

“Overcoming: The Hidden Fury of Hurricane Katrina’s Aftermath and Implications for the Future of New Orleans”¹

Introduction

In early January 2006, in Dallas, Texas, I talked with Jermol Stinson, a 36-year-old African American from New Orleans East. A white towel was wrapped around his head, and his frequent smile revealed three or four gold-capped, front teeth. He explained to me:

New Orleans was a very, very wealthy place, and when I say wealthy, I don’t mean money. I mean family. Where else can you walk down the street and be offered free red beans on Fat Tuesday? Where else will people you barely know ask you, “How your mama and them doing?” You don’t even have to know their mama! Not everyone was blood family, but we considered ourselves family. Like Charbonnet, the guy who owns a funeral home. He was family, because when it came time to bury a family member, we knew that Charbonnet would take care of us. Or take Charity Hospital, where I was taken after I was shot in the neck at 22. I went back to Charity’s Intensive Care unit after eight years, and they said: “Jermol Stinson!” I could not believe that they remembered me. It really makes me want to cry, because unless you’ve experienced New Orleans, I can never explain to you what we really lost.

Even though Jermol had been a quadriplegic for over fourteen years as a result of the gun violence for which New Orleans is notorious, he still was overwhelmed with homesickness for his city. His ninety-minute interview with me became his love song to New Orleans. He teared up when he talked about what the city meant to him, and he called New Orleans his “girlfriend for life.”²

This story of a Black New Orleanian before and after Hurricane Katrina contrasts mightily with the three common storylines that emerged in the news media after the city flooded. The first storyline took a “social disintegration” view of the aftermath.³ It was symbolized by the



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photograph of young black man leaving a store with a flat-screen TV set in his hands.

Approximately three weeks after the last resident had been evacuated, members of the media admitted that reports of rampant crime and violence were either taken out of context or recklessly exaggerated.⁴ These disclaimers, however, have had very little impact on popular memories of events.

The second storyline to emerge in the media in the wake of Katrina emphasized brave and resourceful Katrina heroes, who were predominantly white. Praised was heaped on three young white Duke students who “borrowed” a press identification badge to get past the military perimeter in order to see how difficult rescuing someone from the convention center actually was.⁵ What was missing, an omission *Overcoming Katrina* corrected, were stories of African American men and women who weathered the storm, fed their neighbors, and saved lives.

The focus of the third set of stories were destitute black New Orleanians—or so they appeared after surviving a hurricane, living without air conditioning for days, and wading through deep water with their salvageable belongings in a plastic bag.⁶ This motif conflated the working poor and lower middle class blacks with the chronically unemployed and supposedly indolent underclass. While people were still sleeping on cots in the Houston Astrodome, former first lady Barbara Bush pronounced the people of New Orleans better off because they, in her words, “were underprivileged anyway.” Ending up in the Astrodome, she concluded, was “working very well for them.”⁷ Her remarks foreshadowed a positivist flurry of activity from think tanks and universities about the opportunity to remake New Orleans as a great boon. Their specialists would do this by making it smaller, more modern. At the intersection of these this media and outsider discourses was the widely encouraged notion that African Americans would



be better off staying wherever fate or the military had deposited them. As well-meaning as the academics and journalists may have been, there was a disconnect between their suggestions and the priorities of people who had lived most, if not all, of their lives in Louisiana.

Building a narrative based on Black New Orleanians' perspectives has been my mission over the past four and one half years. As word of Katrina's mismanaged aftermath began to trickle out, I sought to document Black experiences. From the beginning, I consulted with representatives from several Black New Orleanian constituencies, including janitors, scholars, religious leaders and public health professionals. I also worked closely with Dr. Keith C. Ferdinand, the co-founder and medical director of Heartbeats Life Center in the Ninth Ward.⁸ Together we eventually collaborated on the book *Overcoming Katrina: African American Voices from the Crescent City and Beyond* (hereafter *Overcoming*).⁹

From September 2005 through August 2008, I interviewed over 275 Katrina survivors from all socioeconomic, educational, and religious layers of society. These interviews included those who were dispersed to eight southern cities. I still remain in touch with many of these people.¹⁰

The urgency that Black New Orleanians felt in telling me their stories more than matched the imperative I felt to bear "true witness" to the tragedy.¹¹ Their urgency was typified by Kevin Owens, a maintenance man, who took a day off of work from a hard-to-come-by job in Birmingham because he could not be silent about what he had seen and lived through in the Louisiana Superdome.¹² *Overcoming*, a corrective to media portrayals of Black New Orleanians as poor and unruly, reflects the priorities of its 27 narrators and honors their wishes to have their words pronounced in the public sphere.

