



Women in the Wake of the Storm:

Examining the Post-Katrina Realities of the Women of New Orleans and the Gulf Coast

Institute for Women's Policy Research

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About This Report

This report is the third in a series examining the experiences of women, particularly women of color, in the areas hit by Hurricanes Katrina and Rita. In Part I, we discussed poverty among women and people of color in the Gulf Coast region and in the South more generally. In Part II, we presented data from before and after the storms, examined women's role in the labor market prior to the hurricanes, and offered policy recommendations for reincorporating women into the workforce during and after the rebuilding period. This latest study involved discussions with 38 survivors of Hurricane Katrina, following up from earlier interviews, as the basis for an analysis of the experiences and concerns of women following that storm and other disasters. In telling their stories, it provides an analysis of women's increased vulnerability during times of natural disasters and lays out policy recommendations that pinpoint how best to address those needs in the wake of this disaster and in anticipation of the next.

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The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. IWPR focuses on issues of poverty and welfare, employment and earnings, work and family, health and safety, and women's civic and political participation.

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Avis Jones-DeWeever, Ph.D.

Institute for Women's Policy Research
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Introduction

For most Americans, the horrors of Katrina have devolved into nothing more than a sad but distant memory. We have written our checks, said our prayers, and if we were especially generous, volunteered a few days or weeks of our time toward rebuilding efforts. Yet, for many who call the Gulf Coast home, the daily struggle to reclaim some semblance of the life they once knew continues. In many ways, that struggle is a lonely and tumultuous challenge wrought with shifting rules of the game and a cycle of frustration that begets progress in some respects, with simultaneous retrenchment in several others.

Nearly all of those within the crosshairs of this historic storm have their own tales of challenge and heartache. But, as is commonplace around the world in times of natural disaster, those groups who are most marginalized before tragedy strikes bear the brunt of ill-effects during and long after the disaster. As a result, the on-the-ground impacts of natural disasters are anything but “natural.” Instead, these impacts are shaped by social constructs that value some groups and devalue others as they relate to race, class, and gender in the broader society.

Katrina was, and is, quite ordinary in that respect. Although the hurricane and flooding threatened everyone, those most vulnerable to its effects were the ones with the fewest resources—both formal and informal—to draw upon when it mattered most.

With the pain of Katrina, at least for a brief moment, came an awakening to the implications of race and class disadvantage in America and what that really means in times of crisis. The shocking images of primarily Black faces stranded, tired, and hungry in those days initially following the storm made the issue of race undeniably clear (Dyson, 2006).

At the same time, issues of gender continued to be largely ignored. Those same images showed that large numbers of those stranded after the storm were women, most of them Black, doing the best they could to ease the hunger and thirst of babies and toddlers left in their care in the sweltering heat and the inhumane conditions associated with post-disaster survival. In addition, elderly women, both Black and White, were left in nursing homes to wait for help that for far too many came too late. And, it was principally women who stayed behind in the flooded hospitals to care for patients unable to care for themselves. Yet, women’s service and suffering were all but invisible as are their continuing struggles to this day.

“...we down here have been forgotten.”

— 66 year-old grandmother, Orleans Parish Resident, and Katrina Survivor

Today, women are doing much of the healing work associated with life after Katrina. They are comforting children still traumatized by the memory of this life-changing event. They are taking care of elders who are still mourning the loss of a lifetime of memories washed away with the storm. They are themselves disproportionately the aged, who now in the twilight of their lives are forced to begin again. They also make up most of those who head families essentially barred from returning home due to the impending destruction of the majority of public housing units within the city of New Orleans. And, on-the-ground, women make up a sizeable mass of community leaders left with the charge of bringing people together and demanding action more directly focused on those needs still left to be met for those tomorrows still to come.

This report tells their stories and, in so doing, provides an analysis of women's increased vulnerability during times of disaster, and discusses how the experiences of women affected by Katrina align with the experiences of women around the world who have experienced other large-scale crises. It also provides a race/class/gendered analysis of women's post-Katrina experiences, with a special emphasis on what they are doing now to rebuild their lives, reconstruct their homes, restore their families, and reclaim their communities.

This report puts to paper the perspectives of women gathered through a series of semi-structured one-on-one and small group interviews with thirty-eight women in New Orleans and Slidell, Louisiana as well as in Biloxi and Gulfport, Mississippi. The women included in this study ranged in age from 19 to 66 and are of diverse racial/ethnic backgrounds, including Black, White, Creole, and Latina. Each woman contributed to their communities as volunteers, activists, community organizers, or professionals engaged in public service careers. Many, but not all, were involved with organizations that focused specifically on issues of concern to women. Each sought, in some way, not just to meet immediate needs in the communities where they work, but also to address the long-standing pre-Katrina structures of advantage and disadvantage that ultimately exacerbated the tragedy of the storm's aftermath.

Background: Women and Natural Disasters

Natural disasters can wreak havoc on the human condition. Their impacts are felt economically, environmentally, psychologically, and physically. They have the power to wipe out entire communities, leaving only death and devastation in their wake. Yet, as powerful and unforgiving as natural disasters can be, their impacts are not universally felt across the human experience. Disasters occur within societies, and societal norms and structures typically serve to advantage some while disadvantaging others. The resulting imbalanced structure ensures that some persons and groups are likelier than others to have access to potentially life-saving resources in times of crisis, and support that enables them to recover more quickly in the post-disaster period. The pre-existing situations of members of a society separate them enormously in the degrees to which they will be harmed by, and to which they will be able to bounce back from, a disaster.

It has been widely established that women are especially disadvantaged in times of natural disaster (Chew and Ramdas, 2005; Enarson, 1998; Enarson, 2006; Oxfam, 2005; Soroptimist International of the Americas, 2007; Tutnjevic, 2003; World Health Organization, 2005). Also disproportionately impacted are the poor, the elderly, subordinated racial and ethnic groups, children, and the disabled (Enarson, 1998). But, when gender intersects with other areas of disadvantage, it is women who are especially hurt.

