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Although scientists and professionals had long warned of the dangers to New Orleans and the Gulf Coast of a slow-moving hurricane, few were prepared for the enormity of the devastation caused by Hurricane Katrina. The physical destruction and economic losses wrought by the storm, which impacted over 90,000 square miles, were immense by any measure. More than 300,000 homes were destroyed or made unlivable and over 150,000 businesses were severely impacted (White House 2006). Entire communities were wiped out by the floodwaters and fierce winds. Estimates suggest that the total damage may exceed US$ 200 billion, making it the costliest disaster in the history of United States (Cutter et al. 2006). Over 1,800 people are known to have lost their lives as a result of the storm, and as in all disasters of this magnitude, the ongoing human suffering has been severe. More than a million people were displaced from their homes and communities, and hundreds of thousands will likely never return. Lives and relationships were disrupted, family members were separated from one another, and a significant number of Katrina survivors
have reported a decline in their physical health or deterioration in their mental health since the storm (Kaiser Family Foundation 2007).

After Hurricane Katrina made landfall, the media began to broadcast heart-wrenching images of young children crying in their mothers’ arms, photos of babies in squalid conditions in the Superdome and dramatic footage of children and youth being rescued from rooftops by helicopters and from the floodwaters in boats. Mental health experts, in particular, expressed concern regarding how ‘Katrina’s Kids’ would be affected in both the short and the long term. Soon after the storm, as with other large-scale disasters, pamphlets, websites and scholarly reports were circulated that offered suggestions for how parents could help children cope with the catastrophe.

It is obvious that parents are essential in caring for children in emergency situations and in the aftermath of disaster. Infants and very young children are totally reliant on adults for support and protection. Older children and adolescents depend, to varying degrees, on their parents and other caregivers for material and emotional support during and following a disaster. Parents face enormous challenges as they care for their children in a disaster, and mothers and fathers in less developed, or emerging, societies may face even greater obstacles in keeping their children safe in a disaster aftermath. Yet very little has been written explicitly about the experiences of mothers and fathers—either as individuals or as partners—in post-disaster contexts.

With the understanding that parenting is a gendered endeavour, this chapter focuses on the responses of mothers and fathers to Hurricane Katrina. We begin by reviewing the literature available on parenting in disasters. Then we briefly discuss the approach and methods that were used for this research. Next, we explore the various responsibilities that mothers and fathers assumed and examine some of the challenges and stresses created within families by this crisis experience. The chapter concludes with a set of policy recommendations.

**Parenting in Disasters**

Most of our knowledge of the roles and responsibilities of parents in emergency contexts has emerged from research conducted on women’s experiences in the aftermath of disasters. Much of this work explores how
the division of labour at home, particularly regarding caregiving roles and responsibilities, may increase women’s pre-disaster vulnerability and place additional burdens on women during recovery (Enarson et al. 2006). In the United States and in most other societies around the world, the everyday and immediate responsibilities of parenting and caring for dependents are assigned to women. Thus, it is not surprising that during times of disaster, much of the responsibility for preparedness actions, evacuation decisions and sheltering fall on mothers (Enarson and Scanlon 1999).

Although their focus was not exclusively on parents, the analysis conducted by Alway et al. (1998) sheds light on different, but vital, roles that both mothers and fathers played in Hurricane Andrew. Moreover, their research shows that gendered roles and identities that women and men asserted before and after the disaster were shaped not only by personal interactions but also by institutional arrangements. Specifically, the pressures and expectations of paid employment often pushed fathers in the direction of the provider role (which subsequently meant that, generally speaking, men were not involved in hurricane preparations because they were required to work), while mothers were often pulled into the home-maker role because of the lack of reliable childcare and the fact that their schedules were typically more flexible or their incomes more expendable.

In his work on the Buffalo Creek Disaster, Erikson (1976) offers accounts of various things that parents did for their children in the aftermath of the devastating flood. For example, one father had to repeatedly reassure his young son that the family was not going to drown. A mother talked of how she would hold her son and daughter in the middle of the night because they would wake up screaming and crying in fear of another storm. Erikson acknowledges that it can be very difficult for parents who are emotionally distraught themselves to fulfil all of their children’s needs.