One of the most passionate currents running through my interviews was the intensity of the love African Americans had for their neighborhoods and their city. Keith Ferdinand, for example, explained that before Katrina, his predominant loyalty was to the Ninth Ward. He often joked that if ever there was a military action and one of his friends was picked up and captured, the enemy could find out if the kidnappers knew him by asking, "Where's he from?" If his friend could not say without hesitation, New Orleans, then he was bluffing. Ferdinand concluded, "People from the Ninth Ward say they're from the Ninth Ward. People from New Orleans say they're from New Orleans."¹³

And yet today, more than four years after Katrina's landfall, miles upon miles of once lively neighborhoods in New Orleans East, the Lower Ninth Ward, and Pontchartrain Park still resemble a bombed-out wasteland. Most hard hit has been the Lower Ninth Ward, which may have regained only ten to fifteen percent of its former population. The overwhelming majority of family homes have been bulldozed by the city. Overgrown St. Augustine grass is broken up only by cement slabs and occasional lilac bushes, reminders of the men and women who once pioneered the Mighty Nine. In what was the pride and joy of the Black middle class, New Orleans East, entire blocks may have only one or two families back.

This paper addresses the unfinished story of Hurricane Katrina and New Orleanians. At the heart of that story is a single word: community. Community has been one of the pillars of African Americans' strength to overcome obstacles ranging from slavery to early twenty-first century underemployment. What has been the impact of displacement from Katrina on these communities and the emotional resources for thriving and surviving? And what is the link between the post-Katrina Black diaspora and the future of New Orleans? This talk will examine

community and resilience in New Orleans prior to and after the storm, before itemizing the consequences of displacement and suggesting what must be done.

Community before the Storm

African Americans of the Crescent City exercised collective agency in a particular, New Orleanian fashion. The hallmark of the city's Black community was "the way that we loved one another," to borrow a phrase from Dr. Cheryl Taylor, a professor of nursing at Southern University and a homeowner in Gentilly.¹⁴ There were two particularly salient features of community that stood out: everyday companionability and united transcendence.

Denise Johnson, a nurse practitioner from Eastover, recalled how good it felt to see someone sitting on the porch, and wave, "Hey now, how's your mama and them?"¹⁵ Jermol Stinson explained an important difference between the rituals of greeting in New Orleans and Dallas: When people from New Orleans ask, "How you doing baby?," they really meant it. Although confined to a power chair, he explained that he lived with a constant neck ache from waving to passersby with his neck. Genuine greetings kept the community intimately connected.

Leatrice Roberts, a retired schoolteacher, remembered growing up in the Lower Ninth Ward during the depression and feeling rich because of the way families shared whatever food they had.¹⁶ She recalled neighbors giving her grandmother, the preacher's wife, bran flour from their WPA allotments. Her grandmother, in turn, added honey and raisins to the flour and baked bread. Roberts extended the circle of neighborliness by getting on her bicycle and delivering the bread (and some companionship) to shut-ins in the community. Her mother, a widow, worked twelve-hour night shifts at Charity Hospital. On the weekend, the nurse of the Lower Ninth Ward walked around the neighborhood and distributed insulin to their neighbors with diabetes as a labor of love, because Charity was a long commute from the Lower Ninth Ward. Dwayne

Chapman remembers the day he discovered four Cuban boys sleeping in an abandoned car behind the apartment building his mother managed.¹⁷ Shortly after he alerted his mother to this situation, he went to the bathroom, only to discover all four boys scrubbing themselves clean in his bathtub. Mrs. Chapman had taken them in. Narrators survived in the segregated South through neighborly kindness, even to strangers.

