

Unasked Questions after Hurricane Katrina¹

The hope with which I credit moral witnesses is a rather sober hope: that in another place or another time there exists, or will exist, a moral community that will listen to their testimony.

—Avishai Margalit, *The Ethics of Memory*

Kevin Owens, a poised, muscular, forty-one-year-old black man and survivor of Hurricane Katrina, and I met in the late fall of 2005.² He had worked in the B. W. Cooper Housing Development in New Orleans as a maintenance man before he and his wife, Elise Ramsey, were forced to relocate in the aftermath of the storm, first to the Louisiana Superdome, then to the Houston Astrodome, and finally to Birmingham, Alabama, where we met.³ I interviewed him twice as part of an oral history documentation project of human rights violations in the immediate aftermath of the hurricane, entitled “The Saddest Days Oral History Project” (henceforth “Saddest Days”).⁴

¹ For introductions to narrators and/or an engagement with ideas in this paper, my thanks to Adebisi Agboola, Baderinwa Ain, Cynthia Banks, Thomas Brady, Jr., Maria Yellow Horse Brave Heart, Denise Burnette, Fang-Pei Chen, Tim Cox, Beverly Cross, Antonia Darder, Senta Eastern, Heidi van Es, Nathan Falls V, Keith C. Ferdinand, Cheryl Franks, Kim Friedlander, Mindy Fullilove, Randy Gambel, Sara Gurwich, Jean Handley, Lance Hill, Jalina Hudson, Doug Imig, Shontavia Jackson, Nicholas James, Arthur Kleinman, Arthur McKee, Mike MacKenzie, Manning Marable, Waldo Martin, Matthew May, Matthew Mazur, Marc Morial, Katharine Norris, Jason Ogle, Lisa Packard, Cynthia Pelak, Ethan Pollock, William Quigley, Clyde Robertson, Karen Seeley, Yuri Slezkine, Sara Smith, Renae Stephens, Julien Teitler, Harold Toussaint, Dwight Webster, Abe Louise Young, and Millie Zinck.

² Ages given are at the time of Katrina.

³ For a short biography and a condensed version of his lengthy narrative transcript, see D’Ann R. Penner and Keith C. Ferdinand, *Overcoming Katrina: African Americans from the Crescent City and Beyond*, (Palgrave Macmillan Press, 2009), 142-51.

⁴ The title, “Saddest Days,” was Clyde Robertson’s inspiration. For research support, I thank Project Hope of the Association of Black Cardiologists and the Ben Hooks Institute for Social Change at the University of Memphis. The Amistad Research Center at Tulane University, the Center for the Study of Human Rights at Columbia University, the Office of the Appellate Defender, and the Southern Institute for Education and Research at Tulane University provided intellectually stimulating spaces for reflection over the past several years.

In the spring of 2008, I revisited Owens, who by then was emaciated and emotionally spent. He had lost his third job in Texas, where he and Elise had moved on the one-year anniversary of Katrina, and was having no luck finding a new one. A criminal record from his youth and his unmistakable New Orleans accent haunted him.⁵ The unemployment office would not approve benefits for him. Elise was in the hospital and he feared her possible death as well as the growing hospital bills. Fighting back tears, Kevin admitted to suicidal longings, especially if he were to lose his wife after losing his home, his community, and his city simultaneously. Later in the conversation, he expressed a desire to see a mental health specialist,⁶ a startling admission from a working-class, Black man to a White, female outsider.

Between Friday morning and Sunday afternoon when the military took charge of the evacuation effort, more than 60,000 people were evacuated from the Superdome, the convention center, the Causeway Boulevard staging area, and the Louis Armstrong International Airport.⁷ In the late summer heat and humidity of New Orleans, the four-day delay in providing a reliable food and water supply to survivors had serious, long-term (mental) health repercussions. Individuals who narrowly escaped the water's mad rush by taking refuge in their attics died from dehydration, if they were not saved in time by rescuers such as Willie Pitford, Demetrius White, a volunteer in the Cajun Navy, a New Orleans firefighter, or a member of the U.S. Coast Guard.

⁵ Over the past four years, I met with Owens and/or his wife in their apartment or at a nearby restaurant multiple times. Except when describing the events that deprived him of his neighborhood, he is a very quiet, mild-mannered man, who answers his door in bunny-rabbit slippers. Increasingly, Owens has turned inward, another sign of trauma. On the inverse correlation between employability and a criminal record for Black men, see D. Pager, "The Mark of a Criminal Record," *American Journal of Sociology*, 108, 5 (2003), 937-75.

⁶ Penner field notes (PFN) from personal communication with author, Katy, TX, 17 Feb. 2008.

⁷ *CNN Reports*, 95.

Since Hurricane Katrina swept through the Gulf Coast on 29 August 2005, experts from the mental health, disaster, and public health communities have predicted a crisis for survivors of all ethnicities.⁸ There was a consensus that symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety disorders could appear months or even years after the triggering event.⁹ Recent studies have substantiated this initial concern.¹⁰ It is no secret that there is a mental health crisis in New Orleans, where physical signs of the tragedy are inescapable and where mental health is underfunded.¹¹

During ordinary times, African Americans experience a higher risk for cardiovascular disease than descendants of European Americans do. Experts in the field of public health recognize that the exact mortality during the aftermath of Katrina, or the so-called second wave of Katrina deaths, has not yet been fully documented. One novel attempt, spearheaded by Dr. Kevin Stephens, director of the New Orleans Health Department, to document this surge in the death rate utilizes death notices from the *Times Picayune*, New Orleans' daily newspaper. This study definitively concluded that the stresses caused by the loss of property and possessions, abandonment, and fear for one's

⁸ R. C. Kessler, "Hurricane Katrina's Impact on the Care of Survivors with Chronic Medical Conditions," *Journal of General Internal Medicine*, 22 (2007), 1225-1230; and P.A. Madrid, R. Grant, M. J. Reilly, and N.B. Redlener, "Challenges in Meeting Immediate Emotional Needs: Short-Term Impact of a Major Disaster on Children's Mental Health: Building Resiliency in the Aftermath of Hurricane Katrina," *Pediatrics*, 117 (2006): S448-53.

⁹ L. Coker, et al., "Social and Mental Health Needs Assessment of Katrina Evacuees," *Disaster Management & Response*, 4, 3 (2006), 88-94; A.J. E. Dirkzwager, L. Grievink, P.G. van der Velden, & C. J. Yzermans, "Risk Factors for Psychological and Physical Health Problems after a Man-Made Disaster: Prospective Study," *British Journal of Psychiatry*, 189 (2006), 144-49; and S. Galea, "The Long-Term Health Consequences of Disasters and Mass Traumas," *Canadian Medical Association Journal*, 176, 9 (2007), 1293-94.

¹⁰ D. Abramson, T. Stehling-Ariza, R. Garfield, & I. Redlener, "Prevalence and Predictors of Mental Health Distress Post-Katrina: Findings from the Gulf Coast Child and Family Health Study," *Disaster Medicine and Public Health Preparedness*, 2 (2008), 77-86, and J. Rhoads, T. Pearman, & S. Rick, "Clinical Presentation and Therapeutic Interventions for Posttraumatic Stress Disorder Post-Katrina," *Archives of Psychiatric Nursing*, 21, 5 (2007), 249-56.

¹¹ J. Calderon-Abbo, "The Long Road Home: Rebuilding Public Inpatient Psychiatric Services in Post-Katrina New Orleans," *Psychiatric Services*, 59 3 (2008), 304-09.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

life caused a massive wave of strokes and heart attacks in the weeks and months after Katrina.¹² A study recently completed by medical professors at Tulane University concluded that even four years after the hurricane, there is still a three-fold increase in the number of heart attacks suffered by New Orleanians.¹³

In this article, I critique the trauma literature that includes African Americans who endured Hurricane Katrina's aftermath in New Orleans. I begin by deconstructing the methodology and source bases of three studies of mental health risks that used natural disaster questionnaires, structured methods, or secondary sources. In particular, I am concerned with possible dissonance between scholars' and subjects' agendas. In the second half of the article, after outlining my methodology, approach, and sources, I explore the divergences between the most urgent traumatic concerns of my study's narrators and the dominant questions of the Katrina mental health literature.

Part I: Structured, Medicalized Approaches to Post-Katrina Trauma

During the first two weeks of September 2005, a local team of mental health professionals, medical doctors, and university professors evaluated mental health risks among evacuees who ended up in Dallas, Texas.¹⁴ The study's organizers analyzed notes of FEMA (Federal Emergency Management Agency) workers and clinicians who treated men and women at the makeshift mental health clinic set up for evacuees at the Dallas

¹² Kevin U. Stephens, et al., "Excess Mortality in the Aftermath of Hurricane Katrina: A Preliminary Report," *Disaster Medicine and Public Health Preparedness* 1 (2007), 15-20.

