Hurricane Katrina had a tremendous impact not only on the Gulf Coast but on individuals who lived and worked in her disastrous aftermath. I was an assistant professor of social work at LSU when Katrina disrupted my life and career. I recall vividly the first hours, days, and weeks after the storm. I was asked to volunteer in a local hospital emergency room with highly traumatized evacuees, and I, not unlike many other relief workers, developed Secondary Traumatic Stress (STS) symptoms. To cope and heal, I turned to scholarship and research. This is a reflection on how Katrina has defined my professional life for the past 10 years.

“I couldn’t sleep; was up before 3:00 a.m. I walked the house, anxious, looking out the windows afraid of what I might see. My mind was racing, but no clear thoughts or the source of my anxiety came to me. I got back into bed and began ruminating.” —Katrina

I’m a trained social worker. I’ve practiced clinical social work; hell, I’ve even given television interviews on the Anniversary
Effects associated with Hurricane Katrina. I realized what my anxiety was, what my hypervigilance and insomnia was. The 10-year anniversary of Katrina is in two weeks. Perusing news on-line, I’ve seen ever growing numbers of stories with the same theme, “Katrina, 10-Years Later”. And yesterday I read the Chicago Tribune writer’s, Sara Jerde’s article, “I'm ‘Praying’ for a Storm like Katrina in Chicago.” How misguided—Katrina was the end of the world.

I first heard the name Katrina at a pool party in Baton Rouge on Saturday, August 27, 2005. Yeah, just two days before everything came undone, I heard the name of the monster that would do it. I was floating in a pool; it was a beautiful, hot, August night. A woman I had just been introduced to was talking with me. She said she had “evacuated” from New Orleans due to the hurricane. I said, “what hurricane?” She proceeded to tell me about the monster in the Gulf. “They say this could be the big one that destroys New Orleans.” The next day I couldn’t stop watching the news coverage on the approaching massive hurricane. Anderson Cooper was in Baton Rouge broadcasting live from the Mississippi River Bridge that separates East Baton Rouge Parish from West Baton Rouge Parish, the Horace Wilkinson Bridge. At some point, New Orleans’ Mayor, Ray Nagin, ordered a mandatory evacuation of the Crescent City, the punchbowl city that sits below sea level and is surrounded by water—the Gulf of Mexico to the south and Lake Pontachtrain to the east. The first ever mandatory evacuation of the city of New Orleans had been ordered just 19-hours before landfall—and Katrina was growing (Katrina Heads for New Orleans, 2005).

New Orleans is an odd, wonderful “little” place. It’s really not that small, but she had the feel of a small town. Just 80 miles south of Baton Rouge, there were inhabitants of New Orleans that had never left the city confines—I would learn this later while working in a trauma hospital with evacuees. New Orleans, Louisiana (NOLA) was, and still is, pedestrian friendly; many inhabitants don’t own cars. Residents walk, use public transportation, or bike to their destinations. When Mayor Nagin called for a mandatory evacuation of a city of approximately 484,000 permanent residents (The Associated Press, 2012) less than 24-hours before the most destructive U.S. storm on record (The Associated Press, 2005) and provided little to no public
transportation out of the city, I remember feeling the looming doom. By Sunday evening I knew somewhere deep down that Katrina was going to change everything.

Of course the approximately 20% of the city (Brown, 2005) that could not evacuate were those that had the least ability to do so—the poor (Thompson, 2008), the elderly, the sick, and children. Many people assumed that those who stayed “wanted” to stay, that they were stubborn or irresponsible. But stop and think about all the things you would need to get out of the city for an indeterminate period of time - you need transportation out of the city; you need money for gas; you need relatives or friends to take you in, or you need money for lodging; you need money for food; and if you didn’t have a friend or family that would allow you to evacuate to their home, forget bringing your most beloved dog, cat, bird, etc. There were no provisions for the evacuation of animals during Katrina. Many that could have evacuated stayed in New Orleans to be with their beloved canine or feline companions (Eugenios, 2015). The Federal Emergency Management Agency (FEMA) changed their “no pets allowed” evacuation policies subsequent to the death toll in New Orleans (Eugenios, 2015). The city did, however, provide “refuges of last resort” including the Superdome. Nearly 26,000 New Orleans residents rode out Katrina in the Superdome (26,000 Shelter at Superdome, 2005).