These investments in human relationships typically paid their heaviest dividends in old age. Pastor Aldon Cotton recalled being asked to run to the corner store for his mother in the '60s.¹⁸ First, he had to stop at three of his neighbors' doors to inquire about their needs. "Ms. Ruth, my mama is sending me to the store," he would announce. "Is there anything you would like?" Once he returned with their purchases, he had to turn down their reward offers with the pre-scripted: "No ma'am, it was my pleasure." The etiquette of neighborliness was taught to him by his parents. According to Cotton and many other people I interviewed, in pre-Katrina New Orleans, people were not neglected during their last days, nor did they die in isolation.

Upwardly mobile individuals who achieved middle-class leadership roles rarely forgot the communities that raised them. Dr. Ferdinand, for example, attended all segregated schools until he accepted a fellowship offer from Cornell University in 1968. He recalled a nurturing community of family members, teachers, and neighbors. He reciprocated by training to be a highly qualified, board-certified medical specialist, after which he and his wife built from scratch a million-dollar, cutting-edge practice in the heart of their childhood community. He prided himself on never discriminating against a patient on any basis, including their ability to pay. And his patients knew they could trust their doctor because they watched him grow up.

The community especially excelled in facing large-scale tragedies, like the shooting that left Jermol paralyzed. After he was transferred to Rehab, the doctors said, "We will have to put



him in a nursing home because he [needs] total care.”¹⁹ His mother, Cynthia Banks, a widow who was working 2 full-time jobs to provide for her 4 children and keep up with the mortgage on their house in New Orleans East, refused to authorize this transfer, and, after a protracted battle, Jermol went home. Nurses from Charity Hospital, friends, and family provided round-the-clock care, even before there was money to pay anyone. One young St. Augustine student did his homework on the floor of Jermol’s room each night. For almost 15 years, Jermol avoided a nursing home and he and his mother had rich lives because the social networks of Black New Orleans enabled individuals to overcome the obstacles of low wages, inadequate health care, and crime.

These community-based bonds of caring give rise to the type of healing activities that trauma specialists urge for survivors.²⁰ Lower Ninth Ward survivors of Hurricane Betsy in 1965 were able to mourn together, clean up debris together, and rebuild their homes together. Dr. Ferdinand recalls being out of his family house in the Lower Nine for less than a year, despite total devastation of his home and his family’s belongings. These activities enabled Lower 9th Warders to more readily integrate that tragedy into a redemptive life narrative than many Katrina displaced survivors have been able to do.

Community and Hurricane Katrina

One of the best examples of how these communities worked were the responses to the threat of Hurricane Katrina, and later in its aftermath. Individuals without money for a hotel or transportation often got a ride out with neighbors, church members, or extended family. In one notable case, an extended family of 49 people, including many individuals living in Lafitte Housing Development, carpooled all the way to Cullman, Alabama, 370 miles away in advance of the storm. Pete Stephenson arrived on what he called “a wing and a prayer,” or just enough

money for one value meal.²¹ Church communities did an especially good job of remembering their elderly and most vulnerable. Pastor Charles Duplessis and his wife Thira talked over thirty church members and distant relatives, some of whom did not have the money for hotels, into going with them, arguing that “now is not the time to be proud.”²²

These bonds of responsibility were one reason why so many people with the means to leave before the storm ended up at the Superdome, the convention center, or the I-10 cloverleaf. Demetrius White, a homeowner from Mid-City, doesn’t regret the risks he took to his own safety in staying, because he knows that if any of the over forty people he rescued had died while he looked on from the safety of a dry city, their deaths would have haunted him for life.²³ Harold Toussaint, a prize-winning wine taster on two continents, made a vow to honor his spiritual duty as a deacon to stay during the storm to help the people who could not help themselves.²⁴ Willie Pitford, owner of an elevator company, rescued approximately one hundred and fifty people from their attics – and all but certain death by dehydration -- during the first five days after the storm. He shared his well-seasoned barbecued meat with those he saved.²⁵

Shriff Hasan, a high school drama teacher, saw a desperate look in a stranger’s eyes on the I-10 overpass bridge after being rescued by boat from his Gentilly home. He took the time to work through the man’s grief over having lost in a matter of hours everything he had worked his whole life for.²⁶ Perhaps he stopped the man from jumping by extending the tradition of befriending strangers.