¹³ S. Gautam, J. Menachem, S. Srivestav, P. Delafontaine, & A. Irimpen, "Effect of Hurricane Katrina on the Incidence of Acute Coronary Syndrome at a Primary Angioplasty Center in New Orleans," *Disaster Medicine and Public Health Preparedness*, doi: 10.1097/DMP.ob013.3181b9db91.

¹⁴ C. S. North, et al., "Psychiatric Disorders among Transported Hurricane Evacuees: Acute-Phase Findings in a Large Receiving Shelter Site," *Psychiatric Annals*, 38, 2 (2008), 104-13.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

Convention Center. Overall, seventy-five percent of the subjects were African American; the remainder identified themselves as White. This study's most important, albeit disputed, conclusion was that the percentage of evacuees suffering from mental health problems was unexpectedly low. Only 2.6 percent were diagnosed with PTSD, 8.8 percent with acute stress, and 24.3 percent with depression. Frankly admitting that these numbers probably underestimated the actual mental health risk, the authors hypothesized that the convention center's mental health clinic may not have attracted the most distressed people.

Three other explanations challenge the usefulness of this study. First, in this setting, it would have taken a powerful incentive for traumatized and depressed people still largely in shock to self-diagnose as needing mental health services. They would risk embarrassment if seen by friends, acquaintances, or family members entering the clearly identified mental health clinic. Mental health services are under-utilized in African American communities, in part because of the stigma attached to them by the community.¹⁵ Secondly, for Black New Orleanians, Katrina was primarily experienced as a racism-inflicted disaster; therefore, to unburden one's soul to non-Blacks would have required special desperation.¹⁶ Lastly, a consistent theme running through my interviews was the disrespect felt by those assisted by FEMA representatives, thereby calling into question the validity of some of the sources.¹⁷

¹⁵ F. A. Gary, "Stigma: Barrier to Mental Health Care among Ethnic Minorities," *Issues in Mental Health Nursing*, 26 (2005), 979-99.

¹⁶ K. E. Henkel, J. F. Dovidio, and S. L. Gaertner, "Institutional Discrimination, Individual Racism, and Hurricane Katrina," *Analyses of Social Issues and Public Policy*, 6, 1 (2006), 99-124; Ferdinand and Penner, 127.

¹⁷ *Ibid.*, 49-59, 130-41, and 175-80.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

Coker, et al., conducted a second early research assessment of the mental and social health needs of displaced Katrina survivors.¹⁸ In this study, Katrina evacuees living in the Houston Astrodome were selected to answer structured interview questions. Two waves of interviews were intended. However, only 124 individuals agreed to be interviewed at the Astrodome, and only 15 of the 124 could be relocated and convinced to participate in another round of interviews. The authors predicted future mental health problems in the weeks, months, and years to come for this overwhelmingly poor, African American population sample. By avoiding a filter between the researchers and their subjects, the design of the Astrodome study was superior to the Dallas study. Scholars asked the same direct, scripted questions of all the subjects. They also acknowledged a correlation between access to a supportive social community and recovery from traumatic events.

Unfortunately, the Astrodome study focuses too much on the anticipated stresses of surviving in a “rioting” city, an image of New Orleans in Katrina’s aftermath which appears to have been accepted from media representations.¹⁹ The way the questionnaire is structured betrays this mindset. “Violence” is not subdivided into categories, and presumably is intended to include street, military, and vigilante violence, if indeed the latter two were imagined when the questionnaire was devised. Also, the strategy of focusing on the poorest evacuees probably contributed to underestimating how devastating the aftermath of Hurricane Katrina would be for working- and middle-class Black New Orleanians.

¹⁸ Coker, et al.

¹⁹ On the media’s coverage of Hurricane Katrina, see C. I. Harris and D. W. Carbado, “Loot or Find: Fact or Frame?” in *After the Storm: Black Intellectuals Explore the Meaning of Hurricane Katrina*, ed. by D. D. Trout, (New Press, 2007), 48-65.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

A third research study by R. C. Kessler continues to document the health needs faced by survivors.²⁰ This database is compiled by making use of a sophisticated phone-dialing program. In theory, this allows the authors to compile the least biased database of Hurricane Katrina survivors from all of the counties and parishes determined eligible for FEMA resources. A 2007 article was based on two frames of structured interviews conducted by telephone between January and March 2006. That study concluded that Hurricane Katrina should have been categorized as a “complex humanitarian disaster” rather than as a natural disaster, as most scholars had assumed in September 2005. The study’s authors acknowledged that their decision to conduct the interviews by phone skewed the final sample against displaced New Orleanians and poorer or less educated people who might not have been as comfortable answering the questions of outsiders, especially by phone.

Kessler’s study, however, suffers from one especially significant, unacknowledged shortcoming. The experiences of New Orleanians who were stranded in New Orleans after the storm were so distinct from the experiences of Gulf Coast survivors that it is unhelpful to aggregate the numbers and the findings. It was clear to news analysts at the time that Blacks comprised the overwhelming majority of the crowds at the Superdome, the Ernest N. Morial Convention Center, the Louis Armstrong International Airport, and the staging ground on Causeway Boulevard underneath the I-10 and I-610 overpasses in Metairie.²¹ These places were the scenes of unique conditions

²⁰ Kessler, et al.

²¹ *CNN Reports: Katrina—State of Emergency* with an introduction by Ivor van Heerden (Kansas City, 2005), 100.

that fostered a different traumatic context than the more traditional hurricane scenario of howling wind, fallen trees, and physical devastation.

Methodologically, the two studies discussed above that produced data by talking directly to survivors both relied upon structured interviews, which kept power firmly situated with the interviewer in a scenario already fraught with the disproportionate power dynamics of race, class, education, and homelessness. None of the three studies offered an active role for Katrina survivors in designing or correcting, much less implementing, the research instruments. There is no discussion of preliminary focus groups or of re-tooling the interview protocols for effectiveness after preliminary interviews. Surprise ensued when people of color avoided the researchers during the first frame and avoided callbacks during the second frame. Although the teams represented by the authors in both studies seem to be commendably interdisciplinary in composition, what is consistently missing is anyone who could speak to issues of critical race theory or of multiple viewpoints, at least in the design phase of the research.

All of these factors could have created a dynamic where the data collected represents an incomplete reflection of the experiences having the greatest traumatic effect on survivors. Thematically, the concerns of the trauma specialists and the Saddest Days narrators greatly diverged.

Part II: Saddest Days: Opened-Ended, Socio-Historical Katrina Interviews

I began Saddest Days in September 2005, when I was director of the Benjamin L. Hooks Institute for Social Change at the University of Memphis. As word of mistreatment of African Americans in New Orleans began to trickle out through the left-leaning email

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

lists, I decided to document possible human rights violations. My conceptualization began in consultation with representatives from several Black New Orleanian constituencies: janitors, scholars, activists, maintenance men, religious leaders, and public health professionals. Clyde Robertson, Jason Ogle, and Baderinwa Ain served as an advisory team until January 2006, when the project's chief advisor became Dr. Keith C. Ferdinand who was the co-founder and medical director of Heartbeats Life Center in the Lower Ninth Ward and is now the chief science officer for the Association of Black Cardiologists.

Methodology & Sources

I appreciate this right here. I swear to God, put that on everything. . . .
 Because it ain't normally people in y'all's positions want to know really how I'm feeling, or to walk in my shoes. . . . 'Cause I be feeling like you heard me. I guess I worry too much. I got a lot of questions I ask myself, and I don't got no answers. . . . I need shit like this just to let me know, fuck, I'm alright. . . . See how y'all understanding me? That lets me know I'm alright.

—Chad Charles, McDonald's employee²²

From September 2005 through August 2008, I conducted at least one (and as many as seven follow-up) interviews with a total of 275 Katrina survivors, overwhelmingly

²² The physical process of expressing everything that was on Charles's mind was clearly stressful for him: he visibly trembled before the interview and he exuded nervous energy throughout the ninety-minute conversation. Chad Charles, Memphis, TN, 3 Oct. 2005. Employment information throughout these interviews refers to the positions held before the storm. Unless otherwise stated, all the interview transcripts are housed at the Amistad Research Center at Tulane University and were conducted solely by me. Baderinwa Ain and I interviewed Charles together.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

African Americans originally from the Greater New Orleans Area.²³ Availability and snowball sampling were used to secure interviews with displaced individuals. Interview sessions were conducted at shelters, homes, hotels, churches, offices, restaurants, and park benches, and lasted from thirty minutes to four hours. During every interview, I attempted to create a safe space, where the narrator could perceive an engaged, sensitive listener. As a postmodernist steeped in critical theory, I consciously worked to decenter power. I did not pretend to be an indifferent, objective listener, because, in the words of Richard Mollica, the director of the Harvard Program in Refugee Trauma, “a listener’s detachment [would] only [reinforce] the survivors’ humiliated feelings, instilled by their aggressors, that they are worthless and their stories meaningless.”²⁴

The analysis of my interviews is informed by theory from critical race studies, Holocaust studies, and Native American genocide studies. I resist the medicalizing approach of mental health professionals. Analytically, a hallmark of my work has been inclusion of the narrators in the work of recontextualization.

