

Grass Roots Mental Health Disaster Preparedness:
A Call to Action

Prepare for the worst, but don't worry about it.
--Alice, New Orleans resident

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This is a call to action for mental health workers. Hurricanes Katrina and Rita devastated the Gulf Coast in 2005. Towns were wiped out, and large portions of the major city of New Orleans reduced to rubble. Millions of people have been affected; the social and material lives of hundreds of thousands have been forever changed. This can and will happen in other places.

I arrived in Louisiana in early October. I volunteered at Common Ground Health Clinic which was started by street medics within a week of Katrina. It became clear to me, by listening to what people said and through personal experience, that the free-clinic street medic model was working, while Red Cross and FEMA were often not serving returnees effectively. Little or no paperwork, just immediate care, drew thousands to the clinic. Over 10,000 patient visits were recorded at the clinic by the end of 2005.

Early on, during the early wave of returnees, I did a lot of listening. People told stories of death and destruction. It was hot and humid so I passed out a lot of water to people as they waited to see a doctor or a nurse, who also did a lot of listening. I discerned very quickly that people needed to talk but that they also needed tools for distracting themselves from the repeating loops of thought they were experiencing in response to the trauma. This type of circular thinking is easily pathologized, but my view is that this was a healthy response to total overwhelm. The scale of the disaster was too big for people to wrap their minds around, I told them, and the thought loops were where their minds were getting stuck trying to comprehend the big picture of how their lives were changed. I recommended distraction, healthy denial: look at the sky, eat something, have a conversation with someone, read something light, watch a comedy on TV, make something crafty; anything to give the mind something to focus on which it could grasp. This seemed to help. People came back to the clinic and told me they were feeling better and were more able to approach the tasks before them. I was the only counselor at the clinic in early October. There were also massage therapists, acupuncturists, and other “non-medical” people offering support to returnees. Since then there have been a number of very effective mental health practitioners at the clinic for weeks at a time.

This kind of situation is approached on a myriad of levels, from the political, economic, to the practical, medical, environmental, and more. One of the approaches that must be made is to the emotional wellbeing of those affected by the disaster. In this case we're discussing New Orleans but there are natural and human-made disasters occurring globally, daily, which traumatize people and add to the collective trauma of the people of Earth.

The first thing to do is to find a place where people are, survivors. Find a place to help out and to sit and start listening. I was fortunate to find the Common Ground Health Clinic. If you look for the street medics in any situation they provide whatever health care they can and usually know what's going on. They have a good track record of organizing themselves into a functioning clinic on the spot. This makes them likely allies and colleagues.

Some people need to tell their stories right away, some later on, some fast some slow, but people generally have a need to begin to put into context what they've experienced so they can construct a sense of possible future. Without that, despair and hopelessness can set in. Context is established by being in relationship, so a person who has been traumatized who can share with an empathic person soon after the traumatic event will start creating context. Often that sharing soon turns away from the trauma to searching for ways to normalize, but the route to the possibility of normalizing is often through acknowledging what has happened.

Listening allows one to begin to form ideas about what's happened, for the listener, too, needs context in order to be an effective node of emotional wellbeing in the disaster situation.

As more and more people return to the site and need to be heard, more and more listeners are needed. That which is shared is often so grievous that listeners, who must needs be empathic, will become filled and will lose the capacity to keep listening. Reinforcements will be needed, and care for the saturated listeners. It is possible to slow the rate at which saturation occurs for listeners if they are in communication with empathic others, people with whom they can share, squeezing the sponge as it were, so there is room for more listening.

The upside of this is that listeners are sustained, and the experience of empathy is shared more and more widely as the stories are passed around and people, even those who are remote from the disaster site itself, care about what's happened. The downside is that the trauma is shared and the collective consciousness and unconscious are changed. The human organism is inoculated with more toxic trauma. Better to dissipate this trauma, though, among prepared individuals than for it to sit in full concentration in small populations that can then succumb to that toxicity. Consider the plight of Vietnam Veterans, a small group with a lot of trauma contained within the group, who received treatment and acknowledgement too little too late. The number of suicides among Vietnam Vets exceeds the number killed in combat, and has since the early 1980's.