It wasn’t until Thursday night, three-and-a-half days after the hurricane, that twenty-five Meals Ready to Eat were dropped from military aircraft for the thousands of people around the convention center.²⁷ Dwayne Chapman used 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!" Huey P. Collins, a homeowner and 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. He rued the undisciplined nature of the youngest generation. 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."²⁸ Collins's story was confirmed with admiration by Shriff Hasan, a high school drama teacher, actor, and director: "Baby, people had set up kitchens and bars. Only in New Orleans, do folks got that kind of ingenuity: cooking with gasoline, chairs, whatever they could cook with, barbecuing and stuff." The numerous acts of provisioning provided sustenance and encouragement to survivors.²⁹

This sense of connectedness and responsibility that extends beyond the family almost certainly reduced the number of deaths from Katrina. These factors cannot be taken for granted, as Eric Klinenberg showed us in his book *Heat Wave*, a study of an unusually hot summer in Chicago.³⁰ The extensive social networks in Chicago of a few decades ago, so similar to those in black New Orleans, had become unraveled by 1995. This compounded the effects of the heat wave that summer that caused the deaths of over seven hundred in just one week.

The legacy of centuries of overcoming provided a reservoir of resilience for individual African Americans from the Ernest C. Morial Convention Center to the distant shelters in Houston, Atlanta, Birmingham, and beyond. The disruption of the community during Katrina's

aftermath disabled these support networks for the men, women, and children who still have not been able to return home.

Most Katrina scholars have overlooked the way the community cared for its own across class, age, and occupational boundaries. This omission has caused researchers to underestimate the risk involved in dispersing people to distant states. In their defense, this is not the easiest of propositions to understand, because most of us live in a highly mobile world. The typical American moves, on average, more than eleven times in a lifetime.³¹ Many of us imagine ourselves going through life trading up.³² In contrast, over three quarters of New Orleanians at the time of Katrina had been born there.³³ In fact, many lived very fulfilling lives without ever leaving their zip code.³⁴ The future of New Orleans and the fate of each New Orleanian, displaced or returned, should belong in their own hands.

III. Conclusion: *Overcoming's* Displaced Narrators Today

To lose your social network, job, home, church, and community all at once is a staggering blow. On the basis of my work, I have four conclusions. First, the magnitude of the destruction of community registered a deeper impact on the individual members of the community than the loss of material possessions. “You’re not mourning the loss of your ‘76 Buick,” Keith Ferdinand explained. “You’re mourning the loss of friends and colleagues who may have died or been crippled, the everyday common things like the store you went to, the church you attended, and the gas station in New Orleans East that has been leveled. You mourn the loss of the city, your sense of your neighborhood.”

Seasoned veterans at making do or making a way out of no way have settled in distant cities. Here are just a few examples: Keith Ferdinand is now a Clinical Professor of Cardiology

at Emory University and the Chief Science Officer at the Association of Black Cardiologists. He publishes peer-reviewed articles, lectures at medical conferences, and travels internationally to combat racial health disparities. Leatrice Roberts and her husband, Edward, left New Orleans with one suitcase. In the fall of 2005, they used their savings to buy a house in Duncanville, Texas. On Tuesday afternoons, she volunteers at a nearby hospital. Cynthia Banks and Jermol Stinson are now living in Lancaster, Texas. It took her over a year to bring him home from the nursing home. She renovated and made accessible a dilapidated HUD home through her usual blend of charm and resourcefulness, negotiating carpet and tile leftovers from a Mexican contractor she won over to her cause.

Social circles have been severely constricted,³⁵ and quality of life, connectedness, and health considerations have all been sacrificed. Leatrice has adjusted to life without ball gowns, antique furniture, and family photographs. She sees her only child once or twice a year. During our last conversation, she was watching the Saints' victory parade and reminisced about the days when she danced in the street with her community. Banks sacrificed her health insurance and Jermol's neck no longer aches from the need to wave to all of his friends and family. Dr. Ferdinand still cannot speak publicly about the community he has lost without tearing up.

