present special challenges for healing ... Like the survivors of Katrina, many of our people have endured the unimaginable. But the harshness and struggle of our experiences have often left us with deep scars whose pain sometimes reoccurs in the presence of exceptional stress and loss – such as Hurricane Katrina and other natural disasters.... To ensure that cultural, psychological, and spiritual perspectives are included in disaster planning and response ... [and that first responders and providers of longer term assistance are trained in these perspectives] requires a significant investment of time and effort. Mental health and spiritual experts must learn and fully understand the disaster command structure and how it works; they must understand the methodology of the organized disaster response. In other words, if ethnic minority mental health and spiritual communities want to have a significant impact and role in their community's response to a disaster, they must have a PRE-EXISTING relationship with emergency planning and response agencies. This is the challenge of preparedness.

Holliday (2005), “Anatomy of a disaster”

Katrina and its aftermath continue to be hypnotizing, heartbreaking, and enraging. It is a tragedy of great scope and duration. Political, governmental, non-profit, and (contract) corporate sectors have all exhibited significant shortcomings and failures. Only the media seems to be on top of the situation: By and large , it got the story and got it nearly right – with the notable exception of the nomenclature it initially used in referring to the hurricane's victims/evacuees/survivors, and the racially differentially labeling it initially appended to those survivors..

From a psychological perspective, we know those failures and their continuing sequelae will have enormous impact on the immediate and long-term health and behavior of affected communities, institutions, families and individuals. Consequently, we at OEMA could not watch this tragedy without comment.

OEMA extends its sincere condolences to all who have lost their grounding, their homes and/or their family members in the wake of Katrina. In memory of these, and as a gesture towards having some minor impact, we developed this Special Section on “Psychological perspectives: Hurricane Katrina - A multicultural disaster”. This Section is divided into three parts. The first part recaps and dissects the significance of the hurricane and its aftermath through contributions from

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eyewitnesses, and descriptions of the hurricane's effects on various ethnic minority populations and institutions. Part 2 provides information on the responses to the hurricane (many of which are ongoing and in search of support and volunteers) by APA and its divisions, state and provincial psychological associations, and ethnic minority psychological associations. Part 3 provides specific guidance from psychologists of color for more effective response to multicultural populations affected by disasters.

We hope this Special Section encourages you collectively and individually to make some small commitment, take some limited action that will serve to help both increase the multicultural competence of our disaster response capabilities throughout the nation, and ensure the multicultural disaster of Katrina will never occur again in these United States of America.



Part 1:

THE EVENT And Its AFTERMATH

With both passion and dispassion they told their mythic stories of going into attics; holding onto rooftops with children strapped to their bodies and watching some of those children - one by one - succumb to the surge and drop off into the swirling waters; holding onto wives who let go and gracefully sacrificed their lives to ensure the survival of others. Then there were the people in the wheelchairs with nowhere to go and no way to get there; the mothers dispossessed with nothing but the clothes on their back waiting patiently for help while carefully combing their toddler's hair. There were the people on rooftops with signs; the people terrorized in so-called safe public havens. There were the addicts without their drugs, mentally ill persons without their medications, children without their parents. There were folks floating on doors and plastic tubs in streets turned into rivers; there were the young men/old women in the face of death unable to leave their pets and unable to understand why. There were the determined marches to nowhere but an interstate overpass. In the face of the endless parade of reporters and their cameras – there was no food, no water, no help – day after day after day after day... And later, people being put onto buses and planes with destinations unknown to their prospective passengers. And then there were all the lessons on the infrastructure of New Orleans where one learned more about the mechanics – and the politics – of levees than one cared to know. Finally the troops arrived and the pumps started working and it seemed the morass might be at an end... But in the wake of Hurricane Rita, those levees broke a second time...

Holliday, (2005) "Anatomy of a disaster"

**International Quotes:
What the World Saw and Said
About Katrina and Racism**

“The fast and safe evacuation was white, leaving behind poor black people, as if time had stood still between the racial unrest of the sixties and today.”

Die Tageszeitung, Germany

“The fact that New Orleans is a southern town predominantly populated by African Americans ... explains why President George W Bush did not see the need to cut short his holiday... (B)eing in America does not make a black man an American.”

The Herald, Zimbabwe

“Washington, in a bizarre display of uncaring aloofness in their hour of need, appeared unable to respond to the crisis until days later. The disaster also revealed the racial fissures in American society. Most of the hapless survivors who filled New Orleans Superdome were black, with the more affluent white residents able to flee in their sports utility vehicles before Katrina brought her misery.”

The Star, South Africa

“The ever-sensitive question of race in the United States has exploded into the furious debate over the government's handling of the disaster unfolding in New Orleans.”

Aljazeera.net, Middle East

“Louisiana has a long history of leaving black people to die without rescue during floods. In the 1927 flood, tens of thousands of black workers were put to work at gunpoint shoring up the levees, given the choice of certain death via immediate lynching, or possible death if the levees broke. When the levees broke, their white overseers stepped into boats and fled. The black workers were left to slowly die of exposure on the remnants of the levees, those who didn't drown in the first place. Weeks later, when the flood waters drained, the bodies of the black laborers were shoved into mass graves and forgotten.”

Badtux, Australia

The collage features a newspaper clipping on the left with the headline 'Gartenmöbel-Asbest-Gezang'. In the center is a photograph of a flooded landscape. Below the photo is a graphic with the text '11 Minuten und 42 Sekunden' and a small image of a person. On the right is another newspaper clipping with the headline 'Seit 125 Jahren am Ball'.

March 2006 Communiqué **ST. GALLER** **SPECIAL SECTION**
HURRICANE KATRINA: A MULTICULTURAL DISASTER

It is now urgent that the world's leaders take heed of nature's warning, look at the evidence and realise that the climate, on a global scale, is changing. This is already known from scientific reports, but they continue to ignore it, to play it down, or not to care about it.

Colombia's El Colombiano

The sea walls would not have burst in New Orleans if the funds meant for strengthening them had not been cut to help the war effort in Iraq and the war on terror... And rescue work would have been more effective if a section of National Guard from the areas affected had not been sent to Baghdad and Kabul... And would George Bush have left his holiday ranch more quickly if the disaster had not first struck the most disadvantaged populations of the black south?

Switzerland's Le Temps

The episode illustrates that when the normal day-to-day activity of society disintegrates, the collapse of civilisation is only a few paces behind. We all walk on the edge of the abyss.

Saudi Arabia's Saudi Gazette

The destruction caused by Hurricane Katrina... has proved that even the No 1 superpower in the world is helpless in facing nature's 'terrorism'.

Samih Sa'ab in Lebanon's Al-Nahar

My first reaction when television images of the survivors of Hurricane Katrina in New Orleans came through the channels was that the producers must be showing the wrong clip. The images, and even the disproportionately high number of visibly impoverished blacks among the refugees, could easily have been a re-enactment of a scene from the pigeonholed African continent.