Around the world, women's social subjugation places them at severe risk even under what is considered to be "normal" circumstances. Women are much more likely than men to live on the social and economic fringes of society, and are less likely than men to be literate, or have access to information, transportation, social networks or spheres of influence. Women throughout the world are also less likely than men to have paid employment outside the home and those women who are wage earners tend to receive lower wages and fewer benefits and have less access to informal career networks than men. Women are also particularly vulnerable to sudden unemployment, and therefore lack economic stability. As a result, they are less likely to have access to income, credit, savings, and assets, and often have limited capacity to control those resources that exist within their own homes. Because of these and other disadvantages, women make up the vast majority of the world poor and account for fully 70 percent of those who live in abject poverty—subsisting on less than \$1 per day (Pan American Health Organization, 2001).

Limited access to income and other critical non-monetary resources such as information and social networks are significant barriers to women's ability to effectively respond to impending disasters and to swiftly recover after disaster strikes. Complicating matters too are women's traditional care-giving responsibilities: care for children, the elderly, and others reduces one's mobility during a crisis and, when time is of the essence, this can mean the difference between life and death.

When women lack the information to be adequately forewarned of an impending disaster, lack resources to flee even when a disaster is fully anticipated, or find themselves attempting to run with children in their arms or elders by their side, it is little wonder that they tend to be least likely to escape with their lives. Roughly three times as many women died as men in the tsunami of 2004 that claimed the lives of over 200,000 people (Chew and Ramdas, 2005) and some 1.5 times as many women died as a result of the massive 1995 earthquake in Kobe, Japan (Seager, 2005). Other research suggests that women are on average approximately 14 times more likely to die than men during natural disasters (Sorooptimist International of the Americas, 2007).

For those who survive, life after disaster proves more difficult for women as well. In the immediate chaos that often ensues after a disaster, women's safety and security is particularly at risk. Rape, gang rape, and other physical violence are common occurrences both domestically and abroad (Enarson, 1998; World Health Organization, 2002). In the wake of California's 1999 Loma Prieta earthquake, sexual assault rose by some 300 percent (Women's Edge Coalition, 2005), while requests for restraining orders were said to have increased by 50% (World Health Organization, 2002). We also know that women's vulnerability to sexual assault grows when living in refugee camps or non-gender segregated shelter situations. In some cases, women are forced to exchange sex for food, shelter, or protection as a means of survival. Women and children of both sexes experience increased vulnerability to falling victim to the sex trade during times of crisis (World Health Organization, 2002).

Once the immediate crisis is abated, survivors are left to pick up the pieces and start their lives over. With this comes a whole new series of challenges. The need to procure housing, food, water, and a new source of income compounds an already stressful situation. As the days drag into weeks, months, and in some cases years, the slow pace of regaining "normalcy" heightens the stress associated with daily living. This overwhelming level of stress is thought to contribute to the increased occurrences of domestic violence that typically take place in the recovery period.

Due to housing scarcity, women are often unable to escape abusive situations. In other instances, those who may have left known abusers before a disaster, find that they must return afterwards for lack of other housing options. This problem is exacerbated by the fact that post-disaster aid typically is distributed on a head-of-household basis, and thus, is nearly universally accessed by men (Chew and Ramdas, 2005; Enarson, 2006; Tutnjevic, 2003).

Women also have special physical and psychological concerns in the wake of disaster. Lacking sanitary conditions, their reproductive health is threatened. Also, pregnant women or those who have given birth just before, during, or soon after a disaster run the risk of having their special needs go unaddressed (Chew and Ramdas, 2005). Further, women's traditional domestic responsibilities become an even greater challenge in the post-disaster period. Preparing food and caring for children and others becomes an even more laborious process in strange surroundings and with limited resources. The increased work-load is said to add to women's stress, and may also serve as a threat to their health if the well-being of others is consistently prioritized. These and other stressors likely explain why women are said to, in many cases, be more likely than men to express symptoms of post-traumatic stress syndrome following a disaster (Enarson, 2006).

The disproportionate likelihood of prior economic insecurity makes it that much more difficult for women to pull their lives back together afterwards. For some, the death of a partner may necessitate a search for paid employment. In other instances post-disaster "male flight," which occurs when men leave their families to fend for themselves after securing relief aid for their own personal use, creates the immediate need for women to pursue paid employment.* But locating paid employment that both brings a living wage and allows for care time is challenging at any time, and may be more so following a disaster. Post-disaster reconstruction and relief investments often leave women shut out of jobs traditionally reserved for men. Although rebuilding is an obvious necessity in the post-disaster period, so too are the daily economic needs of women. And, while employment for many is hard to find, an even more rare commodity is child-care (Tutnjevic, 2003; World Health Organization, 2002).

Together, these circumstances place women at increased peril before, during, and after disasters. In sum, their heightened vulnerability can be said to be concentrated in four areas: (1) decreased economic capacity both before and after disasters; (2) heightened exposure to violence and sexual assault in the immediate aftermath and during the protracted post-disaster recovery phase; (3) decreased mobility

* Reported by the World Health Organization, this phenomenon has been observed in Miami, rural Bangladesh, the Caribbean, and Brazil (World Health Organization, 2002).

and increased resource needs due to caregiving responsibilities; and (4) policy practices that privilege male-headed households and the economic reintegration of men in post-disaster recovery efforts. Each of these levels of disadvantage reduces women's capacity to prepare for impending disaster and to rebound once disaster strikes. As a result, women face unique challenges in the face of natural disasters and only through adequate, gender-specific pre- and post-disaster planning and action can their specific needs be properly addressed.