One health consequence of the uprooting of many Black communities is the increased traumatic vulnerability of its most fragile members. We have medical evidence that survivors of major disasters and cataclysmic events, like the attacks of September 11, 2001, are at a higher risk for heart disease and strokes for years to come. And those who developed depression are three times more likely to have heart-related illnesses within two years.³⁶ 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.³⁷ Untreated depression often



worsens over time, and it increases the risk of mortality from cardiovascular disease.³⁸ A study recently completed by medical professors at Tulane University concluded that even four years after the hurricane, the number of New Orleanians suffering from heart attacks every year has increased three-fold.³⁹ In the face of such evidence, we must ask: what is happening to the city's individual citizens, men and women like Cynthia Banks, Leatrice Roberts, and Kevin Owens in the diaspora who are lost among the statistical surveys of their new states? To understand the health costs of the disaster we need to follow New Orleanians where they have gone.

My second conclusion is that displaced Black New Orleanians are especially vulnerable to the stress and depression that leads to and complicates recovery from the diseases that follow major upheavals. Worrisome is the fate of the fragile, disconnected individuals now isolated in subdivisions of Texas, Alabama, and Georgia.

Cut off from their communities, they live quietly desperate lives among people with whom they have little in common. In Dallas, as in many other U.S. metropolitan areas—but not in New Orleans—the suburban homes are created so that the homeowners can drive into their garages and never see their neighbors. Dr. Ferdinand's neighbors in his exclusive Atlanta suburb don't know his name nor do they care that he is a physician. Owens, now emaciated and emotionally spent, lives with his wife in a small subdivision in Katy, Texas. His wife has been in and out of the hospital and he fears her possible death, as well as the growing hospital bills. He moves from job to job with months of unemployment in between gigs. In their new subdivision, he and his wife have one friend, in contrast to knowing the entire subdivision in New Orleans East. The phone rings so infrequently that his wife asks him to check to make sure it's plugged in.



Individuals with a record of hardy responses to daunting obstacles are still struggling, four years later, to regain equilibrium. Including commuting time, until recently Banks logged approximately 60 hours a week as a home health nurse trying to keep herself and her son afloat. Last fall she suffered a major heart attack followed by several strokes. Today, she worries incessantly about when the doctors will allow her to get back to work and of what will become of her son, Jermol Stinson, who will live all alone in Lancaster after she dies. Roberts' husband is alone in his effort to make her last days comfortable as she battles a formidable and disabling form of cancer. Others, like one of the male narrators quoted often in these pages, confess to suicidal longings, yet are turned down for mental health resources when they find the courage to seek them out. In being torn out of their communities, the narrators lost opportunities to dress one another's emotional wounds.

The lingering health crisis faced by Black New Orleanian survivors of Hurricane Katrina stems, from what Dr. Mindy Thompson Fullilove calls "root shock," or "the traumatic stress reaction to the destruction of all or part of one's emotional ecosystem."⁴⁰ Root shock's damage lasts a lifetime and increases the risk for every kind of stress-related disease, from depression to heart attack. The displaced are out of the line of vision of the men, women, and children who loved them and who noticed the slightest change in mood and body language. At a time when they most need to work through the multiple losses they have experienced, they are isolated from people who understand where they came from and what they have been through.

Third, we cannot properly speak of New Orleans's full recovery as long as over a third of displaced New Orleanians are not home.⁴¹ The conditions for their return are lacking still, almost five years later. Pontchartrain Park, New Orleans East, and the Lower Ninth Ward were as essential to my narrators' conceptualization of New Orleans as Uptown or the 7th Ward.

