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The Impact of Social Exclusion on Emergency Relief Services

Resumo: Este texto discute um modelo de assistência humanitaria que considere o impacto da exclusão social e seus fatores de risco em operações de resgate. A cidade de New Orleans é utilizada como estudo de caso para ilustrar a devastação provocada pelo furacão Katrina, porque os serviços de emergência ali não estavam adequados ao atendimento da população pauperizada. Embora a polarização de raça e classe seja debatida nos Estados Unidos, é inegavel o tratamento diferenciado dado às vitimas. A exclusão social de grupos mais as experiências de toda uma vida de discriminação dos individuos que sobreviveram foram fatores que interferiram nos esforços de resgate e prestação de socorro. Tal fracasso em antever riscos sobre as comunidades marginalizadas resultou na perda de vidas. Assistentes sociais são profissionais qualificados para atuar em situações como esta e demais tragédias internationais, com formação para intervenção em momentos de crise, analise da diversidade social, compreensão do impacto da opressão sobre individuos, comunidades e sobre a sociedade.
Palavras-chave: exclusão social; discriminação; desastres internationais; serviços de ajuda emergencial; furacão Katrina.

Abstract: Disaster relief services are impacted by the social exclusion of marginal groups in the United States and around the world. This paper discusses a humanitarian assistance model that assesses the impact of social exclusion and determines risk factors associated with recovery. The city of New Orleans is utilized as a case study to illustrate the devastation of hurricane Katrina which was compounded when emergency relief was not available to those individuals and communities with the least amount of resources. Although the polarization of race and class continues to be debated in America, witnessing the differential treatment of those affected by this disaster was a reality that could not be denied. The social exclusion of groups and the lifelong discrimination experiences of individual survivors were factors that affected recovery efforts and the delivery of services to hurricane victims. The failure of emergency relief programs to consider the impact of discrimination and oppression on marginalized communities resulted in loss of life and complicated recovery efforts. Social workers are uniquely qualified to respond to disasters such as hurricane Katrina and other international tragedies. With specialized training in crisis intervention, an appreciation for diversity, and an understanding of the impact of oppression on individuals, communities, and society we must partner with national and international humanitarian relief agencies to provide a model for recovery that addresses the impact of social exclusion. This paper discusses a humanitarian assistance model that objectively assesses oppression and determines risk factors associated with recovery.
Key-words: social exclusion; discrimination; international disasters; emergency relief services; hurricane Katrina.

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Introduction

Contemporary global events are marked with natural and man made disasters creating unprecedented devastation. The horror of such a disaster was witnessed by the world when hurricane Katrina, a category 5 hurricane, hit the Gulf Coast of the United States on August 29, 2005. It was the costliest and one of the deadliest hurricanes in the history of the United States. The storm is estimated to have been responsible for 81.2 billion dollars of damage and over 1800 people perished. One of the hardest hit areas was New Orleans, a major American city with a large minority, uneducated and poor population. The devastation of hurricane Katrina was compounded when emergency relief was slow to arrive and largely inadequate. Criticism of the federal, state and local governments' response to the hurricane was widespread and resulted in an investigation by the U.S. Congress and the dismissal of the director of the Federal Emergency Management Agency. Although the polarization of race and class continues to be debated in America, witnessing the differential treatment of those affected by this disaster was a reality that could not be denied. Historical oppression of groups and the life-long discrimination experiences of individual survivors were factors that affected recovery efforts and the delivery of services to hurricane victims. The failure of emergency relief programs to consider the impact of discrimination and oppression on marginalized communities resulted in loss of life and complicated recovery efforts.

Review of the Literature

The vulnerability of marginal populations is well documented in the literature studying the impact of disasters. An analysis of studies by Fothergill et al. (1999) illustrated that racial and ethnic communities in the United States are more vulnerable to natural disasters, due to factors such as language, housing patterns, building construction, community isolation and cultural insensitivities. They reported that research showed patterns of racial and ethnic inequalities in regard to disaster response and recovery. Fothergill and Peek's (2004) review of the research examining poverty and disasters demonstrated how people of different socioeconomic classes perceive, prepare and react to disasters. They concluded that lower income groups are more vulnerable to natural disasters due to where they live, the quality of their residences and social exclusion. The international research on disasters also confirms that at-risk populations are more vulnerable to disasters and have less access to recovery services (LANGER, 2004).