Ambrose Murunga in Kenya's Daily Nation

"When I see poor Blacks, Whites, Latinos and other ethnic groups crying out for help in an undignified manner it is sad and shameful when we recognize something could have been done earlier, something is wrong with the social and ethnic fabric of the United States. It is clear that this group of people is very much removed from the suburban white middle class."

The Bahama Journal, Bahamas



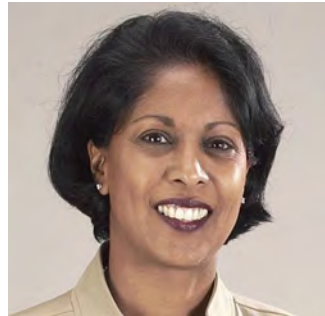
There has been little public information to assure us that there is a recognition that the corpses of New Orleans are precious souls who are somebody's child, parent, lover, heroine. In sharp contrast to the tragedies of Oklahoma City and the World Trade Center, there has been little ritualistic or ceremonial handling of the dead. The media has shown no mahogany coffins in New Orleans — just human remains either wrapped in sheets or placed in body bags. There have been no major public memorial services — and almost no apologies for the failures of human action that could have prevented so many of these deaths. This kind of response to the dead — this absence of concern and public mourning — is occurring in a city steeped in ritual — where ritual is an important tool of healing — where the celebration of one's death might well be the grandest celebration in one's life.

Holliday, (2005) "Anatomy of a disaster"

Eye Witness Report: Ignore the Dead; We Want the Living! Helping after the Storm

Priscilla P. Dass-Brailsford, EdD
Chair, APA Committee on Ethnic Minority
Affairs

Labor Day in the U.S. usually heralds the start of the work year for most people. It was also the day that I would get a call from the American Red Cross in Washington DC deploying me to Baton Rouge to participate on a disaster mental health team. The devastation in New Orleans had affected me deeply and I could not wait to help. Since August 29th the anguished faces on television were a constant reminder of clients I currently serve in the inner city clinic I work in weekly and the township shelters I visit during my summers in South Africa.



**Priscilla P. Dass Brailsford,
EdD**

On the plane bound to Louisiana the next morning I pondered the words I had read in the newspaper over breakfast: "Ignore the bodies we want the living." I kept wondering what I would meet in my new location. A day later I found myself picking up my Red Cross card at the Cajun Dome in Lafayette a small town outside Baton Rouge and was duly assigned a clientele of two and a half thousand men, women and children. It was also where

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I would work for more than eighteen hours a day while trying to eat and sleep during the remaining hours. Stories of my experience in this place of extreme loss and devastation abound. As the only person of color on the mental health team initially, the lack of a coordinated multicultural approach to helping became fairly clear. Ninety five percent of the people in the shelter were Black and indigent.

The disproportionate degree to which African-Americans bore the brunt of the suffering and loss is clearly attributable to the economic and social stratification that was present in New Orleans before Hurricane Katrina, but became magnified after the storm. Perhaps this was what we were being encouraged to ignore as we tended to the living! New Orleans has the largest working poor population in the U.S. — families that work two or three jobs but are still not able to make ends meet — a legacy of the good society and welfare reform introduced decades ago. The underlying and insidious effects of exclusion from access to society's resources and ongoing stigmatization was evidenced in the rapid disintegration and loss of hope among many of the survivors.

Attempts at providing basic necessities to help recovery were challenging. On a regular basis walking around the shelter meant being constantly assailed by anxious individuals inquiring when financial reparations were going to become available so that they could take the first steps in putting their lives together. Many did not know the whereabouts of family members.

African-American family life is one in which kinship bonds play an invaluable role. This aspect of African-American culture, however, seemed to be lost to many dominant culture responders, eager to help but sometimes tripping on their own ideas and assumptions about child care and family structure.

The role that religion and spiritual beliefs played in the lives of many of those impacted by Hurricane Katrina was notable. To neglect this significance was a disservice to the people being helped. Religion can offer succor in an individual's hour of need and many of the residents of the shelter had strong religious beliefs. They were not prepared to ignore their dead. In fact, they could not continue living until their dead had been accounted for and respectfully put to rest.

Unfortunately, helping in the aftermath of Hurricane Katrina was exacerbated by the fact that the hurricane did not sweep away the social ills and other problems that many survivors faced before the storm. Instead new losses heightened pre-existing issues. Substance dependence, psychiatric disorders, child molestation, domestic violence and other relational difficulties increased under the stressful conditions of

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shelter living. These issues would keep survivors and me up until the late hours of the night and into the early hours of the morning.

Those involved in mental health service delivery should be aware of the role of psycho-cultural issues and unique trauma responses that ethnic minority populations are likely to display. The most important lesson that Hurricane Katrina has taught us is that strategies for helping should always centrally locate culturally specific needs for interventions to be effective. However, such helping requires more than good intentions.

The following are a set of minimal recommendations that should inform both local and national efforts at providing culturally appropriate mental health and social services for ethnic minorities, especially African-Americans, in the aftermath of natural disasters:

- * A willingness to openly discuss the effects of institutionalized racism and the role of power and oppression.
 - * An understanding of African-American world-view, language, communication style and the value of community and interpersonal relationships.
 - * Relief efforts should make a concerted effort to include responders that are reflective of a survivor's ethnic, racial and social background.
 - * An acknowledgment of the role that religion and spirituality may play in healing.
-

With support from the Office of Minority Health, Department of Health and Human Services, a pilot project is being initiated to explore the coping responses and resources of women and men from large extended families disrupted by the catastrophe of Hurricane Katrina. This project is an effort to determine the responses and mediators for traumatic stress that are embedded in preexisting exposure to chronic stress linked to the racial and gender identity of evacuees. If you are interested in the topic and possibilities for a more extensive exploration and assessment of the lived experiences of Hurricane Katrina evacuees currently residing in Atlanta, you may contact **Dr. Fleda Mask Jackson**, Rollins School of Public Health, Emory University, 404 727-4775.

Eye Witness Report: Impact of Hurricane Katrina among Tougaloo Students, Faculty and Administrators

Shaila Khan, PhD, Chair, Department of Psychology, Tougaloo College

Tougaloo College is a private, coeducational, historically Black, four-year liberal arts institution, founded in 1869 and located in Jackson, Mississippi. Tougaloo offers an undergraduate curriculum designed to instill a basic knowledge of the humanities, the natural and social sciences, and skills for critical thinking and leadership in a democratic society and a changing world. Among the fourteen departments, the department of Psychology is one of the larger, averaging 100 majors annually.



Shaila Khan, PhD

Katrina was a category 1 hurricane with wind speeds of 80-90 mph when it hit Tougaloo. According to Edwina Harris Hamby, Vice President for Institutional Advancement, the

campus suffered approximately 5 million dollars of damage. As winds and rains ripped through the 136 year-old campus, tiles blew off roofs, and windows shattered in the Coleman Library and several other buildings. The College lost power for six days.