New Orleans East was a post-segregation showcase of middle class achievement, of people who played by the rules. Pontchartrain Park and the Lower Ninth Ward were historic oases of Black homeownership. The wave of first-time black homeowners that greatly expanded settlement in the Lower Ninth Ward and pioneered Pontchartrain Park were largely financed by blacks' willingness to risk their lives in battle. Dr. Ferdinand's father fought as a soldier in World War II, returned home, brought three boys into the world, and returned to uniform in the Korean War. Only after the returning from Korea, was Vallery Ferdinand II able to buy a little plot of land in what he considered the Promised Land, and begin building his small family home.⁴²

Nearly every working class homeowner's tale in this story was steeped in stamina and sacrifice. Pastor Cotton's father worked two jobs and played organ for three or four churches. He was a vocal music teacher in Lockport. He would leave about 5:00 or 5:30 in the morning, drive two hours, teach, come home, get about an hour's sleep, go to choir rehearsal, come home, sleep, and then get up again. Cotton remembers waking his father for 10:15 p.m., because he started his night shift as an orderly at Mercy Hospital at 10:30 p.m.

Fourth, the contributions of the still displaced are needed to complete the restoration of New Orleans. They are necessary for the city to regain its former status as a great city in a way that honors its proud, unique history. Shortly before his death in Houston in the fall of 2007, John Scott, a great sculptor raised in the Lower Nine, said: "I need New Orleans more than she needs me."⁴³ With all due respect, I would suggest that the inverse is just as applicable today.

Rather than being violent, poor, and unskilled, many uprooted New Orleanians have urgently needed abilities. Especially across the former black neighborhoods of the city, rebuilding is at a standstill, both because of a lack of funds and an absence of trustworthy, qualified builders.



Kevin Owens, a maintenance man who before the storm took pride in ability to fix any broken thing, would have enjoyed nothing more than to help with the clean-up and rebuilding of New Orleans. New Orleans needs his pride in his workmanship, his industriousness, and his love of the city as much as he needs his corner store community.

In New Orleans, there is a major health crisis and shortage of medical professionals. Dr. Ferdinand had the love and trust of his patients across class boundaries and he knew how to motivate them. He gave interactive presentations at events in churches and community centers that challenged racial health disparities in practice. For such a devoted New Orleanian patriot to be living in Atlanta is a major blow to the city's patients and his would-be mentees.

There are insufficient numbers of safe daycare facilities for working parents to leave their children. Cynthia Banks's non-profit daycare, Free to Be Kids, focused on the most at-risk children, children of incarcerated parents. With a team of specialists, she had developed a curriculum and pedagogical strategies that modeled respect, love, and community. New Orleans needs her emphasis on restorative justice more now than ever before.

IV. Policy Implications from Narrators' Perspectives

Finally, I would like to leave you with a handful of policy suggestions based on the experiences of the narrators.

First, displaced New Orleanians living in states untouched by Hurricane Katrina are likely to have very different health risks from their new neighbors. To better meet their needs, it would be helpful to distinguish them from their neighbors in statistical surveys. An ongoing needs assessment of these displaced people would allow greater precision in targeting limited resources. Further, it is strongly recommended that any government-funded research team include at least one qualified Black New Orleanian on the panel and one critical race specialist,

lest the current gap continue between the priorities of the scholars conducting the surveys and the people being studied.⁴⁴

Next, mental health experts agree that episodes of post-traumatic stress disorder, depression, and anxiety disorders often emerge months or even years after the triggering event.⁴⁵ As a start, we should provide mental health care vouchers without an expiration date for all present and former New Orleans residents. Information for displaced individuals about their increased health risks and the location of affordable resources for therapy and cardiovascular risk reduction must be accessibly written, culturally appropriate, and should also be distributed in non-electronic form, along with a list of physicians and social workers willing to see Katrina survivors pro bono.⁴⁶

A widely shared concern of the narrators is how safe New Orleans will be for African Americans in the event of another hurricane. In the words of Kevin Owens, a Superdome survivor, “Somebody needs to be held accountable. 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?” Several important actions could help to alleviate these concerns and reduce the perception of the likelihood of injustice during future disasters. First, independent investigation of the performance of FEMA and military support units handling the rescue and relief efforts are necessary to ease the worries about the safety of their families in post-Katrina New Orleans. These investigators should include a contingent of Black New Orleanians. Second, the findings should be publicized, along with recommendations to make it less likely that the use of “shelters” and transfer arenas will lead to the recreation of the events of the Superdome, the convention center, or the I-10 cloverleaf. Third, the news media, government at all levels, and the military should provide apologies to the people of New Orleans for how they were depicted and treated.