Time passes and the next wave of people who are coming back to the disaster site are in a different place with regards to their trauma than those who came back right away. This next wave of returnees has been traumatized by the initial event but also by the displacement they experienced during the time between the event and their return. Their needs are different. They may not need to relate the events of the trauma so much as to work on creating stability on site or choosing to relocate. They may be in shock from seeing devastation they'd been hearing about since evacuation, and need to come to terms

with that. If they have the good fortune to be able to connect with someone and talk then that may have helped connect them with some internal resources that allow them to envision a next step, a way to begin to put a life together again. If they haven't had the benefit of being heard when they were initially traumatized, they may still be at loose ends, disconnected from a sense of context and struggling to see possibilities.

Friends or relatives, remnants of community, provide people with connection, context, and continuity. If that happens for someone then they are likely to be better equipped to face the challenges of rebuilding their life. Speaking with a counselor is not the only way people are heard, or need to be heard.

In New Orleans people needed tools for relaxation amidst all the chaos of beaurocracy and physical debris they were facing. The beaurocratic minefield of paperwork facilitated by beaurocrats seemingly more intent on following rules than helping people proved extremely stressful for most residents of New Orleans that I spoke with. They needed to take stock of their situations and ascertain what their next steps would and should be. Part of the reason for this is that the government and relief infrastructure had "moved on" to their next phase of relief, and the people had to jump on the bandwagon when it rolled by or miss out on assistance, whether or not they were psychologically prepared to do so.

Listening, helping people reconnect with community where possible, and assisting people into the context of rebuilding their life, in their devastated home or relocating if they so choose (for these are the only options, other than living in debris) is part of the job description for a mental health practitioner who goes to a disaster area. Another part is that one inevitably is aware of the psychological wellbeing of one's co-workers in whatever organization or collective one is working with. The role of counselor within the clinic, at the early stages, also included facilitating debriefings for the staff at the end of the clinic day, consulting with other volunteers on their emotional states, and holding some overview of the general wellbeing of the group.

Any disaster area has a political economic infrastructure. Disasters have become big money-making opportunities for corporations favored by the federal government. One must consider how services are and are not made available to residents at disaster sites, how resources are allocated differently to residents than to contractors brought in by the government (FEMA and Haliburton contractors enjoyed leather living room sets, freshly prepared steak and salmon dinners, marble-topped tables, wide screen TVs in huge tents from which New Orleans residents were barred, while residents enjoyed prepackaged cold cut sandwiches and water, no shelters, delayed trailers, repeated eleventh hour extensions of relief services), and how that affects the emotional wellbeing of returnees.

The already-existing political economic power structures must also be considered in a disaster response. In the case of New Orleans, generations of government corruption, cronyism, police brutality, race-based allocation of municipal resources (poorly equipped schools in black neighborhoods, poorly maintained streets, water mains, electrical service in poorer neighborhoods, etc.) all thrown into chaos by the disaster, combined with the

politicized also racist profiteering by the federal government, led to a humanitarian disaster bared naked for all to see in a major city in the United States.

The collapse of infrastructure in New Orleans affected the mental health system along with everything else. Practitioners were themselves traumatized, relocated, etc. New Orleans had not previously been a place where private psychotherapists abounded. The mental health system in place was largely through hospitals and clinics. The hurricanes damaged facilities and drove away personnel, so what was left was nothing, at first.

The physical environment included debris piles in the streets, dead animals, bad smells from overflowed sewers and chemicals released by the storm from under every kitchen sink and out of every garage which flooded, not to mention the refrigerators full of rotten food, maggots, cockroaches. Roofs blown off by wind in some areas, entire city blocks of houses flattened in other areas. There was a warehouse where 1 million pounds of meat had putrified. People wearing HAZMAT suits and respirators cleaned that out. Black mold grows in damp ruined structures, releasing toxic spores into the air. One didn't have to experience all of these things directly in order to be effected by them biologically, since toxins, mold spores and bacteria travel freely, and one didn't have to experience them all directly to be effected psychologically. Trauma isn't just an individual experience; it's collective, like any other big emotional event affecting a group of people.

The next wave of people began to include more chronically mentally ill people who, prior to the storms, had existed marginalized lives in and out of the local mental health facilities. In New Orleans access to care has traditionally been very limited for those without health insurance, and not all facilities will accept Medicaid and Medicare. Since the number of hospital beds for psychiatric illness was in the 40's three months after the storms and the halfway houses had not reopened, options were limited. The need for skilled caseworkers and residential facilities emerged as pre-eminent at this point.