Remembering Katrina

Unless people have witnessed it with their own eyes, it is hard to even imagine the vast destruction that Katrina wrought. There is no panoramic lens wide enough, no plasma screen television large enough and, frankly, no language vivid enough to adequately relay the storm's level of devastation. In its wake, Katrina left miles and miles of obliterated structures, vast areas of broken and barren trees, and only sparse remains where vibrant communities once stood. In combination with the levees breaking and later Hurricane Rita, the storm did much more than flood one American city—it literally leveled an area the size of Great Britain (Rowley, 2006), left more than 1,500 people dead (Brown, 2007) and caused the displacement of some 1.2 million (El Nasser and Overberg, 2005). Economically, the area was ravaged as well, which resulted in infrastructural damage of up to \$125 billion (Associated Press, 2005). By just about any measure imaginable, this storm's wake was of historic proportions, and one that will require many years of rebuilding in order to come within striking distance of anything resembling a full recovery.

Now, over two years post-Katrina, focus has deservedly shifted to issues of recovery and rebuilding. And while these issues are, of course, essential to the process of moving on, many of the women that we spoke to seemed to have overwhelming need to share their survival stories—not as a way of eliciting pity, but perhaps as a survival mechanism itself. Relaying these stories to open and willing ears appeared to help release at least a portion of these survivors' anxiety and stress. Most of those with whom we spoke seemed relieved that other people *wanted* to know what they had been through, how they had survived, and what they were doing now to keep on keeping on. Nearly every woman bemoaned the fact that their voices had not been heard and as a result, their stories have been left untold. We honor those voices here by relaying a sampling of their experiences, in their own words, as a way to promote a broader understanding of the true horror of Katrina and as a way of remembering and giving tribute to those whose lives remain forever changed.

Below a woman who spent five days under an overpass relays her survival story and her courageous struggle to remain with her son.

They tried deliberately to separate our children from us. I was one that fought for my child. They had the children on [one] truck...and we were placed on the trucks behind them. However, I did not want to be separated from my son so I said, "Why can't we be placed on the same truck?" They stated that we all were going to the same place. Well, I put up a fight about it until I was

“...when the levees broke, I said ‘Oh...My... God...’”

— Captain, Criminal Sheriff's Office, New Orleans East Resident, Katrina Rescuer and Survivor

convinced by the other ladies that, you know, we can see the truck in front of us, so we can watch our children. So I agree...They dumped the children first [in front of a bridge]. So I thought they were going to make a left turn, so I'm waiting. They did not make the left turn. The kids are under the bridge. They went to the very next stop so I'm thinking they're going to make that one, however, after they didn't make that one, I asked the National Guard, asked him, what kind of rifle he had? He told me. Of course, I don't remember, but I told him he may as well take that rifle and start putting bullet holes in my head cause I'm getting off this truck and getting my baby... So I jumped off that truck and [was] cut up so bad. And then they turned the truck around to bring me to my child. And they had the audacity to say to me that um, oh, you are a brave mother and excuse my expression— I said, "No bastard, I am a mother. God did not want me separated from him during the storm, man is not going to separate me from him now." ...And I'm screaming at them [the other mothers] saying "get your child, get your child!" They were afraid to move because they were told not to move, to stay there. So that's why I know they deliberately separated us from our children. But I refused to let it go on. I was willing to die for my child.

So we were dumped under the bridge for five days. It was scary. It was dark. We had no food. Water was being dropped out of helicopters like—like we were slaves...Of course you know we were like pretty nasty, dirty, funky. It was like a lot of red ants and urine, waste, and we [other adults who were left there, but not the parents of the children who were left there] had to make cardboard beds for the children to sleep on and we sat around in a circle [at night] to watch the children because it was so dark. And it was a whole lot of activity going on up over the bridge, up on top of the bridge. Right up over us there's the prisoners, so they had them at gunpoint, with these large spotlights that was on all of us, so we feel like we were being held at gunpoint also because every time we look around, there was either National Guard, police officers, and everybody we seen with these guns and these big lights. They were slamming people around and thousands and thousands of people they drop off each night. That put us farther and farther back into the woods... The little things that we were able to salvage, they took it away from us. They just threw it and just tossed it in the street. They had raping going on. One of the National Guard actually shot a guy in the head. It was devastating, it was scary...The people were just fighting and crying and grown men crying and it was a lot of praying. We did a lot of praying. It was a sight, it was sight that I would not want to see or go through again...Because I mean, anytime you can hear grown men screaming and hollering and crying out loudly, and children and babies...Can you imagine what it was like?...It was like the end

of the world. It was like life was over, but it was only for those that given up and I just kept praying and knew there was a bright light on the other side.

After waiting for days for some means of escape, a bus finally arrived to pick up those left stranded on the highway. But the struggle did not end there for this mother and son. After being dropped off in a small town on the outskirts of Texas, the two bounced around for a period of time from shelter to shelter, some legitimate, and some apparently not. One shelter, run by a pastor and his wife, required \$800 for their stay. Unable to come up with the money, they were turned back onto the street. Ultimately, they crossed paths with a young woman who was willing to take both her and her son into her home. The apartment was small, but clean. Just starting out, the woman who had opened her home to them only had an air mattress for furniture, but all of them made do. With \$2,000 in FEMA assistance, the Katrina survivor helped to set up the apartment with the basics—pots and pans, utensils, beds and bed linen, a small TV, food. What she didn't know though, was that this young woman was behind in her rent. And, before too long, they all were evicted. Most of what the FEMA money had purchased for that home now gone, the New Orleanian made the decision that she had had enough and decided to return. "I made that move back to New Orleans. I said, I'm going home."

Below, another woman relays her friend's story—a friend who lost a child in the storm's deadly aftermath.

I had a friend of mine who had two kids, a son and a daughter. Son's 15, daughter's 12. They decided to leave when the water started going up, trying to get to the Superdome or Convention Center or whatever. It's two kids walking through the water and the little girl got stuck, so the brother went to go help her and he got his sister loose, but he got sucked into a manhole. They still haven't found his body. Fifteen years old...I mean he saved his sister, but it cost him his life. Everybody's got a story, some worse than others. I don't want no pity party, we don't want people to feel sorry for [us], we don't want a handout...I work for what I want. I don't want nobody to give me anything, but assist me.