Saddest Days was infused with voices of New Orleanians of color from all socioeconomic, educational, and religious layers of society. The ages of the narrators at the time of the initial interviews ranged from thirteen to ninety. Most of the interviews were of African Americans, whose traumatic risk was different from that of most non-Blacks in New Orleans before the storm. In fact, narrators from the original North

²³ Although I have conducted 275 interviews altogether of survivors of Hurricane Katrina after September, 2005, I am choosing not to include in this paper the 150 I conducted of women originally from housing developments in the summer of 2008, because including them would skew the data set in favor of poorer women. My overall understanding of trauma, however, was made more nuanced by our work together. There were men and women from two housing developments among the Saddest Days narrators.

²⁴ Richard F. Mollica, *Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World* (Harcourt, 2006), 111.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

Claiborne community had already experienced displacement during the building of the I-10 overpass, the citizens of the Lower Ninth Ward experienced it during Hurricane Betsy in September 1965, and the residents of the St. Bernard Housing Development when they were moved from the St. Thomas Housing Development in 2001. A few of the narrators bore significant emotional scars simply from being raised in housing developments, where Black-on-Black violence was a routine occurrence, or from losing sons or grandsons through murder. All of the African Americans shared family histories of slavery.

These narratives belong to the life history genre commonly referred to as *testimonios*.²⁵ They are influenced by the mission of their narrators, who were consciously speaking not only for themselves but for members of their absent community to an imagined audience beyond me. Another mark of a *testimonio* is the sense of urgency with which narrators speak. Owens heard about Saddest Days through a flyer sent to him by the Birmingham Urban League. He took a day off work to come in to the urban league office in downtown Birmingham because he felt it was imperative to testify about the things he had witnessed in the Superdome. At the end of his second taped interview, he explained: “To me, somebody needs to be held accountable for their actions. We go to war behind trying to save another whole country, and what’s going to be done about the injustice that was done to our own people? . . . If you deliberately commit a crime against humanity, then you should be dealt with and I don’t care who you

²⁵ John Beverley, “*Testimonio*, Subalternity, and Narrative Authority,” in *Strategies of Qualitative Inquiry*, ed. by Norman K. Denzin and Yvonna S. Lincoln, 2nd edition, 319-35 (SAGE Publications, 2003), and William G. Tierney, “Undaunted Courage: Life History and the Postmodern Challenge,” in *Strategies of Qualitative Inquiry*, 292-318.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

is.”²⁶ During the first six months after the storm, I visited the cities that were home to most of the displaced survivors: Atlanta, Birmingham, New Orleans, Baton Rouge, Houston, Austin, Dallas, and Little Rock. There were more New Orleanians eager to bear witness than I had time to interview.²⁷

By bearing witness to the injustices they and others endured, the narrators spoke as moral witnesses, some of who were aware of the risk they were taking in attempting to challenge the government’s and the media’s meta-narrative.²⁸ Rochelle Smith’s sister, for example, was frightened into silence by the soldiers’ tactic of returning in the middle of the night to take photographs of the members of the crowd who had witnessed their daytime, public killing of a Black man.²⁹ Rochelle witnessed the same incident and told her story in painful detail, despite her conviction that her photograph exists in a military file.³⁰ “Survivor testimonies,” to quote a specialist on Holocaust narratives, are important because of the ways they capture “the psychological and emotional milieu of the struggle for survival,” trauma’s precise terrain, “not only then but also now.”³¹

Approach

Laura Brown’s trauma-as-onion metaphor serves as a point of departure for my larger interpretive project; it suggests the need to unpeel the layers of trauma that some

²⁶ Kevin Owens, Hoover, AL, 14 Dec. 2005.

²⁷ Rita Charon, a clinician with a long history of working with traumatized people, has observed that she found her patients more eager to tell than she sometimes was to listen; Rita Charon and Maura Spiegel “Framing the Conversation on Speechlessness, Testimony, and Indifference,” *Literature and Medicine*, 24, 2 (2005), 250-2.

²⁸ On “moral witnesses,” see Avishai Margalit, *The Ethics of Memory* (Harvard University Press, 2002), 148-62.

²⁹ For an account of the incident, see Penner and Ferdinand, 125.

³⁰ PFN of untaped conversation with Rochelle Smith, Houston, TX, 10 Jan. 2006.

³¹ Geoffrey H. Hartman, *The Longest Shadow: In the Aftermath of the Holocaust* (Palgrave Macmillan, 1996), 142.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

narrators experienced prior to Katrina.³² Among the most relevant types of trauma are event, collective, and historical/cumulative. The idea of collective trauma was most forcibly inserted into the sociological lexicon after the tragic flood that swept through the hill communities of Buffalo Creek, West Virginia. In a matter of hours, residents had lost their homes, belongings, neighbors, and (frequently) some relatives.³³ The biomedical model of trauma epistemologically cannot make room for the concept of collective trauma, thus it is not surprising that the frontrunners of Katrina public health studies overlooked it.³⁴ In my next book, *Scattered: Community and Resilience after Katrina's Storm*, I will argue that the simultaneous loss of family, friends, co-workers, and neighbors registered the deepest impact on the individual members of the community, even for the people who have made their way back to their former neighborhoods.

In this article, though, I, like the mental health specialists, focus more narrowly on event trauma, which can be subdivided into two categories: events caused by nature (disasters) and events caused by other human beings (atrocities).³⁵ My focus is on the survivors' perceptions of rescuers' intentions, a primary consideration in the assessment of potentially traumatizing events. Neither the narrators nor I are able to speak to the actual intentions of the men (and women) wielding the guns, organizing food distribution, and rationing medical treatment. However, I believe that what is primary in social and psychological trauma is the belief of the person against whom the force was directed rather than the intentions of those whose actions caused pain for the survivors.

³² Laura S. Brown, "Not Outside the Range: One Feminist Perspective on Psychic Trauma," in *Trauma*, 110.

³³ Kai T. Erikson, *Everything in Its Path: Destruction of Community in the Buffalo Creek Flood*. (Simon & Schuster, 1976), 13.

³⁴ Arthur Kleinman, *Writing at the Margin: Discourse between Anthropology and Medicine* (University of California Press, 1995), 177.

³⁵ Herman, 33. Kai Erikson has been laboring to reinforce this vital distinction since his initial Buffalo Creek report; Kai Erikson, "Notes on Trauma and Community," in *Trauma*, 183-99, here at 190.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

Trauma texts are documents negotiated by the direct narrator, the interlocutor-scholar, and the reader. As scholars and readers, we must struggle to identify our emotional investments in this subject in order to prevent our own feelings from interfering with empathetic, open-minded readings of the descriptions of traumatizing attitudes and events by those who endured Katrina's aftermath firsthand. In the interests of healing and justice, it behooves us to listen self-reflexively to these moral witnesses, and then to rethink our diagnoses and treatment plans, policy priorities, and aid strategies.

Biomedical Themes

In what follows, I first explore the narratives as they inform on two of the favorite topics of the structured Katrina protocols, and second on three themes that emerged as dominant concerns of the narrators. The latter were barely reflected, if at all, on mental health questionnaires, an enigma that I explore in the conclusion.