The nearly 350 students who could not leave before Katrina's landfall were relocated to the New Residence Hall. No one was injured, but some students had emergency medical issues that college officials handled immediately. Due to the lack of electrical power, neither the campus cafeteria nor nearby restaurants were able to serve food. However, true to the spirit of the Tougaloo family, the cafeteria staff pulled together and provided meals. College chef, Ms. Smith even brought in her family members to make sandwiches.

On the afternoon of August 30, the College cabinet met and decided to close the College. All students were asked to leave the campus. Fifty students had to be taken in by staff and alumni. Local TV stations later announced that Tougaloo would re-open on September 6th and requested volunteers to help make the campus operable. Our president, **Dr. Beverly Hogan**, recalled being overwhelmed by the community support, as students, staff, faculty, alumni and friends, and even Jackson's Mayor, **Frank Melton**, partnered in the effort. Although it was difficult

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for me to be excluded from the work, I was contending with helping thirteen family members and friends from New Orleans and Hattiesburg who took refuge in our home.

When classes resumed on September 7th, I found my classrooms still half empty and was forced to teach at a slower pace. Later, we received notice that extended class hours and Saturday sessions would be added to meet contact hour requirements. The new schedule interfered with some recovery programming and with students with evening jobs. For me, it meant teaching non-stop from 7am to 1pm, but also finishing the courses on time without modifying the syllabus.

Dr. Rosie Harper, Director of Counseling Services, observed that many students experienced a great deal of anxiety and tension. She invited the students to visit the Counseling Center, and the Office of Student Activities organized a convocation entitled "Calm after the Storm," which incorporated the 25 transfer students from Dillard University, Xavier University, and Pearl River Community College. Dr. Harper also reflected that the clean up effort became a healing venture, after which the students returned with positive attitudes.

Of our 927 students, 626 are from FEMA-designated affected areas. A number of students faced extraordinary financial challenges, as their parents lost jobs and homes. President Hogan established a Student Aid Fund to cover tuition, room and board, and other fees. Donations have been received from Brown University, Bowdoin College, Belmont University, the Christian A. Johnson Endeavor Foundation, the Southern Education Foundation, Scholarship America, and members of the Tougaloo family. Dr. Hogan also met with President Bush and the Secretary of Education to request student loan forgiveness, and is working with United Negro College Fund (UNCF) on further proposals. Grants were received from NIH to aid science transfer students and the National Endowment for the Humanities to seal and weatherproof damaged portions of the library.

Many of the damages may have been avoided with improved preparation. President Hogan noted that she has much work to do to prepare for future storms, including purchasing generators, buses and vans. She will also develop a mitigation plan, a requirement for assistance from FEMA, which is currently helping to manage the damages.

I thank the American Psychological Association for the opportunity to explore the varied challenges that our institution underwent during this disaster. I also applaud the efforts of our administrators, staff, Board of Trustees, alumni, faculty members and our devoted students. There is still much work to be done, but what we have

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accomplished so far was only possible because of the strong sense of community and the history and spirit of perseverance in the face of adversity that defines our beloved institution.

Shaila Khan, PhD in Social Psychology from University of Manitoba, Winnipeg, Canada. Presently working as an Associate Professor and Chair, Department of Psychology, Tougaloo College, Tougaloo Mississippi. Research Interest: “Alcohol Abuse” and “Parental Acceptance and Rejections and its effect on Intimate Relationship”

Editor’s Note:

In January 2006, APA announced that Tougaloo College was one of eight educational institutions affected by the hurricanes selected to receive grant assistance from APA. The Tougaloo psychology department will use these funds to replace damaged journals, textbooks, and office furniture.

We at OEMA were particularly concerned about Katrina’s impact on HBCU’s on the gulf coast. So Program Officer Dennis Bourne took on the job of culling through newspapers, internet sites, and personally e-mailing and phoning faculty officials at these institutions. The following is his report.

Katrina and Minority Serving Institutions: Challenges Faced, Problems Solved, Lessons Learned

by Dennis R. Bourne, Jr., BA, OEMA Program Officer

Hurricane Katrina made landfall on August 29, 2005, just a week or two into the Fall semesters of the Historically Black Colleges and Universities (HBCUs) on the Gulf Coast. Striking Mississippi as a Category 1 Hurricane and New Orleans as a Category 4, Katrina wrought unimaginable destruction on the campuses of these institutions.

Tougaloo College, in Jackson Mississippi, saw roofs and windows damaged on many buildings, and lost power with nearly 350 students stranded on campus. New Orleans’ HBCUs, **Dillard University**, **Southern University at New Orleans** (SUNO) and **Xavier University of Louisiana**, were the hardest hit of the city’s post-secondary institutions, sustaining damage totaling more than \$1 Billion. At Dillard, located near the damaged levees, the first floors of all but one building were covered with water for weeks. Three buildings burned down completely and several others were irreparably damaged by water and mold. Xavier’s campus was under

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about seven feet of water, and many buildings suffered damage to roofs, wooden floors and carpeting. They lost computers, books, and furniture to water damage and mold. SUNO's campus, only blocks from Lake Pontchartrain, was considered a total loss with no salvageable buildings.

The structural damage caused by Katrina presented only one of many challenges. Even before landfall, the institutions struggled to get their students to safety, which proved a major feat in some cases. One busload of Dillard students en route to a sister school in Mississippi, had their bus break down then catch fire, destroying their belongings. After landfall, several of the schools still had students on campus who had to be housed and fed. There were also serious financial considerations, such as costly repairs, faculty and staff salaries, and financial aid for students whose families had lost everything. SUNO students were further traumatized by a call in a local paper for the state to not rebuild the school, questioning the merits of the institution and its mostly poor, nontraditional student body.

New issues arose as the institutions returned to operation. After working tirelessly to find placements for their top-notch faculty and students at other institutions, affected institutions faced the possibility that host institutions may take steps to retain those students and faculty. Depending on demand created by returning students and financial resources, the schools had to cut the size of their faculty and staff. After missing part or all of the Fall semester, the schools also had to devise a curriculum and schedule allowing students to make up classes. Xavier's solution involved completing two semesters between January and August with a two-week break. Critics raised concerns about inviting students to return to cities facing shortages of hospitals, police, and other vital resources. The institutions, however, were confident returning students would be safe. Along with physical well-being, institutions had to address students' emotional and psychological distress. Tougaloo extended a special invitation to visit the counseling center, developed a discussion forum, and involved students in clean-up efforts to give them a sense of efficacy and closure.

All of the institutions found partnerships with other institutions and their surrounding community to be essential to successful recovery. Xavier's partnership with Tulane and Loyola enabled students to take courses at no charge and ensured seniors would obtain credits necessary for graduation. The National Institutes of Health offered some Dillard faculty space at their Washington, DC facilities while they developed special grants. Community residents, including the mayor, helped prepare Tougaloo's campus for reopening. Financial assistance was also provided through the United Negro College Fund, federal grants, and generous donations from alumni, parents, and many others.