Across the Gulf region, women relayed precisely the sentiments expressed above. Although they had an abundance of tragic tales of loss and sacrifice, they didn't want to be pitied, they didn't want to be patronized in any way—they just wanted to be heard. They wanted to feel like their lives mattered. And for them, that feeling of being valued could only occur when their needs—and by extension—their very humanity was adequately acknowledged and addressed.

“*My mind couldn't absorb what I was seeing...*”

— Community Activist, Life-Long Lower-Ninth Resident, Katrina Survivor

““The same people who were left behind during the storm have been left behind in rebuilding it. The elderly, the young, single mothers...”

– Community Organizer, Long-Term Volunteer, Post-Katrina Survivor

Life After the Storms

In conversations with women in and around New Orleans, three primary issues remained at the forefront of their concerns: housing, healthcare, and economic well-being. Each of these issues had multiple and often interlocking reverberations on their lives. All of those with whom we spoke expressed a deep commitment to their communities and desire to face any remaining challenges; however, our contacts’ health, sense of security, and for some even that small but persistent kernel of sustaining hope all have been jeopardized by the slow pace of recovery and the prolonged lack of normalcy.

The Affordable Housing Crunch and How it Impacts Lives

Perhaps no issue is as disruptive in the lives of women and their families as the loss of a place to call home. Obviously, a disaster of this magnitude levels entire communities, and as a result, wreaks havoc on the availability of housing stock. Due to the combined impact of Hurricanes Katrina and Rita, over 1.8 million housing units were damaged throughout the Gulf region, with over 300,000 homes totally destroyed (Oxfam, 2006). Louisiana bore the brunt of destructive power of the storms, suffering fully four times the housing damage as neighboring Mississippi (Louisiana Recovery Authority, 2007). Yet, parts of Mississippi were ravaged as well, as communities all along the Gulf Coast were quite literally leveled due to their unfortunate positioning directly in the center of Katrina’s path.

As one might expect, with a severely limited availability of housing units, the cost of those that are inhabitable have increased precipitously. In New Orleans, for example, rental rates have skyrocketed. The latest estimates indicate that fair market rental units have gone up some 46% from their pre-Katrina value (Greater New Orleans Community Data Center, 2007a). As a result, an apartment that would have rented for \$661 per month the year before the storm now demands a rental rate of \$990 for inhabitation. In all, the city of New Orleans saw some 142,000 housing units severely damaged or destroyed as a result of the storm, and roughly 80% of the units that were most severely damaged were affordable-to-low income housing. Among the limited number of affordable units that withstood the storm, those set aside for the most disadvantaged—the city’s public housing units—are undergoing demolition. On December 20, 2007, the New Orleans City Council through a unanimous vote gave the final go-ahead to the U.S. Department of Housing and Urban Development’s (HUD) plan to demolish 4,500 public housing units to be replaced by mixed-income housing which, would set aside only 744

units for low-income residents (Quigley, 2007a; b). These homes are slated to be demolished, not because they were rendered uninhabitable by the storm—in fact, many proved to be among the sturdiest in the entire city—these homes have seemingly fallen victim to politics and the apparent desire to create a “new” New Orleans devoid of the city’s most vulnerable population, its deeply impoverished. All indicators suggest that this strategy is working, particularly to the detriment of poor single mothers, over 83% of whom have been unable to return home and begin the business of reclaiming their lives (Williams, Sorokina, Jones-DeWeever, and Hartmann, 2006).

As one can imagine, this mix of man-made disastrous decision-making along with the storm’s lingering ravages make finding housing extremely challenging in New Orleans and beyond; and finding *affordable* housing, a near impossibility. The resulting housing crunch has severe implications for the safety and well-being of women. Because of the limited availability and exorbitant cost of housing, many women and their children must now share tight living quarters with extended family, friends, or acquaintances. And, since most sexual assaults do not occur at the hands of a stranger, this situation has, unfortunately, led to occurrences of sexual assault specifically tied to the Katrina experience. Sexual assault counselors describe the problem below:

...Since Katrina sexual assault has gone sky high. Because you have more [women] staying with relatives...it’s the sexual assault that you’re hearing a whole lot more of... more sexual assaults happen with the people that you know, that’s related to you, people you trust. So on top of, you know, dealing with the hurricane situation...these women have a whole lot of things that they have to deal with that’s making it...twice as hard.

Now what we’re seeing is kids who have been abused as part of their Katrina experience. They are living with seventeen different cousins and sharing bedrooms and uncle so-and-so is in the trailer...it’s very upsetting to me that sexual abuse is becoming a part of the Katrina experience for children. Moms are having to take their children back to homes where moms were abused because they have no place else to go. They’re having to live with perpetrators that they know were perpetrators because where else are they going to go? Or, they’re living with perpetrators that they don’t know are perpetrators and they’re finding out. It breaks my heart that this is what we’re dealing with. The more that the government fails to provide housing, the longer this goes on and the more children are at risk; not just at risk, but this really happened to them, and we’re starting to see it.

“It’s very upsetting to me that sexual abuse is becoming part of the Katrina experience for children. Moms are having to take their children back to homes where moms were abused because they have no place else to go ...the more that government fails to provide housing the longer this goes on and the more children are at risk.”

Another service provider adds:

Our clients need for the abuse to stop...they need to get their children to safety and themselves to safety. Without having a pool of rental properties people are stuck where they are. They can't just say, "I've had enough of this abuse" or "You can't have access to my kids" or whatever, "I'm leaving. I'm going to a shelter for a while and then I'll get my own place." People are coming into shelter but there's not a place for them to rent, to move on to. Housing would alleviate that pressure and let people leave and get out of the abusive situation.

In addition to the increased risk of sexual abuse, the lack of affordable housing has also put women at increased risk of domestic violence. Many have found themselves in the unenviable position of having to choose between shelter and safety. The shortage has in some instances caused women to return to known abusers. In other cases, the prolonged exposure to stress inherent in the post-Katrina experience has led to new occurrences of abuse in relationships that had once been free of violence. The lack of alternatives in terms of housing and shelter space have made it particularly difficult for women to escape dangerous situations.