The research literature examining the delivery of services to refugees provides a valuable knowledge base for understanding the impact of hurricane Katrina. The description of refugees as individuals forced to leave their homes and move to another location not of their choosing, many of whom experience trauma, is applicable to the survivors of hurricane Katrina (MYER et al., 2003; VAN DER VEER, 1998). This perspective of disaster survivors is supported by mental health providers who worked with victims in New York City after the bombing of the World Trade Center on 9/11/2001 (MYER et al., 2003). They suggest that comparing 9/11 survivors with a refugee experience provides a more holistic understanding of the survivor's reactions. Van der Kolk (1996) supports this viewpoint and indicates that the

overwhelming experiences of survivors result in a complexity of reactions and that a broader description is most useful. A holistic perspective of disasters must also include an examination of socio-systemic sources of acute and chronic stress, secondary cumulative stressors, and the victim's internal and external coping strategies (TIERNEY, 2000). A review of the literature examining the mental health status of refugees reported that a majority of the published quantitative research on refugees lacked cultural sensitivity (KEYES, 2000). This analysis indicated that reactions to trauma may be manifested differently depending on culture specific or learned manners of expression.

The limited consideration given to culture and socio-systemic sources of stress is a major omission in the planning for disasters and the delivery of emergency relief services. Treatment efficacy requires equity of care and a comprehensive knowledge base with culturally competent and accurate assessment (MELLAIS, 1996). Organizations and individuals responding to global disasters must consider the perspective of the person in their environment which includes the impact of historical oppression and social exclusion.

A Disaster Response Practice Model

The literature supports that marginal populations, such as minorities and the poor, are more vulnerable to disasters and have less access to resources for recovery. Because minority populations are differentially impacted by disasters objectively identifying oppression and assessing the impact of discrimination and social exclusion on disaster survivors and communities are essential factors to be considered when designing and implementing humanitarian relief programs.

A theoretical framework for understanding how individuals most affected by disasters cope with such larger scale tragedies can be explained through the application of Oppression Theory. This framework also identifies risk factors that may complicate recovery efforts provided to at-risk communities.

Oppression theory was developed by Franz Fanon (1963) in an attempt to understand his own experience as a black man in a white majority society. As a psychiatrist in North Africa he treated people of color who were oppressed by white, European colonialists. He analyzed the psychic-existential aspects of life in a racist society and observed that individuals who experienced long-term oppression suffered "psycho-affective" injuries leading to many types of mental health disorders, including depression. Fanon (1963) reported that rrepeated exposure to oppression, subtle or direct, may lead vulnerable members of oppressed groups to internalize the negative self images projected by the external oppressor resulting in confusion and despair (Schulman, 2006). This model originally addressed the oppression of black, colonized people; however, researchers have used Fanon's theory of oppression to understand the experience of other oppressed populations such as women, the elderly, the mentally ill, gays and lesbians, and individuals who are physically and mentally challenged. This theory can also provide insight regarding the experience of minorities and how they are impacted by contemporary disasters and humanitarian relief efforts.

Bulhan's (1985) analysis of Fanon's theory of oppression operationalized the concepts so that they could be used in practice. He identified three key concepts

which are factors that can be utilized to assess the impact of oppression on individuals and communities. These include objective *indicators of oppression*, *alienation* which he associated with the development of psychopathology, and *defense methods* that protect one from the impact of oppression. The first concepts, indicators for objectively assessing oppression, were explained as situations that violate "one's space, time, energy, mobility, bonding, and identity" (1985, p.124). Individuals may experience a number of these indicators that affect their lives and the degree of their experience. The second concept of *alienation* is key to oppression theory as it can impact the development of mental illness. Fanon (1963) observed that the "deracination" or Diaspora of people of color by the oppressor resulted in alienation of the self, significant others, the general other, one's culture, and alienation from creative social praxis.