Even less is known about the lived experiences of those heading single-parent families and how they cope during times of extreme crisis. These households are typically headed by women, poorer than other families, among those most affected and often excluded in the recovery and relief process altogether (Morrow and Enarson 1996; Moser with Antezana 2001; Scanlon 1998). Moreover, women of colour who head so many of these families at risk are especially vulnerable to poverty and the deleterious impacts of disaster (Enarson and Fordham 2004; Jones-DeWeever and Hartmann 2006).
There is still much to be learned about those who care for children during times of disaster and the ways in which being mothers and fathers is central to their disaster experience. In this chapter, we explore the following questions: *(a)* Who took care of children in the aftermath of Katrina? *(b)* How did personal and social factors influence the caretaking responsibilities of mothers and fathers as caregivers? and *(c)* What challenges did mothers and fathers face during and following the storm?

**Research Methods and Participants**

We travelled to Louisiana in October 2005 and gathered interview and observational data on children's experiences in the storm, what adults were doing to lessen children's vulnerability and what children were doing for themselves and others to reduce the disaster impacts (see Fothergill and Peek 2006; Peek and Fothergill 2006). In May 2007, February 2008 and April 2008, we returned to Louisiana to follow-up on our initial research findings regarding children's experiences.

Data were collected using a combination of qualitative methods, including informal interviews, formal semi-structured interviews, focus groups and participant observation. We interviewed mothers and fathers from single-parent and two-parent families, grandparents and other extended family members, volunteer and professional childcare providers, school administrators, teachers, mental health service providers, social workers, disaster case managers, religious leaders and evacuee shelter coordinators. While we also interviewed children and youth in their classrooms and homes, in this chapter we draw on the data gathered from adults.

Over the two-and-a-half-year period of this research, we interviewed 51 women and 13 men. More women than men were interviewed because they are the majority of those who work in a professional capacity with children on a daily basis (for example, elementary school teachers, day-care providers, social workers); they also dominated among families headed by a single parent (just one family in our sample was headed by a father), and women more often agreed to speak with us. The adult sample included 26 African-American respondents, 34 Whites, two South Asian-Americans and two Lebanese-Americans. We visited schools, day-care centres and communities that were low income, working-class, middle-class and upper middle-class.

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The average formal, tape-recorded interview lasted approximately an hour. We also spent many hours speaking informally with adults and children, running errands and sharing lunches and dinners. In the months between our field work visits to Louisiana, we communicated with research participants through telephone calls, email messages and cards and letters.

We gathered observational data at various locations and events in Baton Rouge, Lafayette, Metairie, New Iberia, New Orleans and Scott, Louisiana. In the aftermath of the storm, we observed shelter operations at a large mass shelter in Lafayette and at a much smaller shelter in a Baptist Church in Baton Rouge. We visited a food and clothing distribution centre for hurricane evacuees in Lafayette and the Welcome Home Center in New Orleans. We conducted interviews and observations at a private day-care centre and two childcare centres located in shelters. We met with students and teachers at six schools (including a temporary school established for Katrina evacuees in New Iberia, a public elementary school in Baton Rouge, a private Catholic school in Metairie, a charter school in New Orleans and two public schools that reopened in 2005 and 2006 in New Orleans). We also spent afternoons and evenings with families in Federal Emergency Management Agency (FEMA) trailer sites in Baton Rouge and Scott and in flood-damaged homes in New Orleans.

**Mothers and Fathers in the Initial Crisis**

The data included in this chapter represent a range of experiences that shed light on the complex and varied roles that mothers and fathers of different backgrounds play during times of disaster.

**Evacuation**

All the mothers and fathers in our study who were able to leave before Katrina struck said that they evacuated because they had children, which confirms earlier studies that have shown that adults with children are more likely to respond to disaster warning and evacuation messages than people without children (see Dash and Gladwin 2007). For some parents, these decisions were made together but, for many of the families in our
study, mothers had to make decisions about their evacuation with little or no input from the children’s fathers. This was true both for mothers who were married as well as those who headed up single-parent households. Prior research on hurricane evacuation has also shown that women are more likely to plan actively for evacuation and to make the final evacuation decision for their household (Bateman and Edwards 2002; Enarson and Morrow 1997; Gladwin and Peacock 1997).