It's important to keep in mind that, when Katrina washed away homes, it also washed away domestic violence shelters. Only one shelter in the entire city of New Orleans survived the storm and as of this writing that one facility was full, with a lengthy waiting list. But even that one remaining place of refuge could not operate at full capacity months following the storm since a staffer, unable to afford the exorbitant housing costs in the city, had made the shelter her temporary home simply because she couldn't afford to live anywhere else. As shelter staff describe many women have found that limited housing further constricts their ability to live life far away from a batterer's reach.

Some women are opting to stay with their abusers simply because there's not enough housing to go around and our shelters are currently full, so the options to leave right now are really not there because we have limited space, there's limited housing here in the area, everything's booked up, taken up, you know, and affordable housing is just impossible to find right now. And if the female isn't in imminent danger then she's considered, you know, homeless and we have to find referrals for that particular shelter and there's been an influx of that, too, where women who are calling aren't necessarily in danger, but are in need of shelter.

Well, this disaster caused a lot of women who [had been] separated from their batterers to go back to their batterers because they lost their homes. They've got the children. They have no place else to go. So they went back to batterers. Okay now they're with their batterer in a much smaller place, what is it? Six by thirty? [referring to the dimensions of the typical FEMA trailer].

In sum, the longer the severe shortage in affordable housing continues, the longer the most economically vulnerable women and children will be forced to live in danger. And, more women and children will be needlessly exposed to the daily risk of molestation, sexual assault, and physical abuse because they have nowhere else to go. In addition to the tragedy associated with the loss of a feeling of safety and security in one's own home, women are dealing with the strain of starting over while mourning the loss of the familiar and, ultimately, the loss of community in its holistic sense. Such a loss is hard on everyone but, for the elderly, the pain is especially severe.

*You realize a lot of people lost everything. My grandmother is eighty-six. She's been in the house that she's in for about forty years. My grandfather built this house for her. My grandfather and my grandmother were married sixty-six years when he passed...he passed [one year before Katrina]. So sixty-six years of her life with him, forty years in the house she's in...her house withstood every hurricane that ever passed through here. Every hurricane, she went untouched. And for the first time, and she's eighty-six years old, she lost everything she owned...Everyday my grandmother is like, "I want to go back home." How do you make somebody eight-six years old realize, there ain't no more home right now? Ain't nothing to go back to. Keep in mind that she lost her husband [before Katrina]. She's been in the same house forever. Normalcy, to her, is being back in **that** house, nowhere else."*

Today, that woman is one of the lucky ones: a carpenter member of her family helped put back together the structure that was her house. The elderly woman is now once again in a space that she can call her own. But, with so many of her belongings gone along with most of her neighbors, the loss of the very sense of community that makes a house a home has now created an existence that is far different from the life she once knew. And it's that sense of community that many women continue to miss the most.

Several women relayed despair over this loss, one they deemed much more tragic than the destruction of material goods.

“...a need to feel like you matter. Like you truly matter... coming home to a place that wants you, coming home to a place where you can get affordable housing, access to healthcare, your child a decent school to go to. You're not really stigmatized for being who you are... [I] need to feel like [I] really matter. I don't feel that way.”

I didn't do too much crying about the house, it was more the community aspect of it. A house can be replaced. My neighbors coming back, that's a long shot and that's what the problem is. That's harder to do...

I was born in that community and I was raised in the community...I couldn't go two blocks without having a family member there, I knew all of my neighbors...everybody had been there for thirty years or more...people don't want to give up on the Lower Ninth Ward, particularly the North Side. When my parents moved there in the 1940s there was only one neighbor on the block and, then, my great grandmother moved and made the second and my grandparents made the third. So, they watched their community grow. They watched it grow and develop and people clinged to it, not because you're traditional or you don't know any better or [you] haven't been exposed [to anything else] or [you're] marginalized or whatever, but because we love it. It's ours and we love it.

And I think that's the dilemma a lot of people are in now. They might have the means, the insurance, the motivation to rebuild their individual homes... but is there a community that will be here? Are there going to be two houses that are on this block? So how do I live with that? So I think there is a bit of a waiting game, trying to figure what they, meaning the government, is planning.

Home for these women, and for most of us, is far more than just a specific physical structure. Home, in its broader sense, is a neighborhood, a community, a social network of family and friends that together result in a sense of belonging that is not easily replicated in unfamiliar places. Perhaps one of the biggest tragedies of Katrina is that, for so many, home in this broader sense will never be the same again. Even if women make it back to their old house, on their own street, in their own neighborhood, that victory is hollow when it's done in relative isolation.

Dearth of Health-Care Availability in the Storm's Aftermath

In addition to the loss of housing and communities, women consistently lamented the lack of health care availability. Charity Hospital, as it was commonly referred, provided emergency and long-term treatment to the state's most vulnerable population—impoverished citizens who lacked health insurance. Since the storm, Charity has remained unopened, making it particularly difficult for the most vulnerable to receive swift and quality care.

Charity Hospital...worked. It served the people. You had a Diabetic Clinic, you had Hypertension Clinic, literally, these were the name of these clinics—not the ‘Lisa Richardson’s Clinic for Whatever,’ no, Hypertension Clinic. It was a teaching hospital, LSU and Tulane, you might not ever see the same doctor when you go because it’s residents, it’s a teaching hospital. They fed into even the education level of the people who lived in the city. We have a high illiteracy rate, high drop out rate, and that’s why the clinics were labeled what they were: “Diabetic Clinic,” “Sugar Clinic...” I’ve seen elderly people who had “Sugar Clinic” on their paperwork. That’s so they can relate to it... Charity Hospital had to have had at least 200 clinics. Two-hundred clinics serving not just New Orleans, but outside, in rural areas of Louisiana people came into the city because it was a state hospital, and anything you needed, could be done at Charity Hospital.... I don’t think that’s ever coming back.