The third concept of oppression theory explains the *methods of psychological defense* used by oppressed people to cope with discrimination and racism. Each method impacts identity, the development of psychopathology, one's behavior and one's reaction to the world. Bulhan (1985) indicated that these defense strategies are usually executed in stages; however, some individuals and groups may become immobilized in one stage or take years to advance to a different stage. The defense method of *capitulation* occurs when the oppressed identifies with the oppressor. The oppressed compromise and assimilate into the majority culture at the expense of becoming alienated from one's own culture. The second defense mechanism employed to deal with oppression is *revitalization* which involves a rejection of the majority culture and an emotional fleeing from being a part of the dominant group. The oppressed individual demonstrates a "defensive romanticization of the indigenous culture" (1985, p.103). The third defense method is *radicalization* which involves fighting or confronting the majority culture and demonstrating a commitment to radical change.

Schulman (2006) introduced the importance of integrating resiliency theory into a practice model for assessing oppression. He emphasized that social workers need to understand the significant differences in degree and types of oppression experienced by clients and cautioned that how one thinks about oppression can result in ignoring significant strengths and resiliency demonstrated by oppressed clients and communities. Strengths such as personal characteristics or environmental factors can protect or reduce adverse affects, providing a resiliency to manage life stressors (SCHULMAN, 2006). Other researchers have identified specific psychosocial risk factors such as family relationships and experience, environmental supports, and self-concept factors that serve to protect one against adverse life events (GARMEZY et al., 1984; RAK & PATTERSON, 1996; WOLIN & WOLIN, 1993). Although risk factors do not lead to problems in all cases, they increase the probability that one will experience difficulty if such factors exist.

Disaster response models have historically failed to consider and acknowledge the impact of oppression and the unique resources or strengths that are inherent in local populations affected by large scale catastrophes. Like New Orleans, the post tsunami (Indian Ocean, 2004) recovery experience was marked by a lack of recognition of the "importance of local coping capacities, with no appreciation of the

fact that rehabilitation needs to be based on local resources, determined by local abilities, and decided by local communities" (GUPTA & SHARMA, 2006, p. 67). A strengths based model identifies and utilizes internal and external resources available to disaster survivors that help protect them from the adverse effects of a disaster and aid in recovery.

New Orleans as a Case Study

A social work practice model applies oppression theory and incorporates a strengths based perspective to evaluate the impact of oppression on individual coping and community recovery efforts, identifies resources available or needed for recovery, and provides information regarding the etiology of the problem. The hurricane in New Orleans was only one factor that contributed to mass devastation. Like other disasters, social and community conditions are as responsible as nature for the true impact on individuals and communities (LANGER, 2004). To fully understand the impact of this event and develop a mindful plan for recovery requires an accurate and comprehensive assessment of the situation based on a theoretical model. New Orleans utilized as a case study, demonstrates the application of a strengths based model and illustrates how such an assessment utilizing Oppression Theory can contribute to disaster response efforts.

A Psychosocial History of New Orleans

Understanding the history and contemporary life experiences of New Orleans citizens provides valuable assessment information. Systemic difficulties existed in New Orleans long before Hurricane Katrina with a population that was more likely than other Americans to be poor, minority, unemployed or underemployed, and educationally disadvantaged. "Hurricane Katrina likely made one of the poorest areas of the country even poorer" (GABE et al., 2005, p.13). The Brookings Institute (2005) identified key indicators of entrenched poverty in New Orleans pre-Katrina. The population was 68 percent African American and 31 percent of these individuals were living below the poverty threshold. Almost 35 percent of these households did not own a car complicating their ability to evacuate before the hurricane. Over 43 percent of the African American residents were homeowners and lost years of equity and community ties when their homes were destroyed. The hurricane's impact on New Orleans took a disproportionate toll on African Americans. In Orleans Parish alone, about 73 percent of the non-white population was displaced by flooding or damage (GABE et al., 2005).