Hurricane Katrina

Wherever I travel outside of New Orleans, most Americans still believe that a natural disaster is responsible for the problems faced by New Orleanians. This same belief has driven the biomedical model of Katrina research. In part this may be a product of Hurricane Katrina's distinction, depending on how one counts the deaths, as the largest natural disaster in the history of the United States.³⁶

The narrators' immediate experience of Hurricane Katrina varied according to the structural soundness of their lodgings. For those in solidly constructed homes, the

³⁶ John Mutter, "Preconditions of Disaster: Premonitions of Tragedy," *Social Research: an International Quarterly*, 75, 3 (2008), 691-724.

hurricane was anticlimactic. Two of the narrators slept through most of the storm: Anika Pugh, who was five months pregnant, and Chad Charles, the twenty-two year old on the fourth floor of his grandfather's "retirement villa" in the Lower Ninth Ward.³⁷ Several narrators mentioned falling trees, ripping winds, and dislodged shingles.³⁸ Owens "rode out the storm," to borrow a vernacular phrase, in the B. W. Cooper Housing Development in Central City with his family, because his wife felt safe there.³⁹ He said about the storm, which he watched in its entirety, "The wind was pretty scary, but the building itself withstood it real good. They had some windows blown out and some trees fell on parts of the building."⁴⁰ Demetrius White, owner of a split-level house in Mid-City, put his storm experience in comparative perspective: "I heard things hitting the house, glass breaking. It wasn't anything like a California earthquake, so it was nothing frightening. It was nothing unusual as far as a hurricane is concerned . . . and I was in New Orleans for Hurricane Betsy."⁴¹

For these narrators, Katrina, a Category Three hurricane, was not the basis of traumatic nightmares. No tears were shed during the narrations. In fact, the dominant tone was one of post-storm euphoria, best articulated by Owens: "When Katrina came and left, we started clapping. We was like, 'We made it!' So I looked out the window and said, 'Look at this here. We got to roll up our sleeves and start cleaning up.'"⁴²

³⁷ Anika Pugh, Birmingham, AL, 14 Dec. 2005 and Charles.

³⁸ Shriff Hasan, Houston, TX, 17 Oct. 2005; Raynauld Jones (conducted with Baderinwa Ain), Memphis, TN, 2 Sept. 2005; Pugh; Leonard Smith, Waterproof, LA, 8 Nov. 2005.

³⁹ PFN, Kevin Owens, 14 Aug. 2008.

⁴⁰ Kevin Owens, Birmingham, AL, 9 Dec. 2005.

⁴¹ Demetrius White, Houston, TX, 12 Jan. 2006.

⁴² Owens, Birmingham.

More harrowing hurricane stories were told by narrators in poorly constructed dwellings made from cheap materials, such as in the Lower Ninth Ward, Uptown, or in New Orleans East. Kenneth Anderson, a 51-year-old, self-employed painter, lived alone in a ramshackle house in Tremé. “The house was rocking ... [and] a few glasses broke. Then the roof blowed off of the back part of the house and the ceiling fell in. I had moved from the back part just in time,” he concluded.⁴³ For Anderson the hurricane was not an event to mention briefly before the more breathtaking part of the story, as it had been for the first category of narrators. Still, as we will see below, the storm was not his most traumatic experience. Dwayne Chapman and Eleanor Thornton, workers in New Orleans’s tourist industry, attended a “hurricane party” in a flimsily constructed apartment complex in New Orleans East. Wind that shook the entire apartment building woke them up at 5:00 a.m. From the outdoor third floor stairwell, Chapman saw “plywood from people’s roofs just lift up.” Thornton’s recollection of hearing people in surrounding apartment buildings crying out for help was accompanied by tears, perhaps induced by the memory of feeling helpless to assist them, which she mentioned. Despite the fact that the apartment they were in survived the storm intact, the impression lingers that “as tore up as the building was, we could have been killed in [the hurricane] alone. But if we’d have five or ten more minutes of the hard wind that building was going to collapse.”⁴⁴ In the context of an almost 300-page, double-spaced interview transcript, however, these feelings were minor in comparison with the experiences at the convention center and what were described as “concentration camp-like” army bases in Arkansas. A

⁴³ Kenneth Anderson, Birmingham, AL, 29 Dec. 2005.

⁴⁴ Eleanor Thornton and Dwayne Chapman, Smyrna, GA, 6 Jan. 2006.

frightening storm experience caused Thornton and Chapman to rethink their embrace of hurricane parties, not their identities as U.S. citizens.

“Looting”

They say that they couldn't stop the looting. When you got people dying, you worrying about a window pane? Insurance is going to pay for a window pane. I mean if you ain't wanting none of this to occur, don't blame us for looting. Blame your federal government because if they would have stepped in there, this here would never have went on. They chose to come late.⁴⁵

—Raynauld Jones, Handyman

Once the news media became aware that New Orleans had flooded, it focused the nation's attention on the allegedly rampant “looting” of stores and private homes in New Orleans. As Katrina's aftermath unfolded before a watching world, Black survivors were called, among other things, “scumbags,” “looters,” “thugs,” and “hoodlums.”⁴⁶ Several weeks after the last New Orleanians had been evacuated, members of the news media admitted that these reports of crime and violence were either taken out of context or grossly exaggerated.⁴⁷ For the purpose of this article, I am only considering if what the narrators preferred to call “feeding people,” or provisioning, added to narrators' stress, thereby qualifying it as a traumatizing event.

⁴⁵ Jones.

⁴⁶ *CNN Reports*, 29; Shana Agid, “Locked and Loaded: The Prison Industrial Complex and the Response to Hurricane Katrina,” in *Through the Eye of Katrina: Social Justice in the United States* ed. by Kristin A. Bates and Richelle S. Swan (Carolina Academic Press, 2007), 56.

⁴⁷ Brian Thevenot and Gordon Russell, “Reports of Anarchy at the Superdome Overstated,” *Seattle Times* 2 Sept. 2005, and Andrew Gumbel, “After the Storm, US Media Held to Account for Exaggerated Tales of Katrina Chaos,” *Los Angeles Times* 28 Sept. 2005.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

On-the-ground narrators divided “looting” into two ethical categories: immoral and necessary. The kind of “looting” that was denounced involved stealing items that were unnecessary for survival like flat-screen TVs. Charles, a young man deeply immersed in the life of the street, explained:

Like as far as corner stores, I don't really blame nobody for looting there. That's food. Now as far as a mall or something? Fuck! You ain't got no business trying to get some Guilford [jeans] and all that. But really all the people that was looting [non-food items] was drug addicts. That's how they was making their money, supporting their habit. “Dude, go get this, go get that. I got you.” You know?⁴⁸

Chapman and Thornton, experts on the convention center, estimated that the ratio of “provisioners” to “looters” was nine to one.⁴⁹ The existence of superfluous looting embarrassed some of the narrators, especially those watching the events on television where it appeared to be the dominant story line.⁵⁰ It was not mentioned, however, as a source of stress during the weeklong aftermath, nor were there any physical or emotional signs of looting-induced trauma in the aftermath narratives.

The narrators did emphasize with outrage or disappointment the absence of food and water provided by individuals acting in an official rescue capacity.⁵¹ The convention center may have had the least food for the longest time. It wasn't until Thursday night

⁴⁸ Charles. Jones concurred with Charles's conclusion about individuals with substance abuse problems and looting.

⁴⁹ Thornton and Chapman, 6 Jan. 2006.

⁵⁰ Venus McCoy, Birmingham, AL, 12/05.

⁵¹ See, for example, Owens, Hoover, Cynthia Banks, Dallas, TX, 15 Jan. 2006, and Rochelle Smith, Houston, TX, 10 Jan. 2006.

that twenty-five MREs (Meals, Ready to Eat) were dropped from military aircraft for the thousands of people around the convention center.⁵² Not until Friday, four full days after Hurricane Katrina struck, did the government manage to get the first significant installment of food and water to the survivors at and around the convention center.⁵³

The life-and-death consequences of inadequate food supplies were commented upon by some of the narrators, who spoke frankly about their efforts to scavenge food. Chapman described using his insider knowledge of the kitchens in the convention center, where he had worked as a server and a captain for over a decade, to break into the convention center's freezers and prepare food for the people: "So if they want to call me a thief or whatever, I done it. But I done it for other folks. . . . We was feeding people!"⁵⁴ Cynthia Banks, the 60-year-old director of the nonprofit daycare, Free to Be Kids, and a grandmother, spoke of providing for her quadriplegic son and other residents of the Kindred Hospital from which they were about to be evacuated:

⁵² *CNN Reports*.

⁵³ Felicity Barringer & Maria Newman, "Troops Bring Food, Water, and Promise of Order to New Orleans," *New York Times* 2 Sept. 2005.

⁵⁴ Chapman, 6 Jan. 2006.

Um, I'm going to be very honest with you. There's a Wal-Mart that's not far from the hospital. . . . So I went in there and I got as much milk as I could carry out of there before I left because once you got in your car, you could not leave the caravan, because there were National Guards at the end and at the beginning of the caravan, and you couldn't break the caravan. So I had gotten milk and brought it back and kinda like gave milk out to everybody that wanted milk, and that was it because there was no food.⁵⁵

Others acknowledge the efforts of the provisioners, even when they were individuals not usually admired. Huey P. Collins, Jr., a 57-year-old welder from the Lower Ninth Ward, spoke nostalgically at the beginning of the interview about the days when a person could count on “catching a whipping” for doing something wrong, while ruing the undisciplined nature of the youngest generation, whom he described as being obsessed by drugs and murder. But when the interview turned to questions about how he and others survived at the convention center until Friday, he gave credit to a group of young men, who “looked like the wrong type, [but] they turned around. They got kind hearts.” As he told the story, the young men who provided rice and beans for the adults and ice cream for the kids were heroes. Collins's story was confirmed with admiration by Shriff Hasan, a high school drama teacher, actor, and director: “Baby, people had set up kitchens, bars. Only in New Orleans, do folks got that kind of ingenuity: cooking with gasoline, chairs, whatever they could cook with. They're barbecuing and stuff.”⁵⁶

⁵⁵ Banks.