**HURRICANE KATRINA, AUGUST 29, 2005, BATON ROUGE, LOUISIANA**

I stayed up as late as I could on the Sunday night before Katrina struck. I was watching the live CNN coverage from the Horace Wilkinson Bridge. Katrina kept growing—reaching peak strength as a Category 5 hurricane with maximum sustained winds of 175 mph (American Geological Institute, 2006). Yeah, this was going to be the big one. I felt the same anxiety and hypervigilance that night as I do now. I walked from room to room, looking out the windows - *what was out there, what was coming?* I looked in on my husband who was asleep and who seemed to be unaffected by the pending destruction and on our dogs who didn’t yet know how awful the Louisiana heat can be without air conditioning for over a week in late August. We were in a holding pattern—it was coming. What was going to happen? When would it all be over? I knew Hurricane Katrina was a killer when I
went to bed on Sunday night. She was scheduled to hit square on
New Orleans by early morning on Monday, August 29, 2005.

I woke in a panic that Monday. Classes had been canceled at LSU
where I was an assistant professor, and all of Baton Rouge was
waiting. The power was still on; it was overcast but somewhat bright
outside. Anderson Cooper was still broadcasting from the bridge. I
couldn’t move from the couch, watching as the storm drew closer.
Experts were telling us what to do after the storm—“Don’t go out
in the storm, it’s dangerous with downed power lines that could be
live”. The darker clouds in the sky became more pronounced. The
wind gradually picked up. My husband went about his morning like
it wasn’t about to happen. I was terrified. I don’t think I knew it,
but I was. I couldn’t move from the couch, from the TV. Just before
10:00 a.m. there was a loud pop and the electricity went off. I’d lost
my link to the outside world and all news about what was happening.
The storm that had made landfall 60 miles south of New Orleans at
6:10 a.m. CDT as a Category 3 storm (Knabb, Rhome, Brown, 2006)
was coming. I paced from window to window watching the sky grow
darker and darker. The clouds were magnificent. The wind came in
bursts. And then it started to rain.

Watching, watching, watching; waiting, waiting, waiting. Before noon
the sky was dark blue-black, the wind whipped the trees, you could
hear the wind gusts blowing under the house; there were periods of
hard rainfall followed by light showers. I couldn’t stop pacing from
room to room. Walking from the dining room toward the kitchen,
I saw the dark sky, heavy rain, and the tree across the street. My
husband was drinking coffee, watching the sky become angrier, and
then the tree began to topple. It happened so fast, but it was in slow
motion. I screamed a high pitch call for Dan to move away from the
window—he ducked and ran toward me. The tree kept coming, and
I was sure it would come through the kitchen ceiling and window—
\textit{crunch}, and the tree limbs vibrated violently, shaking off water. The
leaves were pristine and green. The tree crushed our fence but barely
brushed the house. Now we were both nervous.

There were power lines down all over the streets. Trees were
falling and debris scattered across the neighborhood in updrafts of
wind, but our downed tree was the largest, and it fell across a major neighborhood throughway. That tree would remain there for a few days. It was a major attraction for destruction voyeurs and the local media who broadcasted frequently from the location. And, it was the site of a party when the neighborhood guys got together to cut it into pieces later that week. That is one of only a few positive memories I have of those first few days. And, everybody knows you shouldn’t go out during a major storm, didn’t you hear the experts on Anderson Cooper’s show advise against going out in the storm! It didn’t matter, the neighborhood was abuzz with activity even as the storm grew more dangerous. We were all out, amazed at the devastation, beginning to consume the alcohol that would numb our fears and calm our nerves for the next several weeks.