Children are especially vulnerable during a disaster. In New Orleans, disorganized recovery efforts resulted in separating many children from parents for an extended period of time. Before the storm the state of Louisiana ranked second to last in the country regarding health and economic indicators measuring the well being of children (The Annie E. Casey Foundation, 2005). Thirty percent of Louisiana's children were living in poverty before the storm and Louisiana ranked the lowest of all states with almost twice the child poverty rate than the rest of the nation (GOLDEN, 2006). Overall, almost 20 percent of the people in Louisiana were living below the poverty level pre-Katrina compared to national average of 13 percent (United States Census, 2005).

The elderly are another at risk population acutely impacted by disasters. Nearly 88,000 persons age 65 and older were displaced by the hurricane and it was estimated that almost 30 percent lived alone (GABE et al., 2005). Almost half (48%) of all persons 65 and older in the affected areas reported having a disability and one quarter reported a disability that made it difficult to go outside unassisted (GABE et al., 2005). Many older citizens found it difficult to evacuate due to physical limitations, emotional ties to their home and community, and the lack of resources such as a car and available family supports.

A comprehensive psychosocial assessment also requires understanding the person and situation in the context of history. Hurricane Katrina was not the first disaster to hit the gulf coast. The Mississippi River flood of 1927 inundated New Orleans and many residents still talk of the decisions made to save the wealthier parts of the city. Accounts of what actually occurred remain unclear; however, many believe that the government dynamited the levees which flooded the poorer, primarily minority communities to divert the water from harming richer neighborhoods. The flood of 1927 represented one of America's greatest natural disasters and claimed the lives of over 1,000 people and the homes of nearly one million with hundreds of thousands of African Americans displaced (BARRY, 1997). When the levees broke during hurricane Katrina many people believed that the government intentionally exploded the levees which demolished poorer neighborhoods in an attempt to save the uptown areas. Whether this actually occurred is less important than the long held beliefs of the residents which can impact their faith and trust in a governmental response.

A history of the South must also include the experience of African Diaspora. Until the early 1800's the southern enslaved African-American population continued to grow and New Orleans, Louisiana, became the largest slave mart. No event was more traumatic in the lives of enslaved individuals than that of forcible separation from their families. This collective consciousness is an important factor to consider as many New Orleans residents were separated from families through the chaotic evacuations during the hurricane. Disaster relief workers can benefit from having a thorough understanding of the history of communities impacted as long-held beliefs and experiences can be threats or opportunities for interventions.

Assessing Oppression

Indicators for objectively assessing oppression include violations of space, time, energy, mobility, bonding, and one's identity. In New Orleans, the encroachment and degree of these experiences of poor, primarily African American, elderly, and disabled limited their ability for surviving such a crisis due to the lack of available resources. An assessment of these objective indicators indicated that there were numerous violations of space as news reports illustrated the destruction of homes. Some victims were trapped inside unable to escape while others made their way to rooftops and waited days to be rescued. Survivors were transferred to higher ground and left on highways, the Superdome, Convention center and eventually transported to unknown places across the United States. Some victims were confined to their attics trying to escape the flood waters and others were

confined to emergency relief centers where they were not permitted to leave. Most remarkable was the incident of a group of primarily African American residents from New Orleans who sought refuge in a neighborhood on higher ground where they were met with armed resistance and refused entry.

Residents also experienced a violation of time. The hurricane hit New Orleans at the end of the month when many of the poor, elderly and disabled had little funds left from government assistance or pension checks. Many residents reported that they could not evacuate because they did not have the finances to buy gas for their cars or lodging at a hotel. The most notable violation of time was the long delay before emergency relief was received. The local governments as well as FEMA (Federal Emergency Management Agency) and the federal government failed to respond when alerted of the impending hurricane and basic necessities of food and water were delayed for days. In the aftermath of Katrina, the federal government scrambled to deploy resources, and city residents waited and watched as looting and rioting turned New Orleans into a virtual war zone.

The violation of energy was witnessed as victims became exhausted from days of trying to survive doubting that anyone cared and feeling hopeless about their situation. Energy was depleted as people became disconnected to family members, their city and ultimately their culture. The mobility of residents was violated when thousands were stranded on rooftops and at impromptu shelters because there was no emergency response plan to evacuate citizens who did not have resources or supports to leave the city. The violation of bonding continues two years after hurricane Katrina as most residents are unable to return to the city. The bond between New Orleans residents remains broken as they continue to be separated from their churches, neighborhoods, communities and culture. Those with limited resources have less ability to reunite with family or return to New Orleans as many are still living in other parts of the US and most likely will never return. Many survivors also lost their identities as homeowners, providers, employees and most importantly they lost their connectedness to each other.