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Hurricane Katrina afforded these institutions a chance to reimagine brighter futures, and perhaps bring them to pass sooner. Xavier's president, **Dr. Norman Francis**, outlined a plan to rethink how its resources were used and configured, and integrated improvements into the reconstruction designs. **Dr. Marvalene Hughes**, Dillard's president, took this opportunity to rethink the curriculum and incorporate a research component into studies in every department. SUNO declared its intentions to rebuild and reopen better and stronger than before. President **Beverly Hogan** of Tougaloo developed a mitigation plan and put resources in place to ensure future preparedness.

These and other HBCUs along the Gulf Coast have always embodied the rich heritage and indomitable spirit of the people and culture that they represent. With that heritage in mind and through that spirit, they will recover, carry on their incredible legacies, and shape the minds of tomorrow's great thinkers, professionals, and public servants.

For further information on the challenges and successes of HBCU's following Hurricane Katrina, visit the Black Collegian Magazine online at http://www.imdiversity.com/special/katrina_hbcu_special.asp.

On November 2, 2005, House members of the Congressional Black Caucus introduced HR 4197, the Hurricane Katrina Recover, Reclamation, Restoration, Reconstruction and Reunion Act of 2005. Title V - Subtitle D of this bill includes provisions for student loan forgiveness, and reconstruction grants, and grants for recruitment and retention of students and faculty for affected institutions. As of November 22, 2005, HR 4197 was referred to the House Subcommittee on Health.

Evacuation Patterns of Ethnic Minority Populations Affected By Hurricane Katrina

Dennis R. Bourne, Jr., BA, OEMA Program Officer

Much of the television coverage led viewers to believe the aftermath of Hurricane Katrina was a "Black and White" issue. The area's sizable American Indian population and immigrant population, the majority of which is Vietnamese and Mexican, found themselves largely ignored.

Official figures estimated that the hurricane affected 5,000 to 6000 American Indians, roughly 10 percent of the 61,358 living in Alabama, Louisiana and Mississippi. In addition, more than 34,000 naturalized citizens, 72,000 documented

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immigrants, and an unknown number of undocumented immigrants were also affected. These persons represented 42 percent of the 247,189 foreign born living in Alabama, Louisiana and Mississippi.

For a variety of reasons, Vietnamese, Mexican and American Indian responses to the disaster differed from those of the area's African-American residents and from each other. A large number of Vietnamese immigrants evacuated to Houston, where the South's largest Vietnamese population resides. The parking lot of a local shopping center of mostly Asian businesses was transformed into a make-shift welcome, staging, and donation center. From there, evacuees were referred to Vietnamese temples, churches and homes offering refuge and services. Once settled, evacuees returned to the shopping center to get the latest news from the new arrivals.

Language barriers were undoubtedly one reason that the Vietnamese shunned the larger, official shelters and service sites. Previous experiences would have demonstrated the unlikelihood of government agencies providing adequate translators to help them navigate what was sure to be a highly bureaucratic process. This distrust would have been solidified by the fact that storm warnings and evacuation orders weren't properly translated, so many non-English speaking residents did not know to evacuate until shortly before or after landfall. Also, having lived for years among their poor, African-American counterparts and seen the level of services and resources provided to them, some have speculated that the Vietnamese expected more of the same and worse at the Superdome and Astrodome. Vietnamese religious and community institutions proved a more attractive option. Local and out-of-state convents, churches and temples welcomed and continue to support evacuees.

The evacuation pattern of the Mexican population from the affected area is much harder to trace. Some sought refuge with friends and family in Mexico. But, a number of Mexican immigrants, unlike the Vietnamese, sought assistance through official channels. Confusing policy and actions by the federal government and relief agencies forced many others to travel and seek aid "underground." Written testimony submitted to the Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina noted that Bureau of Immigration and Custom Enforcement (ICE) officers served as security for the Federal Emergency Management Agency relief centers, and applications for relief assistance included a notice that applicants' information would be shared with ICE. Contrary to Red Cross policy, some seeking aid at Red Cross shelters were required to produce proof of citizenship. This also proved an issue for naturalized citizens whose documentation had been lost in the hurricane. According to Victoria Cintra

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of the Mississippi Immigrations Rights Alliance, a police raid at one Mississippi shelter ended with 50-60 immigrants ordered to leave under the threat of deportation. Cintra also claims to have witnessed another 40 immigrants ejected from a second shelter.

What is known for sure of the Mexican immigrants is that a large number are migrating back to the affected area to find construction work as rebuilding efforts get underway. This trend began as soon as two weeks after landfall. The Department of Homeland Security announced in early September that it would be suspending sanctions, allowing employers to hire workers who could not prove their eligibility to work in the U.S. By November, 30,000 Latinos, the majority of whom were Mexican, had moved to the Gulf Coast.

Six federally-recognized tribes and several smaller unrecognized tribes of American Indians lived in the affected areas. Of all of the tribes, the Mississippi Band of Choctaw Indians were hardest hit. Approximately 4500 of American Indians living along the coast of Louisiana lost everything. Some members of Louisiana's Chitimacha Tribe left New Orleans for Arkansas. However, based on accounts in the American Indian press, many members of other tribes simply relocated from damaged or destroyed homes to nearby reservations, or didn't relocate at all.

Ignored by the federal government and major relief organizations, American Indians received support from tribes and Native organizations across the country, along with smaller non-profit organizations. Smaller, non-recognized tribes found relief even harder to come by. This was also the case in more remote areas of the Bayou, such as Pointe-aux-Chenes, Louisiana, where the Isle de Jean Charles Indians found themselves forced to complete repairs and locate resources on their own.

The post-Katrina evacuation experiences of the Vietnamese and Mexican immigrants, and American Indians were a testament to their communal and spiritual cultures. Unfortunately, they were also a painful reminder of the racism and bigotry that exists elsewhere in our society.

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Part 2:
Hurricane Katrina

PSYCHOLOGY RESPONDS

HURRICANE KATRINA: A MULTICULTURAL DISASTER

APA Responds to Hurricane Katrina

Compiled by Veronica Womack, OEMA Sr. Intern

The members and affiliates of the American Psychological Association have engaged in numerous acts to assist the people of New Orleans and other Gulf Coast areas severely stricken by horrific effects of Hurricane Katrina. Collectively these efforts reflect an organization ethos of concern, generosity, volunteerism, and activism. The following is only a partial honor roll of APA's response to Katrina.

The Central Office

- ✓ **The American Psychological Association donated \$50,000** to each of the following organizations—the Red Cross, the Bush-Clinton Katrina Recovery Fund, and Habitat for Humanity. These donations were earmarked for Katrina recovery efforts.

- ✓ **APA's Disaster Response Network (DRN)**, through which licensed psychologists volunteer to work within the American Red Cross command structure and provide mental health services. The DRN was activated on August 29, hours after the storm hit the coast, and quickly mobilized a large number of psychologists to disaster-relief locations in Louisiana, Alabama, and Mississippi.