In addition to deciding to evacuate, parents had to make plans of where to go, determine what to take with them and explain the situation to children. All parents spoke of how they had to assess quickly how bad the storm would be in order to decide what to bring and what to move to safer areas, so there was a range of responses depending on their views of the storm. Many of the mothers evacuated with their children while the children’s fathers stayed behind, often because of work responsibilities or because the fathers wanted to stay longer at their homes. Other mothers evacuated without any coordination with the children’s fathers, some of whom had been out of their children’s lives for some time. For example, Debra, an African–American single mother, evacuated with her 11 year-old daughter to a hospital where she worked because she had no other options. She and her daughter, Cierra, eventually had to be rescued by a helicopter as the floodwaters began to rise in New Orleans. Deidre, an African–American single mother who was unemployed and homeless prior to the storm, had a dangerous, nerve-shattering evacuation with her 11-year-old son and infant baby girl in the middle of the storm.

Other women were responsible for both their children and their elderly parents, placing an even larger burden on them. For example, Sharlene, a White, middle-class woman, was responsible for four generations: she had to coordinate the evacuation of her elderly parents, her husband, her children and one young grandchild. They evacuated 2 days before the storm and stayed in the home of another family member.

Relocation

Soon after Katrina made landfall, families realised that what they believed would be a temporary evacuation would likely become a longer term or permanent relocation. As with the evacuation, many of the mothers were responsible for their children during the relocation. We found women were primarily responsible for the well-being of children in shelters or in host homes with extended family or friends.
For the mothers who were responsible for multiple generations during the relocation period, caring for older parents and children often became stressful and overwhelming. Sharlene, who evacuated with four generations, struggled to find chemotherapy treatments for her sick mother and heart medication for her father during the initial stages of relocation. Because of the stress caused by the evacuation and relocation, Beth, a White woman, had to ask her brother to care for their elderly mother who was very sick with emphysema and passed away less than a month after the hurricane. Beth told us:

She was bouncing in and out of the hospital a lot. It was pretty stressful at home with that going on. So I thought, 'I cannot handle having Mom here as well, having all these kids and the dogs and just the whole evacuation stress.’ And worrying that Mom was gonna crash at any moment. So I called my brother and said, 'It's your turn.'

Many mothers discussed the importance of enrolling their child in a good school and having them settled. Frank, a school social worker, told us that parents often had trouble with their children adjusting to new schools, especially children with behavioural problems or learning disabilities. He stated that parents typically did not have their child’s Individualised Educational Plan (IEP) paperwork, and other parents with children with various behaviour and emotional disorders did not have their child’s medication, all of which made their transition to a new school more difficult. In response to these and other challenges, several mothers who all evacuated to one town worked to put together a small new school for their children (see Fothergill and Peek 2006). Past research has also found that mothers organise around school issues in disaster aftermaths (Enarson 2001).

**Care Work**

Other case studies of disaster have found a clear division of labour between women and men in terms of care work, with women taking responsibility for re-establishing familial and social life (Enarson 2000, 2001; Fothergill 2004). Similarly, in our research, we found a division of labour between the unpaid care work of mothers and fathers. As with past research, our data show that post-disaster carework was performed primarily by women, including mothers, grandmothers, aunts and older sisters. This was true in both single-parent and two-parent families.
Before the storm, several of the unmarried mothers in our study lived on their own with their children, but maintained contact and relationships with the fathers of their children. Mothering became much more difficult and complicated for these women after Katrina, largely due to the separation from fathers and extended family networks. While a few of the single mothers spoke of ‘absent fathers’, most informed us that their children’s fathers had played important roles in their children’s lives before the disaster. In fact, many of the single mothers reported that even though they did not live together, these fathers still spent time with their children and shared in at least some parental duties. However, during the evacuation, mothers took care of the children and in the aftermath of the storm, the fathers and other extended family members often ended up in different cities or even different states. This left single mothers in a very difficult situation as they attempted to find adequate shelter, work and offer more attention to their children after the crisis.