Assessing the methods used for defending against the impact of oppression provides an explanation for how people impacted by social exclusion may respond to disasters and identifies strategies for coping. Some citizens of New Orleans utilized a defense strategy of *capitulation* to cope with the disaster. During this stage the oppressed assimilated in to the majority culture, identifying with the oppressor, and rejecting one's own culture. This coping strategy is concerning as some worry that this could result in New Orleans losing its unique traditions and customs if citizens do not return to Louisiana and instead permanently assimilate into new communities across the country. The defense strategy of *revitalization* occurs when one rejects the dominant culture and romanticizes one's own culture. Many residents are coping through revitalization as they defend and idealize their neighborhoods. Although there were many positive qualities about New Orleans many of the evacuated areas had multiple social and economic problems and were located in low lying flood zones. This form of defense protects one from a realistic view of the situation and allows them to adulate what they lost. Other evacuees may utilize *radicalization*, a defense method that is manifested through a commitment to change. Reports of

survivors often relate how New Orleans residents are determined to return and rebuild a better city. These individuals see the renovation of the city as an opportunity to improve conditions for all.

For people who have endured long term oppression and social exclusion, alienation or a disconnection from oneself and others, can impact the development of psychopathology including depression (FANON, 1963). The types and degree of alienation can provide information regarding risk factors for recovery from events such as disasters. As more factors contributing to alienation exist, so does the risk for difficulties. Conversely, this assessment can also identify strengths or resources that can assist recovery. Alienation from the self involves negative feelings of self worth and dignity. In New Orleans, those who could not evacuate the city suffered assaults to their dignity and self worth as they begged for help and waited for food, water and safe shelter. The mass evacuation of whole neighborhoods, that continue to be uninhabitable, illustrated the alienation from one's culture and significant others. Fanon (1963) described this estrangement as "deracination" or Diaspora. Families were split apart as members went to different evacuation sites and eventually to new homes in many locations across the country. Many do not have the resources to return and some have found better living conditions in other cities. Also of consideration are the number of people who perished with many still unaccounted for. Almost all of New Orleans' communities were destroyed alienating people from the general other such as their connections to church, neighbors and long term social supports. Most people lost employment as businesses were destroyed or closed for months alienating survivors from a creative social praxis. New Orleans residents understood that their traditional celebration of Mardi Gras is a creative social praxis exhibiting a strength of the city that could help to buffer the effects of such profound alienation.

A strengths perspective requires the identification of internal and external resources that may assist victims and communities with recovery. Although disasters differentially affect marginal populations who have endured long-term oppression many have developed strengths such as resourcefulness and resiliency to survive such experiences. Many in New Orleans had strong family connections, neighborhood ties and church supports that continued to assist them as much as possible. Neighbors checked on each other and family members often combined households providing shelter to each other. New Orleans has a proud history of tradition and culture which unites them as a city and calls them back to live. Residents reported that while formalized relief services were disappointing the people affected by the hurricane came together through patriotism, teamwork and the willingness to help others.

Conclusion

The increased occurrence and devastation of man made and natural disasters often feels like a world out of balance both environmentally and interpersonally. For those groups with limited resources disasters are even more catastrophic. Research supports that global disasters differentially impact the most vulnerable groups whose lives have been acutely affected by discrimination. Issues of oppression and

social exclusion compound the effects of already massive tragedies yet little consideration is given to these factors in the delivery of emergency services.