- ✓ **APA established a \$100,000 grant assistance program for state psychological associations and colleges/university departments affected by Katrina.**
 - To date, grants have been awarded to 16 State Psychological Associations (LA, NC, GA, FL, TX, AR, NC, GA, KY, MS) for such things as providing culturally competent disaster relief training, providing crisis counseling training, developing web sites that link evacuees with psychologists, and providing continuing education training for displaced psychologists.
 - To date, grants have been awarded to 8 college/university departments:
 - **Louisiana State University (LSU) School of Allied Health Professions** – for replacement of books, journals and other training materials.
 - **Louisiana State University Department of Psychiatry** – for replacement of assessment materials and books.
 - **Nicholls State University** – to provide additional course offerings for the 700 displaced students.

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- **Southeastern Louisiana University** –for salaries of psychology graduate assistants during the one week extension of its Fall semester.
 - **University of Southern Mississippi, Gulf Coast** – for replacement of journals and academic volumes.
 - **Southern University of New Orleans** – for replacement of computers, printers, and software.
 - **Tougaloo College** for replacement of journals, textbooks, and office furniture.
 - **Tulane University’s Department of Psychiatry and Neurology** – for replacement of lab animals.
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- ✓ **APA has authorized various fee exemptions and contract extensions** for institutions and members affected by Hurricane Katrina. For example:
 - **APA will provide a one-year dues and practice assessment exemption** for all members and affiliates who live and/or work within the affected areas of Louisiana, Mississippi, and Alabama.
 - **APA will allow a four-month free contract extension on all leases and licenses** to colleges and universities that had to close for one semester due to the impact of the hurricane.
 - **APA will offer a one-year accreditation and sponsor-approval fees exemption** for academic/institutional sponsors of accredited programs and for continuing-education sponsors in the storm-affected areas.

 - ✓ **APA is offering free materials to the public** on managing traumatic stress in the wake of Hurricane Katrina at www.APAHelpCenter.org.

 - ✓ **APA formally expressed strong support for passage of the Emergency Health Care Relief Act, S. 1716** (which creates a Disaster Relief Medicaid program that would provide 100% federal payment of evacuees’ health care costs – including mental health – for up to 10 months).

 - ✓ **APA cosponsored two congressional briefings on “The Public Health Response to Hurricane Katrina and Rita: Applying Lessons Learned”** on January 19, 2006, and **“Ethnic Minority Children Experiencing Traumatic Events”** on November 16, 2005.

 - ✓ **APA established an Emergency Task Force on Multicultural Training** that will make recommendations for assuring culturally competent services to disaster victims and their families. The task force includes representatives from the 4 ethnic minority psychological associations and 5 other persons.

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- ✓ **APA reiterated its commitment to hold its 2006 convention in New Orleans** in hopes of contributing to the social and economic revitalization of the city.

The APA Divisions

- ✓ **Section 6 of Division 12 (Clinical Psychology of Ethnic Minorities)** – made a monetary contribution to Katrina survivors and listed various volunteer opportunities for psychologists on their website.
- ✓ **Division 13 (Society of Consulting Psychologists) and Division 14 (Society for Industrial and Organizational Psychology)** – established the Katrina Aid and Relief (KARE) Committee and established a KARE website to identify and address the needs of those affected workplaces, employers, employees, society members, and students.
- ✓ **Division 17 (Society of Counseling Psychology)** – Submitted Katrina-related mental health recommendations to Sen. Tom Harkin; established a Special Taskforce to address the effects of the Hurricanes; and established a website dedicated to multicultural competency regarding Hurricane Katrina relief.
- ✓ **Division 22 (Rehabilitation Psychology)** – will cover the dues of Student Affiliates and Professional Affiliates in the affected areas.
- ✓ **Division 31 (State, Provincial and Territorial Psychological Association Affairs)** – transformed its website to serve as a clearinghouse of information for Katrina evacuees. The site posts up-to-the-minute information, including job listings, information about accreditation, strategies for coping with traumatic events, volunteer activities, information for displaced psychologists, and links to charitable organization.
- ✓ **Division 35 (Society for the Psychology of Women) and Division 45 (Society for the Psychological Study of Ethnic Minority Issues)** – will donate the proceeds of their annual convention benefit dance to the psychology department at Dillard University (an HBCU).

State Psychological Associations

- ✓ **The California Psychological Association and the California Disaster Mental Health Coalition** – created lists of mental health professionals willing to provide up to 6 pro bono sessions to the nearly 3000 Katrina evacuees in

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California, for use by County mental health departments and the American Red Cross.

- ✓ **The Georgia Psychological Association (GPA)** – established a website for mental health organizations to access that provides up-to-the-minute information regarding Katrina-related events.
- ✓ **The Illinois Psychological Association of Graduate Students (IPAGS)** – donated supplies to Katrina evacuees.
- ✓ **The Iowa Psychological Association** – assisted local Red Cross chapters by interviewing volunteers returning from the hurricane zone.

In children, [in addition to anxiety, depression, disruptions in sleep and daily routines], trauma is also associated with developmental and behavioral regression and marked anxiety or fear of separation from parents or primary caregivers. This is ‘evidence-based knowledge’. We KNOW these things. That is why the separation of so many children from their parents during post-hurricane evacuation efforts was such a tragic and incompetent act.

Holliday, (2005) “Anatomy of a disaster”

APA Congressional Briefing: Ethnic Minority Children Experiencing Traumatic Events: Promoting Mental Health and Resilience

Benjamin Siankam, MA, OEMA Special Projects Manager

When the victims of trauma are children, the psychological sequels of the traumatic experience can be much more profound, debilitating, pervasive, and further intensified by ethnic minority status.

A panel of psychologists with hands-on expertise on ethnic minority children’s mental health gathered at the Rayburn House Office Building of the U.S. Congress on November 16, 2005 to present a two-hour congressional briefing titled *Ethnic Minority Children Experiencing Traumatic Events: Promoting Mental Health and Resilience*. This congressional briefing was sponsored by the APA Public Policy Office in conjunction with representatives from the Congressional Asian Pacific American Caucus Health Task Force, the Congressional Black Caucus Health Braintrust, the Congressional Hispanic Caucus Health Task Force.

The panelists were **Barbara L. Bonner, PhD**, University of Oklahoma Health Sciences Center; **Larke Nahme Huang, PhD**, American Institute of Research;

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Portia L. Hunt, PhD, National Center for Family Recovery; **Alicia Lieberman, PhD**, National Child Traumatic Stress Network; and, **Luis A. Vazquez, PhD**, New Mexico State University. APA's Chief Executive Officer **Norman Anderson, PhD**, served as the moderator.