Some fathers and other men also took care of children and the elderly. For example, Luke, who was no longer in a relationship with his son’s mother, made arrangements so that he and his ex-partner would each spend equal amounts of time with their son. This meant that they had to drive between New Orleans and Houston twice a week, but they both were committed to ensuring that their son stayed in a more stable and safe environment. Sometimes, men were doing other work for the family while the women took care of the children. An African–American mother, Christie, for example, went with her husband and two young children to their damaged home in New Orleans immediately after the storm; while her husband started gutting the inside, she took care of the children outside. Other fathers stayed behind for their jobs or to secure the home, while the women relocated with the children. One father, Kanwal, asked his wife, Shashi, to stay in Lafayette with their two children so that they would not have to see their flooded home.

**Parenting in the Aftermath of the Storm**

Families in the Gulf Coast endured immense and debilitating material and financial loss in Hurricane Katrina. Many also lost long-established networks of neighbours, family and friends. In this section, we examine some of the specific challenges that parents faced when Hurricane Katrina struck.
Family Separation

Often, families that had lived near each other for generations were scattered in cities and states across the country. Parents had to soothe young children who desperately wished to see beloved grandparents, cousins or aunts and uncles. Mothers and fathers were often separated in evacuation and relocation, and most often children lived with their mothers. In addition, mothers spoke of how their children were also emotionally and geographically close to their fathers’ extended families, and that familial support system too was lost. As noted previously, a number of fathers did not live with their children before the storm, but they were still very much part of their children’s lives. In fact, some fathers saw their children daily despite being estranged from their children’s mother and not providing much or any financial support.

The separation of family in evacuation and relocation was an emotional loss, but it was also the loss of a larger support system. These families had many needs as evacuees that could no longer be met by family. Various individuals and agencies assisted and worked as advocates for families that needed community assistance. Again, we found that women were primarily responsible for finding programmes, agencies, services, schools and childcare for their families, and that they were appreciative of any assistance. Some individual women made an enormous difference in the lives of women and children in the disaster aftermath. For example, at a Baptist Church shelter in Baton Rouge, the pastor’s wife was the director of the shelter and a fierce and protective advocate for every person in her shelter. With the resources of her church and its congregation, her networks in the community and her hard work and determination, she was able to provide every adult with a job in the church, every child with free childcare in the church day-care centre and every individual or family with housing in a FEMA mobile home when the shelter closed.

Lack of Childcare

With the separation of these close networks, post-storm childcare became a significant challenge. In addition, day-care centres were destroyed in New Orleans and centres in evacuation towns were full. For families in shelters, childcare programmes with volunteer caregivers offered free
childcare during certain hours of the day. This was a tremendous help to parents, as it gave them a much needed break to meet with disaster recovery officials, shower or take a quick rest. However, childcare centres in the shelters often only took young children between certain ages, such as 2 to 8-year-olds, and thus those with infants or older children often had fewer options for help with their children.

During non-disaster times, most private day care is unaffordable and often has long waiting lists, and this problem was exacerbated in Louisiana in the aftermath of Katrina (Reckdahl 2007). Even parents with more financial resources lamented the lack of high quality, available childcare in their new communities and some received spots in day-care centres or nursery schools only because of the influence of a relative whose child was already in care there. The director of a day-care centre in Lafayette explained to us that the state of Louisiana would not allow them to give childcare assistance funds to displaced families that did not have employment in the city of Lafayette. This rule prohibited many low-income families who were out of work after Katrina from enrolling and only further exacerbated the many financial struggles of evacuees.

Issues with Shelters and Host Homes

In the large mass shelters, mothers struggled to find quiet places to nurse or put young children down for naps, worried about safety when their children went to the restrooms and were frustrated by rigid rules imposed by shelter managers. We were told, for example, that they could not have baby-food jars because rumours about crime made the volunteers fear that the glass jars would be used as weapons. Parents of children with special needs often faced the greatest challenges, as described here by a day-care director who worked as a volunteer in the Cajundome shelter in Lafayette:

This one woman had been in the Superdome with her autistic son, who was 18…. She said she had to change his diaper, and the women wouldn’t let her in the women’s room, ‘cause he was older, and she couldn’t go in the men’s room. And to get a plate of food, you had to stay in line. And you couldn’t get two plates. But she couldn’t [get him to stay in line]. By this time she was just about crazy. They had put her out of the special needs unit at one place. Then they put ‘em in a hospital. Then they sent them to this special needs
unit. Then they pulled them again. I don’t know where they went. I lost track of them. It was the most horrible thing. I thought she was gonna crack up, I really did. But nobody was helping her.