Neighbors started coming by the house to look at the big downed tree, “Wow that came so close to your house, you’re lucky,” they said. We had a large front porch, a spontaneous porch party started in the early afternoon. I now think the reason we all gathered that day was because we were afraid. No one was openly saying they were afraid, but we huddled together watching as Katrina entered our lives and Baton Rouge.

I am so thankful that we purchased a battery powered radio in anticipation of what we thought would be a few hours without power on that Monday. I was inside the house, sitting on the big leather chair, the radio sitting on the ottoman; I was watching the festivities on the porch. It was a hurricane party! And then I heard the news out of New Orleans. The levees broke. NOLA was flooding. The roof on the Superdome was breached. And that was it - that was the end of the world.

I walked out to the porch, completely numb as I told our guests the news. Everything fell silent except for the sounds of the wind and rain. What the hell do you say? The party disbanded, and I watched as our friends in their bright colored raincoats and galoshes walked home. That’s my last memory of that first day.

Tuesday—no power for 24 hours. We began to realize how unprepared we were for a long power outage. We’d gotten some bottled water,
batteries, a battery-powered radio, non-perishable food, junk food, lots of alcohol, but we were unprepared for the next seven days of 100 degree heat and 100% humidity that swallowed us alive in its rank, damp, deep mouth. There was no air conditioning, no fan, no breeze, and no power for the refrigerator.

Those first few post-Katrina days seem like a brief blur. Everything in Baton Rouge was closed. No ice, no gas, no food. It was difficult to navigate streets with downed trees, downed power lines, no traffic signals. Most people stayed off the streets, and the neighborhood became one giant, roaming party. Neighbors began to pull what they had in their freezers and grilling parties manifested spontaneously—“Bring what you can, bring what’s in your freezer that may go bad, bring all the booze you got!” I wanted to know what others were hearing—what was going on in New Orleans? Remember, we had no electricity, we couldn’t watch the 24/7 coverage of the disaster. We didn’t know what was going on. We had a radio that we listened to, mostly to The Clarence Buggs Show, Talk 107.3, Baton Rouge. And, mostly what we learned from that coverage was where you could get gas from 8—10 a.m. on Wednesday; who had a shipment of water and was open; that they’re selling generators in the parking lot at Lowe’s, but there is no gas to operate them. The other news came from call-ins, and it was disturbing. People were frantic to hear news of their loved ones—“Has anyone heard from their people in Chalmette? Can you tell me what’s going on in Chalmette?” “My mother is disabled and rode out the storm in Plaquemines Parish, can someone go check on her?” People were calling into the radio station with outlandish stories—alligators were swimming in the streets of New Orleans eating people. Gangs were breaking into stores, stealing guns, wandering neighborhoods shooting anyone on sight. Riots were breaking out in shelters, people were being raped and murdered. When you heard it, you knew it was crazy, but it was the only news you could get, and it was terrorizing! And then night would come. Baton Rouge was not, and is not, a safe place (Baton Rouge Police Department, 2015). Night—pitch black, the whole city without power. We left the windows open just in case a breeze would come though. Where were the police? Where was the Red Cross? We, like everyone, were vulnerable. You’re all alone. It’s survival—it’s me, my husband, and the dogs. I felt the tingling fight or flight terror of night. There was nowhere to go, hotels were booked 300
miles in every direction, and we didn’t even have enough gas to get out. So, should we have to, we would fight to stay safe in our home, we would fight to protect what was ours and each other. I kept a baseball bat by the bed, just in case.

After Katrina, it felt like the wind stopped blowing. There was no air, no breeze, the stink of the city, the stink of your own body, of your partners’ body, and the mold that had begun to grow first dark green and then black along the edges of the windows as they decayed in the humidity. The birds, bees, butterflies, squirrels—they had all deserted us. It was the end of the world. Everything eventually stank. The heat and stink produced lethargy. Your only comfort—numb it with the booze. It was the end of the world.