The loss of Charity has resulted in the need for people to seek treatment, in some cases, miles away, only to wait for hours in overcrowded emergency rooms just to spend a few fleeting minutes with overwhelmed medical staff. Further complicating matters is the area’s increasing uninsured population. When the storm obliterated structures, it also took away jobs. And when jobs were washed away, for many, so too was health insurance coverage.

I was a teacher for twenty-five and a half years and was arbitrarily fired because they fired all Orleans Parish School Board employees right after Katrina. My performance spoke for itself. You didn’t see me not going to work. You know, I had so much leave, I could give it to people when they got sick. ...They [the school system] told me that I was not old enough to retire, but I could retire [with reduced benefits] since I had enough years. Then they told me that if I wanted to get insurance, I would have to pay six hundred fifty dollars a month. With reduced benefits, six hundred fifty dollars per month? That’s more than a third of what I’d be getting. I said, “I can’t afford that.” So now I’m an unemployed school teacher with no health benefits, living in a house where I’m paying more rent than I was paying for my house note, and I’m just now getting assistance from FEMA. That’s where I am.

Even among those who were able to regain employment upon return, the acquisition of a regular pay check did not always mean the reclamation of health insurance coverage.

I guess some people wouldn’t consider me the “working poor,” I do consulting work, I have a job, I make money, I travel...not the working poor, but if you ask me, right now my struggle is that I had [health] insurance pre-Katrina, I

don't have insurance post-Katrina. One of my consulting jobs, the exchange was that they would just give me health care, and I would do what I do for them...I had been having trouble with thyroids [and] I had a partial hysterectomy scheduled twice. ...I went in for the blood work, did all the prep work, and the woman came in, "I know that you're scheduled for surgery in two days, but you have no insurance." The insurance company said that they weren't paid during Katrina...your agency didn't pay.

An added wrinkle to this matter is the significant increase in the number of recent Latino immigrants in the area who have severe difficulty finding Spanish-speaking health care providers and who, some evidence suggests, avoid seeking treatment altogether due to fears concerning challenges to their legal status. This situation has special implications for pregnant Latinas who, because of both language barriers and fears of deportation, often forego prenatal care altogether. Instead, they seek only emergency room treatment when it comes time for delivery. Once at the hospital, Medicaid provides coverage for delivery and up to a 48 hour hospital stay (depending upon the method of delivery) regardless of immigration status (Porter, 2006). According to one immigrants' rights worker, the dearth of English translators and the fear of general anti-immigrant sentiment effectively shut many women out of the prenatal care that they need to best ensure safe and healthy development during their pregnancy.

I mean we have documented situations where immigrant worker women are being denied prenatal care, you know? I mean like because of language access issues, because of questions of their immigration status. I mean we're talking about the most basic care. Right?

The need for expanded health care services through the region is not limited to the need for treatment of the body. The overwhelming prevalence of stress has also spawned a need for increased services for the treatment of psychological conditions as well. Many have become stressed by the lack of normalcy in their lives and the increased pressures associated with daily living. Women find themselves in particularly stressful situations in their roles as caregivers, comforters, and supporters. And it's not unusual for women to fulfill these rolls with such loving devotion that they prioritize the needs of others over their own. The overwhelming pressure of this responsibility has led many to sink into protracted bouts of depression. Several women included in this study were either on anti-depressant medication themselves or knew someone who was. All recognized the need for more mental health care services in the area, such as a need for the increased availability of free and culturally competent counseling as a way of helping people cope with the stress associated with a protracted state of recovery and rebuilding.

Stress is the biggest problem we're having, and I'm trying to get everybody to understand...a lot of us are coping, but a lot of us aren't. Even at my office, and I work in a government office, we've had people who've had nervous breakdowns because of all the stress. They have no home to go to, they are working ten and twelve hour shifts, and when they get home and they try to do a little work and nothing is working out—it's too dark, it costs them a fortune for lumber—it weighs down on you after a while.

Adults aren't the only ones who are struggling. Dealing with life after Katrina is a strain on both the young and the old.

We were seeing lots and lots of stress on families, lots of stress on kids...twenty people living in a space that should have housed two or three so the stress level and the coping abilities of people [are] really at their max.

I see the young people are depressed and don't even know they're depressed, and they're acting out sexually. Many of them are now in Central City because that is the area that's up and running and extremely densely populated. One of the things that we've really been advocating for is to get some serious, nontraditional mental health services in this city. We need mental health facilities; we need programs that do mental health in concert with other things. We need places to refer people. [For example] we can't do HIV/AIDS prevention with youth now unless we start talking to them about what do they need? What have you gone through since Katrina? How is this affecting your behavior? How is this all factoring into your self-concept and your ideas about the future? And then we can begin to talk about how your emotional state and your mental state can make you take high-risk action that are going to put your life in danger...[and] when I say nontraditional—we don't need a therapist one-on-one, we need small groups. We need...small group facilitated conversations. And they work. To me, they work well for our [the Black] community. They work for us.

The drastically reduced capacity of the health care system post-Katrina has ultimately cost lives. One recent study found that the New Orleans post-Katrina death rate has risen by nearly 50% (Stoddard, 2007). Other research has shown that in the first several months after Katrina, suicide rates shot up nearly 300% (Eisler, 2007). Over time, as the city tries to rebound, a severe shortage of health care workers in both the mental and physical health fields ultimately means that many are going without desperately needed health care services, leading to fatalities. As one woman told us, “They’re dying like flies.”

“Stress is the biggest problem we're having, and I'm trying to get everybody to understand... a lot of us are coping, but a lot of us are not.”