On the basis of the interviews, I suggest that the use of the military in rescue operations would be less traumatizing in the future, if service men and women underwent training conducted by trauma experts and anti-racist specialists specifically focused on the experience of survivors of major disasters. The rescue components of the training should be stressed. Incredibly, narrators' who experienced the relief effort after Hurricane Betsy in 1965 did not see any improvement in efficiency or equity of relief and rescue in 2005. Hopefully, with an impartial, outsider-directed inquiry with an emphasis on accountability, future generations will be spared the indignities of Katrina's aftermath.

Ideally, the non-partisan auditors would also examine the extra-governmental relief efforts that worked well during Katrina's aftermath and have drawn appropriate conclusions about how best to incorporate local people's talents into disaster recovery. Churches of all denominations exhibited excellent examples of leadership, organization, and forethought for its members in enabling as many people as possible to leave New Orleans before the storm. Churches and mosques in the destination cities were frequently credited with welcoming displaced people in a humane manner and helping to fulfill some material and spiritual needs in a timely fashion.

A public ceremony recognizing the unsung heroes of Katrina, who were on the ground days before federal reinforcements arrived, would provide some needed healing. Demetrius White, Harold Toussaint, and Willie Pitford, to take just three examples from among my narrators, collectively saved almost three hundred people at considerable risk to themselves. Celebrating the diverse heroes of Katrina might further bolster the city's image and counter the media's portrayal of Katrina's aftermath.

Lastly plans to repopulate New Orleans with those in the diaspora who are willing and able to rebuild the city should be drawn up immediately. It would be a tragedy for the future of New Orleans if the city were to lose permanently the men and women with an obvious work ethic and a passion for their people who have so many reasons to love the city of their ancestors.

¹ This paper is the text of a lecture delivered in the Judiciary Committee Hearing Room of the Rayburn House Office Building on February 24, 2010. The event was sponsored by Congressman Steve Cohen of Tennessee and the Benjamin L. Hooks Institute for Social Change at The University of Memphis. For their generosity of ideas, I am indebted to: Michael Bagneris, Cynthia Banks, Jim Blythe, Tom Brady, Denise Burnette, Fang-pei Chen, Beverly Cross, Mitchell Crusto, Keith Ferdinand, Davida Finger Bob Frankle, Cheryl Franks, Kim Friedlander, Mindy Fullilove, Vivian Gunn Morris, Melissa Hill, Doug Imig, J. Shontavia Jackson Johnson, Jonathan Judaken, Abe Kriegel, Valerie Love, Daphene McFerren, Arthur McKee, Mike Mackenzie, Matthew May, Katharine Norris, Kevin Owens, Ethan Pollock, Bill Quigley, Kern Reese, Leatrice Roberts, Jeffrey Rossman, Karen Seeley, Yuri Slezkine, Jermol Stinson, Irme Szalai, Harold Toussaint, P. Michael Whipple, and Darius Young,

² Jermol Stinson's interview is included in condensed form in *Overcoming Katrina: African American Voices from the Crescent City and Beyond* (New York: Palgrave Macmillan Press, 2009), 152-8. In this paper, I quote from the original interview transcripts, which are now housed in the Saddest Days Oral History Collection at the Amistad Research Center (ARC) at Tulane University. All other Stinson references in this paper are from this interview.

³ See, for example, Felicity Barringer and Maria Newman, "Troops Bring Food, Water and Promise of Order

⁴ Brian Thevenot and Gordon Russell, "Reports of Anarchy at the Superdome Overstated," *Seattle Times* (9/26/05) and Andrew Gumbel, "After the Storm, US Media Held to Account for Exaggerated Tales of Katrina Chaos," *Los Angeles Times* (9/28/05).

⁵ *CNN Reports: Katrina—State of Emergency*, with an introduction by Ivor van Heerden (Kansas City, 2005).