Help finally came. The Red Cross finally came to Baton Rouge, but they were not the first responders. The first responders were the churches. If you needed food, water, shelter—the churches were open. Church volunteers were making do with absolutely nothing! But people went, they went not only because they needed basic supplies, but because it was a little less scary when you were with other people. You could talk about what was going on. Maybe get some news about what was going on where your loved ones live. Sharing stories—the comfort of human companionship. But formal, federal help did finally come. The Red Cross opened a shelter in the Baton Rouge River Center and ran a trauma unit in the basketball stadium at LSU. After the first few days of paralyzing fear and uncertainty, the world began to work again.

**SOCIAL WORK IMMEDIATELY FOLLOWING HURRICANE KATRINA**

I got a call from the local hospital that was within walking distance from my home the week following Katrina. I was serving as the LSU Field Liaison for the hospital. The director of social work services asked if I could provide some volunteer service hours as the hospital found itself overwhelmed with need. Many social workers lived too far from the hospital to drive in with the road conditions as they were, and others had more urgent concerns—like dead or missing family members—that they needed to take care of. For many, work was a far distant priority immediately following not only the hurricane but the
prolonged flooding in south Louisiana. I was happy to have a place to go, a job to do, a refocus.

I don’t recall when it started, but eventually during those first weeks, ambulances and hospital helicopters began to deliver evacuees to Baton Rouge. I was asked to stay in the emergency room area and provide immediate, emergency, trauma-focused care. Most people came into the ER in wheelchairs. They were silent. They were dazed and in shock. The smell was nauseous; their clothing damp and torn. These people were dirty, dehydrated; it was overwhelming. And, it was silent. People were not talking, they were staring off, fingers pressed to lips, some gently cried as they stared at their hands in their laps. I was scared. I consider myself a seasoned social worker. I’ve worked with traumatized people before, but I’d never seen this many traumatized people in one space and in such a bad mental, physical, emotional, and spiritual state. To be honest, I was not prepared. I did not know what to do. So, I went back to the basics—mirror their body-language, use reflective listening skills, and do no harm.

Part of my job was to find out if patients had family we could contact. I knelt down next to wheelchairs and would quietly introduce myself. I asked if they knew where they were to see if they were oriented to place—some were oriented and more lucid, others were non-communicative. I asked those who could or would speak with me if they had family or friends, I could try to contact for them—and almost everyone said, “No.” I asked how I could be of assistance and began to listen to their stories. This is what I heard, “God has cleansed the sin out of New Orleans. The water will renew us.” I realized that these traumatized evacuees who had just been rescued felt like they had done something wrong, something bad, to bring about Hurricane Katrina. The evacuees were internalizing responsibility for the hurricane and subsequent flooding, flooding that was a man-made disaster (Grunwald, 2010). Evacuees were internalizing sin—Katrina was their fault. Hurricane Katrina was a biblical event for many of the people I worked with at the hospital.

Working with the evacuees was traumatizing for me, and I learned this was not uncommon among individuals who are not only experiencing the day-to-day effects of a disaster - a “shared traumatic
reality” - but who are also serving as a disaster / crisis responder (Adams, Figley & Boscarino, 2008; Baum, 2011; Cain 2015). And, I was also concerned with the biblical references and internalization of sin that I was hearing among evacuees. I decided I needed to go to my religious community and talk with my Rabbi about what I was hearing and my concerns. I wanted to better understand what was happening not only to the evacuees that I was working with but also to my community and to me.

My husband and I went to the Synagogue that Friday, September 2, 2005. The Temple was packed; extra seating had been set up in the community rooms. I learned that our Jewish neighbors from New Orleans had evacuated to Baton Rouge and were worshiping with us. I learned that there had been some disagreement regarding not only the evacuation of Jewish people but Jewish relics from New Orleans and that my Rabbi was in disagreement with the Temple Board. Rabbi thought the Baton Rouge Jewish community should evacuate anyone who needed and wanted assistance, but the board was concerned about the resources and costs that would pose to the Temple. The Board had only approved the evacuation of Jewish congregants and Jewish relics like Torahs that could be lost or damaged in the flooding. I also learned that people like Pat Robertson were publically saying that Katrina was God’s wrath upon New Orleans for supporting liberal/alternative lifestyles, in particular, because New Orleans embraced the LGBTQ community. And this was exactly what I was hearing from the evacuees in the hospital. And so, that night, my entire research agenda changed. Katrina changed me—changed my whole career focus. I needed to understand what was happening to Hurricane Katrina evacuees, to my own Synagogue, and other houses of worship, and in reality, I needed to understand what was happening to me because I was developing significant secondary traumatic stress (Figley, 1995; Naturale, 2007) symptoms.