⁵⁶ Hasan.

The numerous acts of self-provisioning mislabeled as “looting” did not traumatize the Black citizens of New Orleans left in the city after the storm. Rather, their efforts provided sustenance. Rochelle Smith, an LPN, credited the strangers who supplied her family with food, water, and dry clothes with saving their lives.⁵⁷ Additionally, the so-called looters brought comfort, distraction, and even happiness into the mix. According to Carl Singleton, a retired hopper, children were enjoying the ice cream so much that, for a few brief moments, they seemed to forget about their surroundings.⁵⁸ That it was necessitated by governmental failure brings us closer to the set of problems that did traumatize victims.

Saddest Days’ Themes: “We Were Treated So Poorly”

For a whole year, I found myself just crying anytime I heard anything about Katrina. We were treated so poorly. Going through those processing centers! My son said, “My daddy had to stand in line in the heat for hours in pain to get frisked.” To be such a rich nation and to be called refugees. . . . We were productive, working, tax-paying Americans being referred to as refugees.⁵⁹

—Dr. Denise Johnson, nurse practitioner and medical director of a cancer screening clinic

Despite all of the class diversity of the survivors that I interviewed, there were many themes involving trauma, only the three most poignant of which can be developed here.

⁵⁷ Rochelle Smith.

⁵⁸ Carl Singleton, Birmingham, AL 29 Dec. 2005.

⁵⁹ Mr. Johnson suffers from sickle cell anemia and is legally blind. Penner and Ferdinand, 79. The parts of Texas where the outdoor processing centers were stationed had not lost power as a result of Hurricane Katrina. Air-conditioned high school gymnasiums or churches could have been used.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

The main points of the poor treatment by government officials described by Johnson sometimes varied from narrator to narrator. None felt that the treatment received was consonant with their expectations of a citizen's right to rescue and relief.

Assault Rifles

There has been a great awakening for those who didn't know that this kind of inhumane mindsets exist, . . . like the sheriff in [Gretna] would bring dogs out to keep people from saving their lives and coming into his parish. That people would be hovered over with guns like they were criminals, rather than victims.

—Cynthia Banks⁶⁰

On Friday, Lieutenant General Russel Honore, a Louisiana native and Joint Task Force commander, attempted to re-orient the troops under his command to re-conceptualize their work as a humanitarian-relief mission.⁶¹ His efforts were at cross-purposes with the shoot-to-kill orders emanating out of Baton Rouge.⁶²

The presence of officials with assault rifles in itself was not necessarily offensive to evacuees, depending upon the demeanor and attitude of the rifle-bearer. For example, members of the National Guard took over Kindred Hospital in Uptown New Orleans, and were visibly armed with assault weapons. However, Jermol Stinson, a young quadriplegic patient with several, gold-capped front teeth, while describing the atmosphere as “real tense,” nonetheless commended the National Guard for treating him “real, real well.” In

⁶⁰ Banks.

⁶¹ *CNN Reports*.

⁶² Agid, 56.

contrast to the way the survivors in the Superdome and convention center were treated, the National Guardsmen assigned to Kindred Hospital “took the time to come and sit down and talk with me and make sure that I was ok and comfortable,” Stinson explained. Perhaps the soldiers did not see Stinson as a young Black man precisely because of his disability. As a result, Stinson was one of the few Black survivors of the aftermath in New Orleans I interviewed who did not show signs of trauma because of his encounter with the military during the rescue-and-evacuation mission.⁶³

Most of the narrators, however, were disturbed by the omnipresence of assault rifles carried by military personnel and official rescuers. The only exceptions to this rule were the men who had served in the armed forces themselves, because they understood the rationale behind crowd-control tactics.⁶⁴ The narrators left little doubt that the people steered into the Superdome and the convention center felt that their lives were in danger, mainly because they feared imminent, unpredictable military violence.⁶⁵ “The scariest part of my ordeal,” Owens said in response to my question about how frightening Katrina was as a hurricane, “was being in the Superdome. ... It was us against the military.”⁶⁶

The precautions taken by the soldiers deployed to the Lower Ninth Ward on Friday stunned Charles, a young high school dropout:⁶⁷

⁶³ Jermol Stinson, Dallas, TX, 15 Jan. 2006.

⁶⁴ White and Smith. Both men, however, also used their military background to critique the entire rescue operation and gave it extremely low scores for effort, organization, utilization, and efficiency.

⁶⁵ I am not saying that the military intended to kill the people of New Orleans. On military violence against Blacks during the aftermath, see Solnit, 234-5, 245-66.

⁶⁶ Owens, Hoover, AL.

⁶⁷ Charles.

Them army people didn't come down there to help nobody. Them people came to straighten the streets out. . . . Fucking cautious around us because we hurting like a motherfucker. . . . Running up the streets like it's Afghanistan, that's how it looked to me. Soldiers getting off helicopters, backing up behind each other, and covering each other. I'm looking at this like, man, they wasting their time doing that dumb ass shit.⁶⁸

Charles divined the intent of the soldiers by reading their body language. "They looked how a nigger look on the street, like I am ready to do you something. If you get out of line any kind of way with me or if I feel you're a threat, I'm going to take you out. That's all. You ain't got to say no words. I've been on the street. They got the same eyes."⁶⁹ Shriff Hasan observed a murderous look in the eyes of the man he nicknamed "GI Bob," one of the thousands of soldiers and police in full battle gear who stormed the convention center at noon on September 2. "I understand that [he had] a job to do, but these people [in my area] had suffered enough. They [didn't] deserve [him] looking at them as if [he'd] shoot them and talking to them as if [he would] kill them on the spot."⁷⁰

Similarly, having guns routinely pointed at survivors "as if [they] were in a concentration camp," to borrow the analogy of the teacher from Gentilly,⁷¹ was particularly unnerving, especially given the context of a humanitarian disaster.⁷² After much thought and prayer over several months, one of the witnesses inside the Superdome

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Hasan.

⁷¹ This was the status quo as soon as Hasan reached the area outside the Superdome.

⁷² For pictures of this display of military might, see *CNN Reports*, 81 and 85; Robert Caldwell, "New Orleans: The Making of an Urban Catastrophe," *Monthly Review* (9 Dec. 2005); and Spike Lee's use of media footage in *When the Levees Broke*.

concluded: “I believe with all my heart that they was going to kill us. If we had been the animals that they were portraying us to be [on television] and acted like that, then they would have opened fire on us.” Even though he had ruminated over the question in a peaceful Birmingham suburb, Owens could find no other explanation for the soldiers stationed inside the Superdome to have pointed their weapons continuously “at unarmed, innocent people trying to escape a flood.” I’m a grown man and I’m cried out,” he explained.” I’m spiritually inclined. I can ask my God to show me what’s happening in front of me. And that’s what I did.” He felt betrayed by the government of a country for whom his father had received a mental disability while serving in Vietnam.⁷³

A fifty-something welder who was one of the last to leave the convention center remarked on the apparently careless way police officers openly sported their weapons. He condemned the way police officers pointed “M-16s” at “innocent people,” while driving around in their cars. They “could have hit a bump and [the rifles] could have gone off.”⁷⁴ “There were police cars en masse. Every night that happened around two or three A.M.,” Hasan confirmed. “No, they didn’t stop to see how we were doing. . . . Hell no, it wasn’t about protecting nobody! It was about protecting their wealth. . . . Guns pointed at people out of car windows like you’re ready to shoot, I’m talking about if you breathed the wrong way.”⁷⁵ The psychological impact of watching the people he recognized as “taxpaying citizens” and “decent human beings,” the overwhelming majority of the people he saw on the I-10 bridge, around the Superdome, and inside and outside of the

⁷³ Owens, Hoover.

⁷⁴ Huey P. Collins, Jr., Birmingham, AL, 29 Dec. 2005.