Drawing from her work at the Indian Country Child Trauma Center, Dr. Bonner presented a bleak portrait of the status of American Indian/Alaska Native children (e.g. 26% of Indian youth under 18 live in poverty compared with 13% of the general population, and Indian youths are 2.8 times more likely than white children to suffer from chronic illness including diabetes). She identified some risk and protective factors for child traumatic stress inherent to Native American communities and highlighted some successful innovative approaches to mental health care in American Indian communities. More information on the activities of the Indian Country Child Trauma Center can be found at <http://icctc.org>.

Dr. Huang underscored many challenges faced by the Asian American community following the hurricane Katrina. She reported that many Vietnamese Americans in Louisiana came to the U.S. as refugees and survivors of wars and political turmoil. These persons were likely to experience re-traumatization following the mislabeling of Katrina evacuees as *refugees*. She observed that the impact of trauma on children can result in real neurophysiologic changes (e.g. underdevelopment of the brain), in psycho-social impairments (PTSD, anxiety, depression, aggressive behavior, etc), in academic disruptions, and in intergenerational effects (e.g. parental depression, protective shield of parents disrupted). Also, she put emphasis on the fact that culture makes a difference in the experience of trauma and the intervention. She advocated for building relationships between public service agencies and ethnic communities during times of non-crisis, and for including representatives of ethnic minority communities into disaster relief and preparatory team.

Dr. Hunt stressed the necessity to properly formulate a problem before attempting to address it. For examples, recognizing that Katrina's victims are not refugees; that not all Americans have the means to evacuate a disaster if given early warnings; that the Government does not care equally about all citizens; and that ignoring the complex social/cultural contexts of African American families and children is incompetent and unethical. She identified several factors associated with stress among African American children and families victims of Katrina: Fear about homelessness/helplessness (displacement stress); evacuated children can become first line responders to school/peer teasing, hazing, and hatred (relocation stress); grief over loss of old friends and old neighborhoods can ensue (change stress). She advocated for the inclusion of evacuees in every phase of planning, training and program implementation for relocation and rebuilding efforts, and for legislation

that supports the establishment of minority health offices within agencies of public health services.

Dr. Vazquez presented an overview of the problems intrinsic to the Latino children. He reported some dire statistics on the poverty and suicide rates of Latino children. Latinos have the largest number of children living in poverty with 46% of rural Latino children living below the poverty level, and the highest suicide rate among youths. He advocated the continuing support and dissemination of successful prevention programs including: Telepsychiatry programs where residents visit rural areas and are available via media technology; “One stop shop” program which combines primary care and behavioral health services; the National Latino Children’s Institute; and ENLACE, a Kellogg Foundation program committed to the retention and graduation of Latino youth.

Dr. Lieberman summarized the view of the National Child Traumatic Stress Network (NCTSN) and reiterated that trauma, poverty, and minority status represented a dangerous combination. Quoting a survivor from hurricane Katrina she called attention to the fact that Katrina was not an isolated incident: “We’ve lived Katrina. This is one more Katrina in a series of Katrinas.” She emphasized that beyond the traumas associated with natural disasters, minority children are over-represented as victims of trauma including domestic and community violence, crime, and child abuse. Joining her voice to those of her co-presenters she advocated for actions likely to affect change: e.g. Making treatment real by including families/consumers from all cultures in all levels of trauma response; ensuring adequate funding for agencies and programs that address health, childcare, education, family support, and child welfare, etc. More information on the activities of the NCTSN is available at www.NCTSN.org.

Ethnic Minority Psychological Associations Respond to Hurricane Katrina

Veronica Womack, OEMA Sr. Intern

In the wake of Hurricane Katrina’s devastating effects on the people of Louisiana, Mississippi, and Alabama, the Presidents of two of the nation’s ethnic minority psychological associations issued official statements pertaining to the neglected victims of this natural disaster. **Robert Atwell, PsyD**, national president of the **Association of Black Psychologists (ABPsi)** referred to the hurricane as a modern day “Maafa”, Kiswahili for an event of catastrophic death and destruction beyond human comprehension. On September 6, 2006, Dr. Atwell posted a statement on ABPsi’s website in which he explained why the government’s slow response to the

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evacuees and the media's blatant racist portrayal of African Americans were not only offensive but "distasteful and shameful." Atwell added, "The world has seen how America treats its most despised citizens."

Upon reviewing numerous examples in newspapers and television broadcasts where White Americans were referred to as 'heroes' and 'survivors' while Black Americans were labeled 'looters', 'renegades', and 'refugees' for committing the same acts, Atwell noted that these terms were "designed to dehumanize a people and thus justify their ill treatment." Dr. Atwell added that the "psychological damage that results from the defamation of character is long lasting and is slow to remove." For this reason, ABPsi listed each derogatory label that the black hurricane victims had been associated with and explained why these terms should be denounced. Dr. Atwell believes that such psychologically damaging terms are not only insensitive and inaccurate, but also serves to delay the hurricane survivors' receipt of assistance that they need because people are less likely to help those who are perceived as dangerous. ABPsi has suggested that more appropriate terminology (e.g. hurricane survivors, evacuees, displaced citizens) be used to ensure that adequate assistance is rendered to displaced people of the Gulf Coast. The Association of Black Psychologists has also vowed to provide culturally appropriate assistance to the evacuees wherever they may be found and assist the survivors with career counseling and job readiness training.

The Asian American Psychological Association (AAPA) also issued a statement regarding Hurricane Katrina. President, **Alvin Alvarez, PhD** expressed the Association's profound sorrow for the devastation and loss wrought by the hurricane. He announced a call to action for all psychologists stating, "I would encourage all of us to tap into that sense of service and shared humanity that is the touchstone of who we are as individuals and as professionals." AAPA's website lists various relief and federal organizations that can benefit from the assistance of professional psychologists.

A. Toy Caldwell-Colbert, PhD, President of the **Society for the Psychological Study of Ethnic Minority Issues (APA Division 45)** observed in that organization's Winter, 2005 newsletter that the aftermath of Hurricane Katrina has generated a groundswell of visibility on the needs of ethnically diverse and poor people in the U.S. and resulted in "a new level of urgency surrounding Division 45's mission and strategic focus on *positioning psychologists for a diverse world...*" She continued by noting that Katrina's aftermath called for psychologists with multicultural competence/expertise but observed that "the field of psychology ... seems to be suffering from its own snails' pace mode of response regarding the

full implementation of the multicultural guidelines”. Division’s 45 website also includes a Hurricane Katrina resource site.

In terms of response of other ethnic minority communities to Katrina, Alvin Alvarez recognized that though the Asian American community in New Orleans is not nearly as large as the African American communities, thousands of Asian Americans, particularly those from refugee backgrounds, have been displaced from Mississippi and Louisiana. Several Vietnamese and Korean charity groups in Houston, Texas offered shelter, food, and clothing to these displaced survivors. A compiled list of news links that highlight the impact of Katrina and Asian American lives and communities can be found on the AAPA website.