Economic Vulnerabilities Post-Katrina

Certainly adding to the health care and housing vulnerabilities women face are the tight economic circumstances many find themselves navigating largely in isolation. Their once broad familial networks, which were of course critical to their daily survival, have now been obliterated with families scattered across the nation—some literally as far away as Alaska—as a result of the chaotic evacuation that followed the storm. Those who have made it back home now must face daily challenges largely on their own. Even though the women of the Gulf Coast were among the poorest in the nation before Katrina hit (Jones-DeWeever, 2007), they were able to make it due to the tight bonds of family and friends that helped each other get by, even in the worst of times. In New Orleans especially, it wasn't unusual for grandma to live in the house next door, auntie to live across the street, sister to live two doors down, and so forth. With family all around you, there was always a house to go to if you were running low on food, or if you needed someone to watch your children while you went to work, or if you just needed someone to talk to. With these critically important networks gone, those who have come back have done so in relative isolation, and now find life much more difficult than it ever was before.

You grow up in a neighborhood, where you know your neighbors and you know their kids, and you know the grandkids...one family to another family, and everybody is close and help each other out but times right now is, everybody is struggling. You know, I can't help you because I can barely help myself.

In this and other ways, women appear to be doing significantly worse post-Katrina. In New Orleans, women's representation in the workforce has decreased, as have their wages, while the opposite is true on both accounts for men. Although much of the post-Katrina employment landscape is now beginning to show signs of growth some two-years after the storm, those industries where women are heavily concentrated have suffered the greatest level of job loss. For example, the Accommodations and Food Service Industry is down some 21,000 jobs, as is the Healthcare and Social Assistance Fields (also down 21,000 jobs) and the Education Services Industry, which has 16,000 slots that remain unfilled (Louisiana Recovery Authority 2007). Clearly, the relative absence of women in the workforce has reverberations across the entire community. Without adequate numbers of health care workers, social service workers, educators, and workers within the bread-and butter areas of a tourist economy, it becomes clear to see that when women are shut out of the jobs landscape, everyone loses.

In certain sectors, the lack of workers has led to post-Katrina wage increases but the boost is seldom enough to offset the sharp jump in the overall cost of living in

the area. High costs are not limited to the outrageous increase in the price of housing, but also include spikes in the cost of utilities, food, health insurance, home-owners insurance, and even costs associated with building supplies that are, of course, a necessity for those seeking to rebuild their homes so that they may once again have some semblance of the familiar in their daily existence.

These increased costs pose a severe threat to the overall economic well-being of women and their families. Some women have spoken of seeking to mitigate costs by attempting to gain employment in the construction industry, as these jobs typically pay more than the types of jobs women traditionally fill. But, in practice, the very real specter of hiring discrimination makes the chances of implementing that option quite remote. As one community volunteer relayed:

A lot of people came into the city after the storm because they heard that there was a lot of work. Men were able to benefit from that because there was lots of construction work to do. At the same time, women were hearing there was lots of work, but it's been harder for women to get jobs in construction because a lot of time people won't hire women for construction—even for house gutting. I know many, many women who have called inquiring about a job and when they find out they are women, they say that they don't need them anymore, or they say that they will call them back, and they never do.

For other women, particularly immigrant women, finding hiring success in the construction industry wasn't problematic, but once on the job, many experienced blatant exploitation, were given substandard wages or in some instances, not paid at all.

[Latinas] are doing construction work. You see women are on roofs...because they need both incomes to make it. So they are leaving the kids with family members and then sending the money back. This is a situation where it's not just immigrant workers, it's migrant workers from around the country. Migrant workers were recruited off of reservations, from factories and urban centers from around the U.S....they were told that they could come here, that they could make a lot of money, they could find housing and then they could leave. What's happening is that they haven't found housing, their jobs have been underpaid or not paid at all, or they haven't been given the jobs that they were guaranteed so they've ended up going into debt. It's really intense to watch the situation with the city because there's this dual attitude. We need the labor, we need the work, but if you're Black, get back, you can't even get access to the jobs. If you're brown, stick around, we may or may not pay you, we're going to keep you in a very low [wage] working situation.

“...it's been harder for women to get jobs in construction because a lot of times people won't hire women for construction—even for house gutting. I know many many women who have called inquiring about a job and when they find out they are women, they say that they don't need them anymore.”

The once bifurcated labor market of New Orleans, split between Black and White and men and women has changed significantly post-Katrina, and now includes proportionally more Latinos prior to the storm. Yet, many of these latest arrivals are clinging on economically, at extremely low rates of pay, while others seemingly can't even get in the game. These and other demographic shifts have made the city quite different than it was before Katrina. The observers below give their insights on this new New Orleans.

... (the) people who have come back are coming back to houses or apartments that they can afford to rent. That's a certain socioeconomic level that's coming back. You have to be able to make it on your own to come back because there's just not enough to prop people up. You have to have a job to come back. If you're not in that group of people, you can't live here. So much of New Orleans was not that group of people.

*...it's amazing to see, not just the demographic shift, but the sense of propriety like, "this is **our** space." We're going to push out this population— "actually circumstances have removed this population, and we're going to do everything we can on a policy level to keep those people from returning... to public housing, to public schools, to public hospitals, we just aren't going to have those things anymore. We're going to take those things off the landscape of services that are provided to the inhabitants of this city. Hopefully, if we do that, they won't come back, or if they come back, they won't be able to sustain." It's so clear because it's across the board. It's not that we just don't have health services, we don't have public schools, we don't have daycare...*

Perhaps, for women, the issue of child care remains one of the most enduring barriers to coming back to New Orleans. To date, fully two-thirds of the child care facilities in the city of New Orleans remain closed (Greater New Orleans Community Data Center, 2007b). Certainly, without this basic need fulfilled, mothers will be unable to obtain and maintain employment in their effort to begin anew.

But it doesn't have to be that way. Along the Mississippi Gulf Coast some have met the challenge of rebuilding child care networks with some level of success. The Mississippi Low Income Child Care Initiative has been particularly active in raising rebuilding funds to meet the state's child care needs. To date, they've amassed over \$600,000 to go toward rebuilding in the state. In the summer of 2007, Moore Community House, a historic child care facility for low-income families

reopened in Biloxi, Mississippi. This new “House” has the capacity to serve 70 children, nearly tripling its pre-Katrina capacity of 24.