⁷⁵ Hasan.

convention center, was to make him feel more “un-American” than he had ever felt before.⁷⁶

Deacon Harold Toussaint to this day cannot get over the indignity of having assault rifles pointed at him, when he attempted to ask for help from the military in evacuating the predominantly White senior citizens at Park Esplanade:

I have to preface this by saying I had on a short-sleeved shirt and my pants were wet—I had no place to hide a weapon. So as I approached them, I just waved my hand out and said, “Oh, the guardsman over there, he needs to talk to you. “ The federal police pointed their M-16s, their AK-47s, or whatever it was at me and said, “Get back! Get back! Get back!” And I raised both of my hands up and I said, “No, I’m trying to tell you that the Guardsman says he needs your help.” Again, “Get back, get back, get back!” I felt they were ready to shoot me! All they saw was that I was Black, and Blacks are criminals. That was what I got from them at the time when we needed them most.⁷⁷

The Katrina survivors who had negative encounters with the military or the police carry with them a haunting reminder of their vulnerability as Blacks. Although Chad Charles had a criminal record from his juvenile years, he was surprised by the intensity of the military’s hostility to African Americans. For Toussaint, it was his first significant

⁷⁶ Hasan.

⁷⁷ Harold Toussaint, Decatur, GA, 8 Jan. 2006. See also B. Pettit and B. Western, “Mass Imprisonment and the Life Course: Race and Class Inequality in US Incarceration,” *American Sociological Review*, 69 (2004), 151-69.

brush with the military, and it shook him out of his middle-class reverie of a post-racial society.

*“They weren’t there for us.”*⁷⁸

It was hard, a whole bunch of emotions, a lot of crying, and just looking at my kids and wondering when we were going to get out of there. And then my daughter—she’s one of the hardest little girls in the world—but she was like, “They’re going to let us stay here and die, huh?” That’s what pulled my heart. Because I saw my kids didn’t think anybody in the world cared about us, or were worried about us.⁷⁹

—Anika Pugh, home business owner

Elementary rescue equipment (life jackets, boats, medical supplies) seemed to have been forgotten and standard rescue supplies (food and water) were in critically short supply. Leonard Smith, a career Marine, was amazed by the absence of rescue boats in New Orleans East. “After being in the military, I know there is nowhere the military can’t go. Water, land, sea or whatever, they can do it. But there was one military helicopter, and it was a navy helicopter.”⁸⁰ Toussaint was perplexed by the lack of life jackets: “[Although] there was water everywhere, [the military] had guns but no life jackets.”⁸¹ Banks was forced to take cartons of milk from Wal-Mart’s shelves because the National Guard that

⁷⁸ Ibid.

⁷⁹ Pugh.

⁸⁰ Leonard Smith.

⁸¹ Toussaint.

had delayed the evacuation of Kindred Hospital from Wednesday to Friday still had no food or water for the patients.⁸²

The problem of supplying the thousands of survivors inside New Orleans (and especially around the convention center) with food and water was not because of the convention center's inaccessibility. There was no standing water around the convention center. Early in the week after the storm, hotels around the convention center moved swiftly and visibly to bus their guests (and some White New Orleanians) to other cities. Rene Kinsella, a fifty-year-old White male walked from his home to the New Orleans Hilton after curfew on the eve of the storm. Not only was he let in by hotel security, but he was also evacuated from the city early Wednesday morning on one of the twenty-five buses provided by Hilton for the people inside the hotel. The Hilton, like most of the major hotels in New Orleans, was within walking distance of the convention center.⁸³ If buses could carry Whites out of the city, then other buses (trucks, vans, or cars) could have transported food, water, and medical supplies into the city. Boxes of MREs and bottled water were handed out in Jefferson Parish as of noon on 29 August 2005, according to Freddie Clark, a retired reservist and longtime resident of Jefferson Parish. "The National Guard put them in your car."⁸⁴ The problem was not in getting supplies to Louisiana in a timely fashion.

The priorities of the official rescue personnel seemed inverted to Black New Orleanians. On Friday, Charles rode on the levee down to Poland Avenue in the Upper

⁸² Banks.

⁸³ Alive in Truth Interview, Rene Kinsella interviewed by Brigid Shea, Austin, TX, 14 Sept. 2005.

⁸⁴ Freddie Clark sat in on part of my interview with Rogers Branche, Birmingham, AL, 15 Dec. 2005. His interview is also housed at the ARC.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

Ninth Ward. “I see fucking army trucks like tanks with 12 soldiers hanging off with M16s. They ain't saving nobody or nothing. People on their porch looking at them riding around stores and shit. It wasn't no effort to try to come get us.” The lead questions of the military personnel when they finally went door-to-door also surprised him: “You know the first question they asked the people [at the villa] before they seen me, was, ‘Were there any violent people in here?’ I am like, man! Everybody didn't ask, ‘You need some water? You need some of this? You need some of that?’” The impact of the aftermath of Katrina on Charles’s psyche was so profound that he began to consciously re-think his sympathetic international allegiances. Before Katrina, he changed channels whenever a news report came on television about warfare in Afghanistan—it seemed the plight of the Afghani people had nothing to do with him. After his encounters with the U.S. military, he started to sympathize with the Afghani people’s protest of U.S. military occupation. Charles drew the conclusion that a person needed to be wealthy to be treated with respect in the United States.

Charles was not alone in noticing how slowly (deliberately it seemed) rescue equipment and resources were maneuvered into place to save Black lives. “So many people just didn’t deserve to be treated that way by our military service. The people, you know, that we trust,” Owens said through tears. “It’s like somebody decided that in New Orleans Black people’s lives weren’t worth saving, our culture wasn’t worth preserving. Somebody decided that we just weren’t worth the money or the time and effort.”⁸⁵

Another common refrain in the survivors’ *testimonios* was the disdainful attitudes of the military and the official rescue teams towards the men, women, and children of

⁸⁵ Owens, Hoover.

color who needed their assistance. Rochelle Smith, a thirty-two-year-old mother of two children, recalled soldiers' responses to a young child's seizure in her area outside the convention center on Friday, 2 September 2005: "[T]hey said they were not there to help us. They were there to maintain order. And no one would communicate with us."⁸⁶ Similarly, Toussaint, an award-winning sommelier on two continents, recalled how he felt in the Louis Armstrong International Airport as he waited for evacuation:

They didn't want to come near us. I said, these people think we're from a foreign country and we have some kind of disease we're going to transmit to them. . . . I felt like, and I don't mean to disparage the Haitians, but these people think they were in Haiti, what? They treated us like we're not in the United States, and I really felt dirty.

Denise Johnson, a homeowner from Eastover, told of her experience on a bus to Texas with Superdome survivors: "We weren't told where we were going. We were told to shut up and don't ask any questions."⁸⁷ On Saturday, the pregnant Anika Pugh was finally evacuated along with her family to Baton Rouge, Louisiana, where she was housed along with thousands in an LSU gymnasium. By the time she got there, she remembered, "I couldn't even walk up straight . . . because the pain had just suddenly come down on me." She pleaded for medical attention, for someone to listen for her baby's heartbeat. The rescue worker to whom Anika Pugh appealed for medical treatment had the power to validate Pugh's medical concerns as serious enough for hospitalization. Instead, she was given some vitamins and iron pills, and then told to lie down on a cot. Pugh miscarried a

⁸⁶ Rochelle Smith.

⁸⁷ Johnson.

week later in Birmingham. As scholars, we will never know with complete certitude whether the miscarriage was a product of the crushing stress of Pugh's days in front of the convention center with her children or a coincidence of nature. But she carries the loss of her unborn baby as another man-made, Katrina loss. She declined the Birmingham hospital's offer of an autopsy because, as she explained, "I kind of have a feeling why my baby's gone, because it's like I was stressing from the start of everything, wondering what are we going to do, how are we going to survive. . . . The lady I was staying with took pictures of the baby, dressed her in a little dress and put dolls around her, so I have pictures, but I couldn't bear to see my baby, couldn't hold her, couldn't touch her."⁸⁸

Traumatic wounds induced by humiliation, an assault on a person's dignity, are invisible, according to Richard Mollica.⁸⁹ Nonetheless, it has the potential to be a "formative experience," argues Margalit in *The Ethics of Memory*, "very much the way a serious failure in a project that matters to us greatly brings us to view ourselves as failures."⁹⁰

Separating Families

Another traumatizing event was the policy of forcing some family members to abandon other family members in poor health. After the storm, Kenneth Anderson walked nine blocks through water, at times up to his chin, to get to his older brother, who was ill. Because he found his brother out of food, he walked through more water to his sister's apartment, for which he had a key. "On my way back, that's when the helicopter stopped

⁸⁸ Pugh.

⁸⁹ Mollica, 62, 73.

⁹⁰ Avishai Margalit, *The Ethics of Memory* (Harvard University Press, 2002), 130.

me,” Anderson explained, “and told me I had to go with them. I say, ‘I’m going to bring my brother something to eat.’ He said, ‘No, you have to evacuate.’” As a result, Anderson’s brother was not evacuated until five days after the storm and he went without food for several days.⁹¹ One can only begin to imagine the additional stress the elderly man in fragile health was under because of his brother’s unexplained disappearance. If his brother had died as a result of being left alone without food or potable water, he would have died alone, a fear Anderson lived with in Austin, where he was flown without companionship by the military.