⁶ *Ibid.*

⁷ "Former First Lady Barbara Bush Calls Evacuees Better Off," *New York Times* (Sept. 7, 2005).

⁸ For his abridged biography, see *Overcoming*, 89-100.

⁹ The book was the 2009 recipient of the Leadership in Journalism Award from the Congressional Black Caucus Health Braintrust.

¹⁰ More information about my methodology can be found in my conference paper, "Unasked Questions after Hurricane Katrina," at http://storytelling.concordia.ca/memoire/images/PDF/Abstract/Penner_Paper.pdf. All of the present-day status reports on individuals I interviewed between 2005 and 2008 were either report by phone or observed in person. Fieldnotes recording these observations are in my possession.

¹¹ This is one mark of a *testimonio*, the genre of biographies these oral histories fall within. See John Beverly, "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.

¹² A condensed version of Kevin Owens' interviews can be found in *Overcoming*, 142-51.

¹³ The quote and joke are taken from the transcript of Ferdinand's many interviews housed at the ARC.

¹⁴ Notes from Dr. Taylor's unrecorded interview are available at the ARC.

¹⁵ *Overcoming*, 70-79. A transcript of her interview is in my possession.

¹⁶ *Overcoming*, 16-22.



- ¹⁷ The Dwayne Chapman interview is included with the Eleanor Thornton transcript and is housed at the ARC.
- ¹⁸ Aldon Cotton's condensed interview transcript is available in *Overcoming*, 181-190. A transcript of his interview is in my possession.
- ¹⁹ *Overcoming*, 60-69.
- ²⁰ Judith Lewis Herman, *Trauma and Recovery* (BasicBooks, 1992).
- ²¹ *Overcoming*, 35-39.
- ²² *Overcoming*, 101-107.
- ²³ *Overcoming*, 159-167.
- ²⁴ *Ibid.*, 49-59.
- ²⁵ *Ibid.*, 108-114.
- ²⁶ Shrif Hasan-D'Ann Penner interview transcript, ARC.
- ²⁷ *CNN Reports*.
- ²⁸ Huey Collins-D'Ann Penner interview, ARC.
- ²⁹ On the legality of these acts, Stuart P. Green, "Looting, Law, and Lawlessness," *HeinOnline*—81 *Tul. L. Rev.* 1129, 2006-2007.
- ³⁰ Eric Klinenberg, *Heat Wave: A Social Autopsy of Disaster in Chicago*. (Chicago, 2003).
- ³¹ Louise DeSalvo, *On Moving: A Writer's Meditation on New Houses, Old Haunts, and Finding Home Again*. (Bloomsbury, 2009).
- ³² Zygmunt Bauman, *Liquid Love: On the Frailty of Human Bonds* (Polity, 2003).
- ³³ US Census SF3 P21.
- ³⁴ See Harold Toussaint on zipcodes in *Overcoming*, 56..
- ³⁵ This is a classic symptom of trauma. See Herman.
- ³⁶ 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.
- ³⁷ Ada C. Mui and Suk-Young Kang, "Acculturation Stress and Depression among Asian Immigrant Elders," *Social Work* 51, 3 (2006), 243-55.
- ³⁸ 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.
- ³⁹ 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.
- ⁴⁰ Mindy Thompson Fullilove, *Root Shock: How Tearing Up Our Neighborhoods Hurts America, and What We Can Do About It* (One World/Ballantine, 2005).
- ⁴¹ Official statistics regarding the percentage of residents living in New Orleans today are problematic because of the inclination to exaggerate the number of returnees in order to keep much needed federal funds flowing into the city and to keep the number of Congressional Representatives as high as possible. People who know the neighborhoods well and who visit them often are very skeptical of official statistics.
- ⁴² On Vallery Ferdinand, see also *Overcoming*, 81-84, 89-96, and 230.
- ⁴³ Holland Cotter, "John T. Scott, New Orleans Sculptor, Dies at 67." *New York Times* (Sept. 4, 2007).
- ⁴⁴ The need for this is demonstrated in "Unmasked Questions."
- ⁴⁵ 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.

⁴⁶ 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.



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