As an example of what can be done when public and private interests work together, in Mississippi private industry has helped in no small part to meet child care needs. Seeking to hasten the return of its workers, the Chevron Corporation funded the rebuilding of all licensed child care facilities within Jackson County, Mississippi. Certainly this example shows a deep awareness of the link between child care availability and employee availability, and should serve as a model for what could be done elsewhere to help meet this overwhelming need.

“...the biggest thing, don't forget about us.”

Policy Recommendations and Conclusion

Addressing the Post-Katrina Needs of Women

Many of the women whose perspectives are woven throughout this report felt as if their voices had gone unheard both in the initial chaos of the first few days after the disaster as well as throughout the long recovery period. The following set of policy recommendations address many of their concerns and point toward what a gender-informed disaster relief strategy would entail. Such strategies serve to not only address those women still reeling from the ravages of Katrina, but also as a way of thinking proactively about how we might better address the needs of women before, during, and after disasters yet to come.

- ✓ **Make affordable housing a top priority.** The safety of women and girls remain in jeopardy with each day that severe housing shortages go unaddressed. The Louisiana Hurricane Housing Task Force has estimated that the city of New Orleans alone needs roughly 30,000 affordable housing units immediately to even begin to address the current demand. Land grabs and post-disaster upscale condo development fail to address this need. Focusing instead on the provision of affordable housing, including rentals, is not only the right thing to do for the safety of women and girls, but also makes sense for businesses who find themselves scrambling to attract and retain employees that find it difficult to keep up with skyrocketing housing costs.
- ✓ **Incorporate women in the rebuilding economy through non-traditional training and enforcement of anti-discrimination laws.** Women by and large have been shut out of the most lucrative aspects of the rebuilding economy and have suffered as a result. In the immediate aftermath of the storm, carpenters in the region were demanding and getting \$50 per hour or more for their labor. Although wage rates have subsequently returned to normal, even these “normalized” rates still far outpace those of traditional female employment in the area. Providing women training in the skilled and technical trades would help increase their chances of earning a rate of pay that would allow them and their families some level of economic well-being. And buttressing that training with aggressive enforcement of anti-discrimination laws in hiring and pay would help to alleviate some of the difficulties women report in trying to gain access to fuller employment.

- ✓ **Increase the availability and quality of child care and schools.** As the population of the region continues to expand, so does the need for child care and educational institutions. In order for women and families to return the region, these two services are nothing short of a necessity. The opportunities for critical public and private partnerships, particularly with regard to the redevelopment of child care facilities, are ample. Yet more needs to be done to turn these opportunities into realities.
- ✓ **Address both physical and mental health care needs, especially among the most needy.** Health care post-Katrina, for many, has become yet another disaster. The aggressive recruitment of health care providers, including bilingual providers, is a critical necessity, as are investments in the full reconstruction of health care facilities throughout the region. Facilities that will properly care for those without health insurance, and those who speak only Spanish, are especially crucial. Reopening Charity Hospital and additional health care clinics must be a high priority to reach out to these particular populations. As New Orleans and the Gulf Coast continue to inch closer to its pre-Katrina population density, the area's health care demands will only increase. Meeting these needs is critical to the reconstruction of safe and vibrant communities.

The broad availability of counseling and other mental health services are critically important as stress levels remain greatly elevated throughout the population. Women face special demands as caregivers, comforters, organizers, and planners, and often do so under the pressure of extremely limited material resources. Also, special attention should be given to women and girls whose Katrina experience has included domestic violence or sexual assault, to help them work through the lingering emotional scars such violations leave behind.

- ✓ **Include a broad representation of women on decision-making bodies that address disaster recovery, and any future bodies formed for the purpose of pre-disaster planning.** Women in this study expressed, time and again, the belief that their voices too often went unheard, their needs too often unaddressed. It is easy to overlook that which is not represented. To make sure that the particular needs and concerns of women are included as recovery efforts go forward, a significant representation of women must be included on decision making bodies. And just as important, it is critical that pre-disaster planning improve and that planning must, from the beginning, be inclusive of women and address their particular needs and vulnerabilities.

“... We know how difficult it is to try and maneuver in systems that don't work. Let's create a system so that we can support women or support anyone that's a victim. Let's create systems that work.”

The women of New Orleans and the Gulf Coast, like women after disasters around the world, face distinct challenges following Hurricanes Katrina and Rita and the breaking of the

levees. Their economic vulnerability and care-giving responsibilities limited their mobility before the storm, and afterwards they continue to face distinct challenges to their safety, well-being, and economic stability. Yet, despite these challenges, the women represented here have become critical partners in the rebuilding of “community” in every sense of the word. They have been on the ground, from the very beginning, doing everything from trudging through the post-Katrina sludge, lending their sweat to the rescue and clean-up efforts, to organizing family, friends and neighbors to push through seemingly impossible odds, to make sure their communities were saved, and not erased from existence. They have done their part. They now deserve, at the very least, to have their voices heard, their needs addressed, and to be assured that future disasters will not replicate many of the horrors that they have in fact endured. Through their voices, we hope to learn, take those lessons to heart, and then properly plan for those disasters yet to be.

Conclusion

The women of New Orleans, in many respects, have been abandoned: not only in the immediate aftermath of the storm, but over two years later by the inadequate policy response to their lingering yet severe needs. Women deserve a chance to rebuild their homes, their lives, and their peace of mind. That chance will only be available to them when they can live in a place free of the constant threat of physical or sexual abuse, when they can obtain fair and equal access to employment opportunities that provide them adequate wages, and when they can have mental and physical health care needs addressed in a timely and appropriate manner. Only through the provision of these opportunities will the women of New Orleans have the chance to rise up in a way that maintains their dignity out of the tragedy that was and is Katrina, while honoring their continued struggle toward better tomorrow.

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