Five months since the storms, New Orleans is a traumatized city. Even people whose material lives were not changed significantly, and there are some, seem depressed, anxious for any positive experience. Suicide rates are high. Outpatient mental health facilities are gradually coming back to functioning as they did before the storms. There is still a huge unmet need for trauma counseling for the general population of returnees to New Orleans and surrounds. There is still a huge unmet need for caseworkers, people to assist returnees through the social services and relief system as they put their lives back together.

One positive aspect that many people have named to me is that the crime rate is down since so many people have not returned. The drug dealers aren't back in full force because there isn't enough business for them, so there are not the 4 or 5 shootings a night there were pre Katrina.

It seems likely that there will be future disasters of this magnitude in American cities within the next few decades, whether through natural forces, perhaps brought on by

global climate change, industrial accidents and neglect, and war. We need to prepare ourselves to respond humanely and with care to the well being of the people who survive these disasters. We need volunteers willing to serve. The government cannot be depended upon to step up to the plate in these situations, or to properly allocate needed resources. In New Orleans one locally founded grass roots organization, Common Ground Relief, distributed over \$25 million in donated food, clothes, cleaning supplies, water, and other basics of life, in the first 4 months after the hurricanes. It is clearly up to “We the people” to take responsibility

There is a need for first responders in all aspects of medical care, including trained mental health practitioners who understand the phases of trauma, and who are trained to have awareness of cultural sensitivity, with an analysis of the socio-economic politics of poverty. We need backup support and reinforcements for the first responders. We need caseworkers who can conduct ongoing research into social and relief services as they gradually come back after the disaster, and folks skilled to walk survivors through those bureaucratic experiences. We need group facilitators, family therapists, and rape crisis counselors. In short, each community would be well served if there were a plan for the mental health care needs which are present in a disaster. It would also be wise to be in compact with other such groups in other areas so that a network of mutual support can exist.

Hurricanes, tsunami, earthquakes, wars, industrial accidents and neglect; we are on notice that these can and do occur anywhere at any time. Luckily the best of our humanity comes through when we’re responding with care and intention as volunteers in service to each other. Traumatic events are part of the fabric of life on Earth, even those events that we create, but they are also opportunities for humans to jump into the flow of generosity, connection, and love. It can be very rewarding.

I spent my first two weeks in October listening, doing direct service. I departed for 4 weeks. I returned mid-November and resumed counseling, answering crisis calls, doing neighborhood check-ins, and working with the mental health of the clinic staff. During Thanksgiving I realized that that we needed to recruit more counselors for the holidays. I sent out a call through various networks. Counselors came from a variety of places in the US. Some stayed for a week, some for two or three. In January I established a connection with a local mental health agency that was up and running and they started providing us with two BA level social workers daily. In January I made contact with two local graduate schools and my alma mater about sending counseling interns to volunteer at the clinic. During all of this time, through the holidays, there continued to be people in need, people decompensating, the death of a volunteer in an auto accident, etc. By January I was burned out from hearing too many stories, not having enough debriefing or supervision, and existing in an environment of crisis, running on adrenaline.

Had there been a network of local mental health providers in place, at least one or two of them would have made contact with the clinic (since we were the first clinic to open in New Orleans after Katrina) or with whatever medical facilities they could find (Charity Hospital set up an ER in the Convention Center) and begun to contact other locals,

present and relocated, to start putting together an ad hoc trauma counseling center. The presence of local practitioners would have been good for locals to return to, rather than coming home to strangers.

I also want to acknowledge the amazing openheartedness I experienced. People were blown wide open, myself included. In New Orleans I've had very meaningful loving interactions with people, made friends, based on people seeing each other as part of the human family, not see a strangers.

This is a call for mental health workers, counselors, social workers and others who recognize themselves as having the skills discussed in this writing, to learn who your colleagues are in your locale, and to meet and discuss how you would come together in case of dire need. Make a phone tree, and a listserv. Scout out possible locations to set up, places to gather in case of emergency. Make contact with first responders in your area and from neighboring towns, cities, and regions. Prepare knowing that you likely won't feel prepared should the time come when you are called upon to put your plan into action. That's OK; you'll be more prepared than you are now.

When we find ourselves to be people of conscience, empathic, caregivers, those qualities are based in our ability to respond. Responsibility. Those who identify themselves with this responsibility are in a unique position to facilitate human connectedness as the driving force behind healing our communities as our society and the world continue to undergo unpredictable changes. It's a profound calling.

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