A Social Work model for humanitarian relief programs applies oppression theory and utilizes a strengths based perspective which provides a comprehensive understanding of the factors associated with recovery and maintaining cultural and self identity. This model objectively assesses oppression and increases the understanding of how historical and life experiences of survivors can impact individual and systemic recovery efforts. This framework identifies how oppression impacts coping, assesses responses to disasters, and identifies adaptive coping skills for oppressed populations. Key to this model is understanding the person in their environment with consideration of the historical context of life events and the utilization of both individual and systemic strengths as resources for recovery. With specialized training in crisis intervention, appreciation for diversity, and understanding of the impact of oppression on individuals, communities, and society Social Workers are uniquely qualified to respond to the New Orleans disaster and other international tragedies.

REFERENCES

ANNIE E. Casey Foundation (2005). *Kids Count Report: State Profiles of Child Well-Being.* Baltimore, MD.

BARRY, J. M. (1997). *The Great Mississippi Flood of 1927 and How It Changed America.* Boston: Simon & Schuster.

BROOKINGS Institute (2005). *Metropolitan Policy Program.* Washington, DC.

BULHAN, H.A. (1985). *Franz Fanon and the Psychology of Oppression.* New York: Plenum Press.

FANON, F. (1963). *The Wretched of the Earth.* New York: Grove Press.

FOTHERGILL, A., MAESTAS, E.G. and DARLINGTON, J.D. (1999). "Race, Ethnicity and Disasters in the United States: A Review of the Literature", *Disasters* June (2): 156–73.

FOTHERGILL, A. and PEEK, L.A. (2004). "Poverty and Disasters in the United States: A Review of Recent Sociological Findings", *Natural Hazards* 32(1): 89–110.

GABE, T., FALK, G., MCCARTY, M. and MASON, V. W. (2005). "Hurricane Katrina: Social Demographic Characteristics of Impacted Areas", *CRS Report for Congress.* Washington, DC: Congressional Research.

GARMEZY, N., MASTEN, A.S., and TELLEGEN, A. (1984). "The Study of Stress and Competence in Children: A Building Block for Developmental Psychopathology", *Child Development* 55: 97-111.

GOLDEN, O. (2006). "Young Children After Katrina", Washington, DC: The Urban Institute.

GUPTA, M. and SHARMA, A. (2006) "Compounded Loss: The Post Tsunami Recovery Experience of Indian Island Recovery Experience", *Disaster Prevention and Management* (15)1: 67–78.

KEYES, E.F. (2000). "Mental Health Status in Refugees: An Integrative Review of Current Research", *Issues in Mental Health Nursing* 21:397-410.

LANGER, N. (2004). "Natural Disasters That Reveal Cracks In Our Social Foundation", *Educational Gerontology* 30: 275–285.

MELLAIS, A. (1996). "Culturally Competent Scholarship: Substance and Rigor", *Advances in Nursing Science* 19(20): 1-16.

MYER, R.A., MOORE, H. and HUGHES, T.L. (2003). "September 11th Survivors and the Refugee Model", *Journal of Mental Health Counseling* 25(3): 245-258.

RAK, C. F. and PATTERSON, L. E. (1996). "Promoting Resilience in At-Risk Children", *Journal of Counseling and Development* (74): 368 – 373.

SCHULMAN, L. (2006) *The Skills of Helping: Individuals, Families, Groups, and Communities.* Thomson Brooks/Cole: Belmont, CA.

TIERNEY, K.T. (2000). "Controversy and Consensus in Disaster Mental Health Research", *Prehospital and Disaster Medicine* 15: 233- 237.

UNITED STATES CENSUS BUREAU (2005). *2004 American Community Survey.* (database on the internet) available from http://factfinder.census.gov/home/saff/aff_acs2004 _quickguide.pdf.

VAN DER KOLK, B. A. (1996). "The Complexity of Adaptation to Trauma: Self Regulation, Stimulus Discrimination, and Characterlogical Development", in B. A. Van der Kolk, A. C. McFarlane, and L. Weisaeth (eds), *Traumatic Stress: The Effects of Overwhelming Experience on the Mind, Body, and Society,* pp. 3-23. New York: Guilford.

VAN DER VEER, G. (1998). *Counseling and Therapy with Refugees and Victims of Trauma.* (2nd ed) New York: Wiley.

WOLIN, S. and WOLIN, S.J. (1993). *The Resilient Self: How Survivors of Troubled Families Rise Above Adversity.* New York: Villard Books.