Both Atwell and Alvarez agreed that New Orleans’ African American communities were devastated and vilified simultaneously. AAPA joined ABPsi in denouncing the utilization of language that demeans the survivors of Katrina. In addition to this stance, both organizations acknowledged the strengths and resiliencies of the Katrina survivors and the communities that have reached out with assistance and empathy. Dr. Alvarez concluded his statement saying, “Katrina and its aftermath has challenged us as a nation and as a multicultural and multiracial community to address the consequences of both ‘natural’ disasters such as Katrina and of ‘unnatural’ disasters such as the racial and economic disparities that Katrina has emphasized in our midst.” In a similar vein, Caldwell-Colbert concluded “We must position all psychologists for a different future”.

For more information visit these association websites at www.abpsi.org www.aapaonline.org and www.apa.org/divisions/div45/.

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APA Task Force on Multicultural Training and Disaster Response

In the aftermath of Hurricanes Katrina and Rita., the APA Board of Directors (B/Ds) directed a broad response to aid those affected by the hurricane and its aftermath. As part of that response, the B/Ds created the APA Task Force on Multicultural Training and Disaster Response.

The Task Force was charged with making recommendations to the of B/D regarding the scope, content, and dimensions of effective multicultural training efforts for psychological interventions strategies in response to natural disasters — with

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special consideration given to socio-economic status, health, age, race, ethnicity, gender, sexual orientation, disability status, and other related influences. In addition, the Task force was asked to address the following issues.

- Cultural training models that may be utilized/adapted to address mental health/psychological needs of specific groups;
- Provision of training by whom and to whom, for example, training of psychologists and other mental health professionals, training of others such as community leaders, state/local mental health staff, etc.·
- Resource development, that is, curricula, trainers, use of internet, etc.

The Task Force met on October 28-30, 2005, at the APA Headquarters in Washington, DC. During its meeting, the Task Force discussed FEMA and Red Cross responses to the hurricanes, and consulted (via conference call) with psychologists who traveled to the Gulf Coast Region to deliver mental health services. The Task Force also met with **Margie Schrorder**, coordinator of the APA/Red Cross Mental Health Disaster Response Network (DRN).

The Task Force members, appointed by APA President **Ronald F. Levant, EdD, ABPP**, are: **Henry Tomes, PhD**, (chairperson), **Elizabeth Boyd, PhD**, **Nicolas Carrasco, PhD**, **Anderson J. Franklin, PhD**, **Chalsa M. Loo, PhD**, **Matthew Mock, PhD**, **Fayth Parks, PhD**, **John J. Peregoy, PhD**, **Azara L. Santiago-Rivera, PhD** and **Kevin Washington, PhD**. **Jessica Henderson Daniels, PhD**, served as the B/Ds liaison to the task force.

The task force was staffed by **Shirlene A. Archer, JD**, in the Public Interest Directorate. The Task Force is currently in the process of finalizing its recommendations for submission to the APA Board of Directors.



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Part 3:

Hurricane Katrina

MULTICULTURAL IMPERATIVES

If a storm can be viewed as a metaphor of a disaster, than Katrina is the quintessential example of the failure of this nation's disaster response capability. Nearly every aspect of that response was either a mistake or opportunity foregone, i.e., the right action at the wrong time– or that response was a tragedy – the wrong action at the wrong time. And why was this the case? Because our 'standard disaster response protocol' failed to include sufficient consideration of the differences among communities and people in their needs and realistic options, in their financial/social/emotional resources, in their history and culture.

Holliday, (2005) "Anatomy of a disaster"

In addition to psychological wounds, trauma also involves spiritual wounds – that is, a breach in one’s faith, a suspension in belief in the grace of one’s God, a sense of abandonment and helplessness. These wounds of trauma hinder people’s ability to ‘bounce back’ or be resilient. Wounds of the spirit and the soul interfere with two major tasks that survivors must tackle: Relinquishment (letting go and accepting the loss) and Receiving (accepting help with grace).

Holliday, (2005) “Anatomy of a disaster”

***The Spiritual Dimension of Caring for People
Affected by Hurricane Katrina***

Rev. Dr. Harriet McCombs

*Time is filled with swift transition,
Naught of earth unmoved can stand,
Build your hopes on things eternal,
Hold to God’s unchanging hand
~ Hymn by Jennie Wilson*

Long before Abraham Maslow developed his theory of personality (1954) describing a hierarchy of needs, Jennie Wilson and millions of others, during the difficult post Civil War years understood the need for the basics of food, clothing, shelter *and* something of eternal value. What do you do when the whole world seems to disintegrate and all needs-- biological and physiological, safety, belonging, esteem, and self-actualization are unmet? How do you move forward? Studies have shown that persons who have a strong spiritual foundation are better able to cope with and adequately respond to a vast array of devastating change (Pargament, 1997).



Rev. Dr. Harriet McCombs

Spiritual foundation refers to an underlying set of values and beliefs about and relationship with what is divine and sacred — i.e., God. The spiritual dimension of caring involves providing a healing relationship that affords people the opportunity to explore their spiritual concerns. Effective caring is an art that is developed through the application of knowledge, skill, perception, and a respectful attitude of the affected person.

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During disasters, such as Hurricane Katrina spiritual needs are often unrecognized and not adequately addressed. When communities develop a network of services to respond to the needs of persons affected by Hurricane Katrina, spiritual needs will need to be included. Spiritual well-being and recovery are just as important as physical, economic, social and mental recovery. Attention must be given to the spiritual themes: Sense of direction, meaning, and purpose in life; feelings of connectedness with oneself, with others, and with God, clarifying what is trivial and what is truly vital in life (Miller and Thorsen, 1999).

After the tragic events of September 11, 2001, a survey was taken, which asked people how they were coping. Ninety percent of the respondents indicated they were coping by turning to their faith. The scope of catastrophic events exposes individuals to the vulnerabilities of life and the relative unimportance of material possessions. Often after such events, people remark that they have only lost material possessions and that can be replaced. They are thankful that they have their lives and their families. It is at that point that the value of life and its ultimate meaning come into rapid and piercing focus.

Acknowledging and attending to spiritual concerns lets people know that their spiritual life is essential, and gives them the opportunity to say out loud that they are in need of spiritual help. This opens the doors to include spirituality in the healing process. The close connection between physical, mental and spiritual health is found in discourses of the whole person. It is important to remember the interconnectedness of these aspects and appreciate the boundaries between them (cf., Gerald May's *Care of Mind, Care of Spirit*).

We must also be careful not to medicalize suffering, or relegate the important spiritual care to an after thought, or treat spiritual issues as psychological ones. Medicalization is the tendency in contemporary societies to expand the meaning of medical diagnosis and the relevance of medical care as well as a way of ordering thoughts about life, death, and human suffering. (Gozdziak, Tuscan and McCombs, 1999).