Parnell Herbert, a retired AT&T technician, related the story of his friend’s mother in a hospital. A helicopter stopped the pair, as the daughter was pushing the mother’s hospital bed to the Superdome before the water rose any higher. When the helicopter offered to take her mother, the daughter gladly consented, never guessing that they would not make room for her as well, which she learned only after her mother was inside the helicopter. As of January 2006, no one in the family had any information about the mother’s ultimate whereabouts or disposition.⁹² Not only did the mother apparently die alone, but the medical staff lost an invaluable ally in the daughter.

Almost all of the narrators who were eventually evacuated from the Superdome, the convention center or the causeway staging ground blamed the extremely chaotic departures of buses as the leading reason for why so many children ended up separated from their families. A few buses would pull up along the crowd, provoking exhausted men, women, and children to run for the buses, not knowing when or where the next bus

⁹¹ Anderson.

⁹² Parnell Herbert, Houston, TX, 11 Jan. 2006.

out would come along.⁹³ The response of some military personnel: “oh, don’t worry about it. You’ll all end up in the same place,” was neither accurate nor helpful.⁹⁴ The stress of losing contact with family members for days, weeks, and even months, after losing every material possession, was exceptionally traumatizing.

One result of the way the buses were finally loaded was that some of the black male narrators felt like their deaths had been hoped or planned for. With great emotional pain, Owens described the way he was separated from his wife and extended family as a direct result of following military orders. After thousands of people were “packed in like sardines” to the area leading from the Superdome to the buses, Owens recalls a military commander’s announcement: “We don’t want nothing but women and children.” This, according to Owens, caused panic. “Now you got children, little kids, and women holding on to their husbands and their boyfriends and their fathers, and, they’re saying, ‘No! You’re not going to separate us from each other, because this is all I have left in the world.’ The military commander responded, ‘Then nobody’s leaving. Don’t do what we ask, nobody leaves. Come across this barricade and you will be shot.’” Eventually Owens decided to comply with the military order and was separated from his wife, who ended up at the Astrodome. A day later, he was forced onto a bus headed for San Antonio.⁹⁵

Although many more examples could be provided, I will conclude this section with a description of the vulnerability, especially of women of color, once the equivalent of martial law was declared. (Of all the narrators, only Demetrius White and Willie Pitford and his sons were allowed to stay behind in the city after being ordered by official

⁹³ Thornton, 6 Jan. 2006.

⁹⁴ Johnson. See also Owens, Hoover.

⁹⁵ Owens, Hoover.

rescue personnel to be evacuated.⁹⁶) Banks recounted the story of her sister, a registered nurse and a condo owner in an exclusive neighborhood near Lake Pontchartrain. Her sister made the decision not to leave New Orleans before the storm in order to be of support to two elderly White women in her building:⁹⁷

We couldn't find her for almost two weeks. When we finally heard from her, the National Guard had come and insisted that she leave with them, because she attempted to try to contact somebody to pick up the two old ladies. . . . She said, "I'm fine. I'm ok. I'm going to meet my family." They said, "No, you're going to get in the helicopter." . . . They took her and the two old ladies to the airport. . . . She said, somebody [from their family] came and picked up those two elderly ladies. . . . But they made her get on a plane and go to Cape Cod. They all had weapons. And she said she felt like a prisoner. She had no say about her destiny at that point. She had no pocketbook, she had no nothing. No ID. She ended up on a naval base or an army base for weeks and no one knew where she was.

Whatever the perceived military necessity, it is clear that experiences that felt like imprisonment were very upsetting to the individuals and families who endured them. In light of the different treatment White women were observed to enjoy, the act may have seemed more capricious.

⁹⁶ Willie Pitford, New Orleans, LA, 29 May 2006.

⁹⁷ Banks.

Conclusion

The mental health specialists, with a minor exception, correctly predicted an overall surge in traumatic and depressive symptoms for Hurricane Katrina survivors. They were less effective in identifying causation, specifying type, and appreciating major differences between social groups and communities. For almost all of the African Americans narrators trapped in the city after the storm, the trauma of Katrina was experienced as the product of human beings, mainly armed law enforcement personnel and soldiers, brandishing assault rifles, acting disdainfully, and separating families.⁹⁸ This thematic gap on the questionnaires resulted in an under-estimation of the unique burden of trauma, anxiety, and depression endured by displaced Black New Orleanians, who have no history of seeking out mental health specialists.

For the narrators who endured the aftermath of Hurricane Katrina in New Orleans, the event was made cataclysmic not by the winds or the flood waters but by their descent into a militarized zone in which they seemed singled out for persecution because of their race/ethnicity (and gender).⁹⁹ According to some estimates, twenty percent of the residents remaining in New Orleans after Katrina's landfall were nonblacks.¹⁰⁰ The Jefferson Parish Sheriff's Office reported that on 30 August 2005, alone, approximately 500 people from Lakeview, a predominantly White neighborhood, were rescued by helicopter.¹⁰¹ Although Whites were rescued from their rooftops and attics in Lakeview, New Orleans East, Mid-City, and Gentilly, on 3 September 2005, CNN reported that "as

⁹⁸ On New Orleans, see also Rebecca Solnit, *A Paradise Built in Hell: The Extraordinary Communities That Arise in Disaster* (Viking, 2009), 245-6.

⁹⁹ An article I have written on race and rescue will soon be available at <http://www.southerninstitute.info/>

¹⁰¹ "Hurricane Katrina Rescue Efforts," www.jpso.com

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

more and more eyewitness accounts of conditions in the convention center and Superdome surface, it becomes plain that most if not all of those who survived unspeakable days and nights under inhuman conditions were black.”¹⁰²

This mistreatment at a particularly vulnerable moment in their lives was experienced by many with greater despair because of the cumulative, partially unresolved trauma that is the legacy of many African Americans as a result of centuries of slavery followed by segregation. Perhaps even more than White Americans, most Black Americans prior to Hurricane Katrina wanted to believe that the country had moved past the days of race-based discrimination. Instead, at every turn, they saw examples of White privilege. They watched Whites directed to Jefferson Parish by the same police officer who had directed them to the convention center. From the convention center, they had a view of the Mississippi River Bridge, where they could count the number of Orleans Parish buses—Rochelle Smith counted 132—destined to pick up Whites from St Bernard Parish via the Algiers Point ferry landing and drive them to Houston. This, while the Saddest Days narrators slept on concrete or tar-covered landing fields, without dignified toilets or adequate food. They survived on what food was provided by local young men from a nearby Wal-Mart or corner store.¹⁰³

For almost all of the African Americans from New Orleans who lived through Katrina’s aftermath in the city or watched the spectacle on television, there remains the lingering trauma from realizing how tenuous citizenship is for African Americans in the

¹⁰² *CNN Reports*, 100.

¹⁰³ On perceptions of White privilege, see Penner and Ferdinand, 53-54, 58, 70, 74-75, 103, 123-127, 137, 144-145, 164-165, 221, 222 and 224. On the Orleans Parish buses sent to rescue St. Bernard Parish survivors via Algiers Point Landing, I am indebted to Lance Hill, who found NGS satellite photographs confirming the evacuation and photographs taken by first responders. Hill also interviewed St. Bernardians who were evacuated on the buses.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

deep South. For a community who took pride in “the way that [they] loved one another,” to borrow a phrase from Dr. Cheryl Taylor, a professor of nursing at Southern University in Baton Rouge, their treatment from those who were supposed to be rescuing them seemed to be 180 degrees opposite from how they would have treated strangers in need of assistance.¹⁰⁴

The traumatizing events that were omitted from the structured interview protocols, in particular the impact of the militarized response, have had the deepest impact on survivors’ identity and ability to trust others. These moments in the testimonies were recounted with far greater distress than the accounts of the hurricane, the flood, or the acts of fellow black New Orleanians, the overwhelming majority of whom were credited with acting nobly in taking care of the elderly and the sick. It was as if some of the scholars operating from a biomedical model could not transcend their own mental frameworks in a country where the presence of guns to police Black Americans somehow resonates with our tolerance of racial profiling and tough penal codes. Nancy Scheper-Huges queries rhetorically, “How many new and improved prisons do we need in the US to contain an ever growing population of young black men? Are we comfortable with a 10 percent confinement rate? A 20 percent confinement rate? More?” Her uncomfortable questions are raised in the same article where she notes that the murders of young men who live in the streets of Brazil occurred “in the absence of widespread public outrage.”¹⁰⁵

¹⁰⁴ PFN to unrecorded interview with Cheryl Taylor, New Orleans, Feb. 2006.