**DISASTER SOCIAL WORK: A NEW RESEARCH FOCUS**

LSU reopened the following week. Many people were concerned that it was too early to go back to work, too early to ask students to engage in learning. But in fact, going back to work, going back to school, establishing a routine was the very best thing we could have done—and this is now part of the empirical literature on disaster
that was learned in part through Katrina. Reestablishing familiar routines such as school, work, meals, and rest as soon as possible helps mitigate more long-term trauma (FEMA, 2004).

Many faculty provided students with classroom opportunities to discuss their experiences during the hurricane, something akin to debriefing. What we soon learned was students did not want to discuss the hurricane. Students did not want to listen to others’ experiences and stories of the hurricane. And, indeed this was supported by empirical literature also. Debriefing had been the recommended therapeutic approach to treat traumatic stress (Arvay, 2001); however, post 9-11 research suggested that debriefing may cause more harm than help (Naturale, 2007; Phipps & Byrne, 2003). Students wanted to move forward, establish a routine, have expectations placed upon them, deadlines to meet, get back to normal, put some distance between themselves and Katrina. The LSU School of Social Work absorbed a number of social work students from New Orleans. In impressive ways, the University and School worked cohesively to provide these students with as seamless an experience as possible. And, within five months, I launched my first Katrina study (Cain & Barthelemy, 2008). I needed to know how Katrina had impacted the true first responders, the area churches that immediately opened their doors to evacuees.

In January 2006, a colleague and I launched a study assessing the types of social services and the spiritual messages that were provided by Baton Rouge area churches following Hurricane Katrina. Approximately 15,000 people relocated to the Baton Rouge area subsequent to the hurricane and flooding along the Gulf Coast (Knabb, Rhome & Brown, 2016). In total, 157 church representatives, the majority being Protestant (56.7%), completed the 26-item survey consisting of open and closed ended questions about church sponsored social services and spiritual messages. Responses revealed that the most common resources provided by area churches were food, clothing, and financial assistance. The greatest unmet needs included shelter and housing, and on-site computer and internet access. Church representatives recommended preparedness and triage care for other churches that find themselves the first responders after disaster and also recommended that clergy
be trained in disaster management. Consistent messages in sermons across denominational lines included themes about restoration, rebuilding, “raising up” and repairing the foundations of not only homes but lives. God was portrayed positively, and congregants were asked to trust God’s will. Finally, congregants were asked to welcome Katrina evacuees as Jesus welcomed the stranger (Cain & Barthelemy, 2008). Our primary recommendation from this research was that federal funding should be allocated to faith-based disaster initiatives as churches are the true first responders after disaster (Cain & Barthelemy, 2008).

While presenting the findings of the Baton Rouge Church Study at a conference, an attendee asked a poignant question: “Would churches accept federal funding for disaster relief should it be offered?” This question sparked a second study of New Orleans area churches that began in January 2008 (Cain & Barthelemy, in press). Prior to Katrina there were 897 churches, synagogues, and other religious worship centers listed in the Greater New Orleans Metropolitan phonebook (GNOP). In 2007—2008, there were 555 religious worship centers listed in the GNOP (Bellsouth Advertising & Publishing, 2007—2008); however, concerted efforts revealed that only 275 church phone numbers were viable. Among viable churches listed in the GNOP, 76 church representatives completed either a phone or face-to-face interview on how the New Orleans’ religious community engaged in rebuilding efforts post-Katrina. Results revealed that communities of faith were essential in offering not only emotional and spiritual care but physical and material support to survivors and the community over an extended period of time. The vast majority of congregational members believed that Katrina and the subsequent flooding was the result of either natural (72%) or man-made (43%) disaster; however, a small contingency considered the catastrophic storm and flooding to be God’s punishment for sinful acts and a sinful community (1%). And while the majority of churches reported that they received no aid from either FEMA or the Red Cross (74%), and only 12% received federal relief dollars, over half of the churches surveyed (61%) believed that the federal government should provide reimbursement for emergency aid, and 75% of church representatives reported that they would accept reimbursement for services provided (Cain & Barthelemy, in press).
Not only was I concerned about the physical and spiritual relief efforts provided by area churches after Katrina but also about evidence-informed crisis intervention and psychological first aid being provided to evacuees like those I encountered in the hospital just days after the hurricane. When I was initially faced with highly traumatized individuals, I felt unprepared and overwhelmed.