Any experience of suffering is already shaped by pre-existing interpretations based on cultural, familial, professional or spiritual experiences. All too often professional responses are informed by a one-dimensional view of suffering. The strong tendency to medicalize suffering by reducing it to a form of pain, often denies that suffering can have any significance or individual or social meaning. Moreover, it denies the importance of spiritual frameworks to alleviate suffering. However, the role of religion and spirituality as a source of emotional and cognitive support, a

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form of social and political expression and mobilization, and a vehicle for community rebuilding cannot be ignored.

The devastating loss of life – physical, emotional financial, and social – requires the ability to find meaning in the traumatic events surrounding the Hurricane and its aftermath. People feel vulnerable, exposed, and overwhelmed. People do not possess certainty about their future, they are not sure they will recover. They may feel cut off from everything and everyone including God. It is hard to be optimistic, difficult to have hope. At some point the questions emerge: "Why did this happen to me" and "why should I go on" How could God have let this happen? Why me? How am I going to respond to this level of suffering? It is here, in response to these existential questions that the power of faith, hope and love are demonstrated. It is here that spiritual guidance, support and healing/renewal must take place. Without a spiritual underpinning the person loses hope, which is a vital element in healing. Hope gives a person the will, the desire to seek new horizons, to move from a place of desolation to solace and comfort (Yahne & Miller, 1999).

Spiritual issues are difficult and require authenticity. Authentic language and relationships opens the door to recovery. Authentic language and relationships are based on a mutual understanding, agreement and trust concerning the true, unchangeable meaning of the essence of life. The underlying premise of spiritual care is that in the middle of our suffering God still takes an interest in the plight of people. Moreover, in the absence of a miraculous intervention, there is always the promise of presence, encouragement, and strength to face the future. (Greek, 2004). As a result of authentic spiritual care, affected people gain a sense of healing as a result of being seen, heard and assisted in a way that is meaning-*full*. Meaningfulness is experienced in a way that is consistent with the values and commitments of their faith. Issues related to humanness, life, death, loss, suffering, justice, and goodness are critical to the caring process.

When care, including spiritual care, is forthcoming it gives added hope and there is a sense of a beloved community or oneness with other people. Absent the care, or where there is delayed care there is also the insidious pain of abandonment, which destroys hope and a will to survive the storm and its aftermath.

Many people are exiled from their spiritual communities. Yet caring with sensitivity to spiritual issues can be provided by offering "spiritual presence" to people in need, pain or transition and by offering a connection to God, a shared faith tradition or community, and to their own spiritual resources. What is required is an understanding of the human condition and the power of Spirit's relationship in suffering and to transformation of that condition. It is the offering of assistance in

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suffering. "Suffering is a response to pain; it results from the emotional and spiritual meaning that the pain has in one's life (Kestenbaum, 2001; Emerson, 1986)

Somewhere in the efforts to rebuild lives and communities, places must be created for legitimate suffering which allow all persons affected to grieve the loss of life as they knew it. Legitimate suffering allows individuals to express all their issues with the focus on going through them as a process of seeking a satisfactory level of physical, psychological, and spiritual resolutions.

Spiritual healing happens in many contexts – beyond that of religion. It happens when service providers show up with caring attitudes. It happens when individuals are allowed to express their fears and are encouraged to find or continue their spiritual journeys, and their crises of despair and faith. Service providers need skills in listening to the deeper meaning of issues in the context of the individual's spiritual or faith story. It is important that service providers have the training and exposure to resources that will enrich their caring for persons affected by disasters.

Ultimately, it is up to each of us to decide how we choose to respond to the suffering of those who experienced Hurricane Katrina. Suffering can be endured and there is an ultimate meaning and victory as a result of going through and emerging from the powers of darkness and abandonment.

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Association of Black Psychologists Provides Guidelines for Treatment of African American Hurricane Katrina Survivors

On September 29, 2005, **Dr. Kevin Cokley** (University of Missouri-Columbia), **Dr. Benson G. Cooke** (George Mason University), and **Dr. Wade Nobles** (San Francisco State University) released a paper titled, *Guidelines for Providing Culturally Appropriate Services for People of African Ancestry Exposed to the Trauma of Hurricane Katrina*, on behalf of the Association of Black Psychologists (ABPsi). The authors noted that the massive displacement, homelessness, and overall trauma caused by the hurricane combined with the initial disorganization of the government's response will require on-going mental health services for hurricane victims. The authors further noted that when providing services to the African American survivors, providers of mental health services should be aware of the psycho-social issues related to traumatization and the universally appropriate responses to traumatic stress related intervention strategies, and also be cognizant of the culturally specific issues salient for the African American survivors and their experiences.

The guidelines developed by Drs. Cokley, Cooke, and Nobles seek to inform both local and national efforts providing mental health and social services to African American survivors of Katrina. These guidelines pertain to therapist preference, cultural mistrust, racial identity attitudes, African-centered world-view, spirituality, communication style, socio-political considerations, and discussion of racial issues. The authors also discussed the universal responses to traumatic events and

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associated mental health services protocol, as outlined by *The American Academy of Experts in Traumatic Stress*, including stress, depression, and post traumatic stress. Due to the psychological disorders that may occur following such a natural disaster, it is suggested that mental health professionals and agencies help the survivors find identifiable ways to effectively cope with the aftermath of unprecedented loss.

The following are some of the major points made by the ABPsi guidelines.

- * It is inappropriate to expect the poor and displaced survivors of the hurricane to pay for mental health services. All mental health services provided for the survivors should be part of the government sponsored recovery plan for an extended period of time.
- * Relief efforts should and must include a significant number of African American mental health service providers.
- * Providers of service to the African American victims should be sensitive to and non-defensive of the reality of historically conditioned mistrust.
- * It is important to let the survivors grieve the loss of property and possessions; however, it is equally, if not more important, to help the survivors re-frame the meaning of the loss of material possessions in the context of survival and the resiliency of human spirit.
- * Culturally responsive services for the African American survivors require an acknowledgment and use of the individual's level of religiosity. In some cases this may mean using prayer, as a tool or intervention, among others, to help individuals cope with the gravity of their situations.
- * Culturally responsive services for the African American survivors should empower the client by creating spaces that allow the expression of anger, and also cultivate attitudes and coping behaviors that are consistent with indigenous beliefs and customs.
- * The ability of mental health service providers to provide culturally responsive services may be greatly impacted by the ability to communicate in a culturally effective manner.
- * Emotional vulnerability may be acceptable, if not necessary, to connect with the victims on a basic human level. This means that providers should allow

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themselves a full range of emotional and therapeutic expression, including being open enough to permit tears or expressions of grief, outrage, etc. in response to what the survivors have experienced.

- * Providers must be willing to honestly discuss the roles of institutionalized racism (and classism) in the woefully inadequate response of the federal and state governments. The African American survivors need an outlet to vent their frustrations with governmental bureaucracy that was appallingly slow in responding to a crisis situation involving a predominately poor and Black population.

The ABPsi *Guidelines for Providing Culturally Appropriate Services for People of African Ancestry Exposed to the Trauma of Hurricane Katrina* can be downloaded at <http://abpsi.org/special/hurricane-info.htm>.

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