Some shelters were able to offer much-needed services such as on-site nurses for middle-of-the-night emergencies, childcare services, and private spaces such as unused offices for mothers who had recently given birth and for adults with disabled children or ageing parents.

Parents staying with host families faced other difficulties. Parenting in a house with multiple families, all ages and little space and privacy, was challenging and evacuee parents often worried that they had overstayed their welcome. Shashi, Kanwal and their two children stayed for over 4 weeks with Kanwal’s parents and other extended family members. Shashi was deeply grateful for the care and help that her in-laws offered, but she also commented on the difficulties associated with living in someone else’s home for a long period of time:

I think the hard part was the conflict of parenting styles, just like anybody who goes and lives with their in-laws, whether it’s my parents or his parents…. So my husband would tell them, ‘No, I think we really want it this way and we really need to talk about it.’ One day we all said, ‘This is the way it’s gonna be.’ And then everybody kind of redefined their roles and started kind of letting us do the parenting part.

Another childcare issue concerns non-evacuee parents in locations with large evacuee populations, many of whom had work responsibilities that forced them to be absent a great deal. For example, mothers in Lafayette—not evacuees—who were nurses, disaster crisis workers or probation and parole officers, had added responsibilities and were gone for long periods from their children during the evacuation period. Daycare workers explained that they could tell this was difficult for their children.

**Family Uncertainties**

Parenting in ‘normal’ times is challenging, while parenting during and after a catastrophic event can be emotionally and financially overwhelming. Sometimes parents did not have the coping skills or energy
in such a draining and exhausting crisis to deal effectively with children. Parents who returned to New Orleans soon after the storm had to prepare their children for a very different and uncertain life. Christie, an African–American married mother of two young children, described her anxiety upon returning to her home:

But even though I have a home to go back to, things are not the same. Because now, all my family members are spread out. So in a sense, I’m fighting with, ‘I don’t want to go home. It’s not home no more.’ You’re talking about my mama, who lived there sixty years, my aunt, who lived there seventy-something, it’s like not home any more. So I’m really uncomfortable with going to that house. It’s like, everything is so different. So even when they get back, I have to deal with that. Things are different now. You know, we don’t have the family, we don’t have the same neighbors.... It’s almost easier to be here than to actually go back.

Mothers, in particular, expressed concerns related to health issues, contaminated and toxic environments, safe and adequate schools, job prospects and the work opportunities for their partners or ex-partners. Shashi worried about what New Orleans would be like for her children:

But is our little park going to survive? The park is a disaster. City Park is gone. The carousel is a disaster. Everything’s a disaster over there. How is that going to survive? Is the aquarium going to survive? Is the children’s museum going to be there? And all those places may physically be there, but is the funding for those places gonna be there? Because if all this population is gone, how are they gonna keep up? ... And then in our own house, I’m so afraid to even touch the soil. I don’t know what’s been seeping into it.

Conflicts between mothers and fathers also became more common and more pronounced, which has been found in other disasters (Erikson 1976; Fothergill 2004), often due to the strain of making decisions daily about their futures and their children’s well-being. Child custody was an additional source of conflict when one parent but not the other returned to the Gulf Coast. Parents with stable, mutually acceptable custody arrangements before the storm found themselves having to renegotiate arrangements, often with conflict and painful outcomes, and courts seemed at a loss about how to settle custody conflicts (Clementson 2006).
Recommendations for Supporting Mothers and Fathers Following Disasters

As these families attempt to put their lives back together, it is imperative that we learn from their experiences, so that the needs of parents are adequately addressed during the rebuilding process and in future disasters. Based on our research, we offer the following recommendations for supporting mothers and fathers following disasters.

Respect and Utilise Mothers' Roles as Decision Makers

Our research demonstrates that mothers, regardless of their race, class or marital status, are often the sole decision makers when it comes to deciding if and when to evacuate, where to go and how long to stay. Mothers take these decisions very seriously, and often seek out information from the media, the internet, family and friends and many other sources. As emergency managers and risk communication experts continue to grapple with the question of how to get individuals and households to prepare for disaster and to heed evacuation warnings, we recommend that they work to ensure that messages reach mothers of all backgrounds. Indeed, gender and disaster scholars have long recognised the central role that women play in disaster preparedness and response efforts (Enarson and Morrow 1997; Enarson et al. 2006; Fothergill 1996), and our work further supports this.