To learn more about evidence-informed crisis intervention, provide needed services in the community, and also in an attempt to contribute to the knowledge base (Richardson, Plummer, Barthelemy & Cain, 2009), my colleagues and I developed an evidence-based psychological first aid intervention to provide to children ages 5 - 15 who were displaced by Hurricane Katrina and living in a FEMA trailer park in Baton Rouge (Cain, Plummer, Fisher & Bankston, 2010; National Child Traumatic Stress Network and National Center for PTSD, 2006; Plummer, Cain, Fisher & Bankston, 2008). A total of 99 children (95% African-American) completed the 6-week school-based intervention that was grounded in empirically supported principles for facilitating positive adaptation after disaster and trauma. These principles included: promoting a sense of safety, calm, efficacy, connectedness, and instilling hope (Hobfoll et al., 2007). Post-intervention scores on the Child Post-Traumatic Stress Reaction Index (CPTS-RI; Frederick, Pynoos & Nader, 1992) revealed a statistically significant improvement in post-traumatic stress disorder symptoms among the participants (Cain, Plummer, Fisher & Bankston, 2010).

This work—the research and scholarship - is what helped me to heal from the secondary traumatic stress symptoms I experienced after Hurricane Katrina. And as the 10-year anniversary approaches, so do some of those emotions and symptoms. New Orleans did not need to be underwater for 40 days and see over 1,000 of her citizens die to be reborn. Chicago does not need a storm like Katrina to be reborn. Chicago, just like every city, needs social workers and other policy advocates to help craft the polices of their cities in order to better protect and support their most vulnerable citizens and become better cities.

I’m still trying to overcome my Katrina experiences. I think I always will be working to distract and distant myself from the sheer terror
and anxiety that comes from being so close to societal collapse like what happened in New Orleans. But what I’ve come to today is the study of Posttraumatic Growth. I’m a social worker; I’m always looking to find the strengths, opportunities for growth, and resilience that can be found within experiences and situations. And, indeed most disaster survivors, including social workers and other disaster workers who develop secondary traumatic stress symptoms like I did, do not develop long-term mental health problems. There is a burgeoning body of scholarship on disaster resiliency and growth that suggests that an encounter with disaster can lead to personal and professional growth (Bauwens & Tosone, 2010; Cain, 2015; Linley & Joseph, 2006). And this is the topic of my research today. I cannot say I’m thankful for Katrina. I cannot say that I escaped the trauma of that disaster—natural and manmade. And, I cannot say that I am the same person as I was on August 28, 2005. Katrina has defined my professional life for the past 10 years, and it has been 10 years of growth.
REFERENCES


Katrina | Cain


Daphne S. Cain, Ph.D., LCSW, received a Ph.D. in Social Work from the University of Tennessee, Knoxville in 2002 and a MSW from East Carolina University in 1995. She was a faculty member at LSU from 2001—2014, where she served as both the Dean (2011-2012) and Director (2012-2014) of the School of Social Work. Dr. Cain is currently an Associate Professor and the Chair of the Department of Social Work at the University of Mississippi. Dr. Cain’s research interests include disaster mental health, parenting interventions with high-risk and vulnerable families, and religion and spirituality and social work practice. Dr. Cain is the primary investigator for the University of Mississippi Child Welfare Training Academy.