¹⁰⁵ Nancy Scheper-Hughes, “Specificities: Peace-Time Crimes,” *Social Identities*, 3, 3 (1997), 471-98, here at 473 and 479.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

In the opinion of Denise Johnson, the presence of the military seemed to comfort the five White hospital employees on the bus with her and thirty or forty Black survivors from the convention center and Superdome.¹⁰⁶ All perspectives on Blacks and guns are situationally and historically grounded.¹⁰⁷ Leaving out narrators' perspectives on the way they felt about the military's demeanor because they do not harmonize with our personal stances, however, blunts diagnostic medical analysis.

"When a human being deliberately inflicts pain upon another, the resulting symptomatology in the victim (as well as coping strategies and outcome)," Dori Laub and Nanette Auerhahn assert, "are inextricably linked to the interpersonal and moral aspects of the traumatic violation."¹⁰⁸ Untreated depression and PTSD and its variants not only threaten the first-hand witnesses, and their "pleasures of sensory embodiment destroyed by trauma,"¹⁰⁹ but also put at risk their children's futures, because (cultural) traumatic legacies can be transmitted intergenerationally.¹¹⁰ Ada Mui's study of immigrant Asian elders foreshadows an increased risk of depression for elders who feel they were forced to immigrate to a new land barren of friends or family.¹¹¹ Untreated depression often worsens over time, and it increases the risk of mortality from cardiovascular disease.¹¹²

¹⁰⁶ Johnson.

¹⁰⁷ Loïc Wacquant, "The New 'Peculiar Institution': On the Prison as Surrogate Ghetto, *Theoretical Criminology*, 4, 3 (2000), 377-89.

¹⁰⁸ Dori Laub & Nanette C. Auerhahn, "Failed Empathy—A Central Theme in the Survivor's Holocaust Experience," *Psychoanalytic Psychology*, 6, 4 (1989), 377-400, here at 378

¹⁰⁹ Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Duke University Press, 2003), 1.

¹¹⁰ Laub and Auerhahn, 377-400; Marianne Hirsch, "Surviving Images: Holocaust Photographs and the Work of Postmemory," *The Yale Journal of Criticism*, 14, 1 (2001), 5-37, esp. 9; and Maria Yellow Horse Brave Heart, "The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response among the Lakota," *Smith College Studies of Social Work*, 68 (1998), 287-305.

¹¹¹ Ada C. Mui and Suk-Young Kang, "Acculturation Stress and Depression among Asian Immigrant Elders," *Social Work* 51, 3 (2006), 243-55.

¹¹² Jürgen Barth, Martina Schumacher, and Christoph Herrmann-Lignen, "Depression as a Risk Factor for Mortality in Patients with Coronary Heart Disease: A Meta-Analysis," *Psychosomatic Medicine*, 66 (2004): 802-13.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

The adults who experienced anxiety and stress after the attacks of 11 September 2001, according to recent data from the *Archives of General Psychiatry*, were at higher risk for heart disease, high blood pressure, and strokes. Those who developed depression were three times more likely to have heart-related illnesses one-to-two years later.¹¹³

For some, the reminder of race that Hurricane Katrina immediately engenders after days of sensationalist media coverage is likely to unleash the tendency to downplay any threat of making White Americans feel guilty for their treatment of African Americans through the centuries. Dominick LaCapra, a historian of the Holocaust, suggests that one reason Americans gravitate more to Holocaust Studies than to African American or Native American studies might be because we are drawn to the consequences of someone else's existential guilt.¹¹⁴ As Maureen Dowd, a New York Times op-ed writer, wrote in the wake of a widely publicized comment by U.S. Attorney General Eric Holder characterizing the American public as a bunch of "cowards" when it comes to questions of race: We elected the first African American president precisely to put to rest such criticisms.¹¹⁵

As readers, our responses to the *testimonios* of the narrators matter in the ongoing saga of race relations in the United States and the world. The Saddest Day witnesses were hoping, at least initially, that a lack of public awareness was all that was standing between their wounds and restitution. Many Holocaust survivors found their private traumas too great a burden to bear in an Israeli society where talk about the concentration

¹¹³ E. Alison Holman et al., "Terrorism, Acute Stress, and Cardiovascular Health: A 3-Year National Study Following the September 11th Attacks," *Archives of General Psychiatry* 65 (01/08), 73-80.

¹¹⁴ Dominick LaCapra, *Writing History, Writing Trauma* (The Johns Hopkins University Press, 2001), 171-72.

¹¹⁵ Maureen Dowd, "Dark Dark Dark," *New York Times*, 21 Feb. 2009.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

camps was anathema in the new culture of the invincible victor. It was the lack of a caring, understanding, and believing witness, Dori Laub believes, that drove Holocaust survivors into decades of silence about their tortured experiences. In the psychiatric wards of Israeli hospitals, Laub and staff found that patients who had been pronounced too unstable to survive in the outside world benefited greatly from the presence of an empathetic witness. As he put it: "Testimonies are not monologues; they cannot take place in solitude."¹¹⁶ This empathetic witness kept them company during their psychological journey back into the abyss in order to reclaim their lives in the present.¹¹⁷ The responses of clinicians, scholars, and even acquaintances can be decisive in victims' decision either to speak and reconnect, or to remain silent and withdraw.

As with the Lakota people, African Americans of New Orleans had time-honored, community-oriented ways of mourning and reconnecting after loss.¹¹⁸ Lower Ninth Ward survivors of Hurricane Betsy were able to mourn together, clean up debris together, and rebuild their homes together. This activity enabled them to more readily integrate that tragedy into a redemptive life narrative than many Katrina survivors have been able to do, since many of them remain in exile. The creation of bonds of attachment is precisely the type of healing activity Judith Herman urges for trauma survivors in her book, *Trauma and Recovery*.¹¹⁹ The narrators, however, who were forced out of their communities after Katrina, lost this key opportunity to dress one another's emotional wounds.

¹¹⁶ Dori Laub, "Bearing Witness or the Vicissitudes of Listening," in *Testimony: Crisis of Witnessing in Literature, Psychoanalysis, and History*, by Shoshana Felman and Dori Laub (Routledge, 1992), 71.

¹¹⁷ Dori Laub, "From Speechlessness to Narrative: The Cases of Holocaust Historians and of Psychiatrically Hospitalized Survivors," *Literature and Medicine* 24, 2 (2005), 253-67.

¹¹⁸ Maria Yellow Horse Brave Heart-Jordan, "The Return to the Sacred Path: Healing from Historical Trauma and Historical Unresolved Grief among the Lakota" (Ph.D. diss., Smith College, 1995), 2, 3, and 35.

¹¹⁹ Judith Lewis Herman, *Trauma and Recovery* (BasicBooks, 1992).

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.

In conclusion, we need to challenge our secret prejudices, listen to Katrina's moral witnesses, and practice what Paul Farmer calls "pragmatic solidarity," or "the rapid deployment of our tools and resources to improve the health and well-being of those who suffer this [entrenched structural] violence."¹²⁰ Policy priorities for the traumatized people of New Orleans should include the following: Distribution of non-hegemonic descriptions of Katrina's aftermath to the social workers and medical workers most likely to encounter displaced survivors,¹²¹ distribution of culturally sensitive, medically accurate literature about PTSD and depression to the diaspora communities,¹²² and encouragement of the administration to make a priority of allowing the still scattered people of New Orleans to return home.

D'Ann R. Penner

Scholar in Residence

Southern Institute for Education and Research

Tulane University

dpenner1@tulane.edu

¹²⁰ Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (University of California Press, 2005), 220; see also 145-52, 157-58, and 236-41.

¹²¹ R. G Davis, K. J. Ressler, A. C. Schwartz, K. J. Stephens, R. G. & Bradley, "Treatment Barriers for Low-Income, Urban African Americans with Undiagnosed Posttraumatic Stress Disorder," *Journal of Traumatic Stress*, 21, 2 (2008), 218-22; J. Liebschutz, et al., "PTSD in Urban Primary Care: High Prevalence and Low Physician Recognition," *Society of General Internal Medicine*, 22, (2007), 719-26; L. R. Snowden, "Barriers to Effective Mental Health Services for African Americans," *Mental Health Service Research*, 3 (2001), 181-87.

¹²² Kimberly Wedeven Segall, "Stories and Song in Iraq and South Africa: From Individual Trauma to Collective Mourning Performances," *Comparative Studies of South Asia, Africa and the Middle East*, 25, No. 1 (2005), 138-51.

Forthcoming in *Journal of American Studies* (Aug. 2010). Please quote only with the permission of the author.