Encourage the Involvement of Fathers in Disaster Planning and Response Activities

Gendered analyses of men's experiences and roles in disasters are lacking (Enarson et al. 2006). Some earlier research focused on their roles in disaster response organisations and other public sphere activities, but not within the family context. While fathers spend more time with their children now than 30 years ago, there has been no meaningful cultural shift, due in part to workplace policies, the gender gap in earnings and traditional views of masculinity (Wall and Arnold 2007). Our study shows men were not simply 'absent' and some even took on important parenting
responsibilities, but women remained the primary caregivers. In disaster settings, we believe there are many benefits for fathers’ parenting role to be acknowledged, encouraged, normalised and supported. Indeed, taking care of children in disasters should be ‘shared work among social equals’, which implies changes of ideology, policy and parental behaviour (Hays 1996: 176–77). We recommend that both researchers and policy makers explore the roles of fathers in disasters in order to understand how to more genuinely involve fathers in disaster planning and response activities.

**Acknowledge Familial Conflict and Provide Support for Stressed Parents**

Mothers and fathers have struggled to cope with the loss of home and material possessions, financial hardships, the separation of family members, increased childcare demands and decreased levels of social and familial support during an incredibly difficult time. Higher levels of stress and more frequent conflicts between mothers and fathers are one result. Previous post-disaster research has demonstrated that these conflicts may escalate and ultimately lead to increased rates of domestic violence (Enarson 1999; Fothergill 1999; Morrow 1997). Although none of our interviewees reported that they or their children had become the victims of family violence following Katrina, many spoke of intensely stressful situations, which is cause for concern. Thus, we recommend that communities and organisations plan in advance to make sure domestic violence services such as hotlines and safe sheltering options are readily available in a disaster aftermath.

**Recognise the Contributions of Advocates for Evacuees and their Children**

Cancian et al. (2002) argue that it is a myth that taking care of children can and should be done solely by families, especially mothers. They posit that there are a broad range of people and institutions that can, should and contribute to providing care for children and youth. They also argue against the myth that all parents have equal access to the resources necessary for raising children because, in reality, inequality has
profound impacts on children and their caregivers. All this is true, and
magnified in intensity, during times of disaster.

Community volunteers, disaster recovery coordinators, religious
leaders and other child advocates were crucial in providing care and
support for evacuees and their children. This was particularly true in
the case of low-income, African–American single mothers who occupied
disadvantaged positions in society before the storm and were figuratively
and literally ‘left behind’ in the floodwaters (also see Jones–DeWeever
and Hartmann 2006). With the support and encouragement of these ad-
voeates, we observed these mothers begin the process of recovery. The
involvement of advocates who are willing to listen to and respect evacuees,
and who have resources and community connections to assist parents
with finding adequate schools for their children, housing and work, can
make all the difference as disaster survivors begin to rebuild their lives
in new environments.

Provide Quality and Affordable Childcare for Evacuees

Expensive, low-quality or unreliable childcare causes many issues for
parents during non-disaster times, and in the post-Katrina environment
in Louisiana, lack of childcare had reached a crisis state after the storm
(Reckdahl 2007). Parents who do not have access to safe, reliable and
affordable childcare are more likely to miss work and may lose their jobs,
further exacerbating the loss and financial turmoil caused by disaster.
In the past, research on disasters has found that a lack of childcare
can hinder both family and community recovery (Enarson 2001;
Fothergill 2004).

Access to quality childcare was out of reach for many families in
Louisiana prior to the 2005 hurricane season. The problems of inadequate
space in childcare centres, the cost of care, the lack of trained childcare
providers and transportation challenges were exacerbated by the 2005
hurricane season, when Louisiana lost hundreds of childcare facilities
(Agenda for Children 2006). To begin addressing this childcare crisis,
the restoration of all forms of childcare, including family day care, must
be made a priority in the post-Katrina planning and rebuilding pro-
cess. Moreover, childcare providers need to be more appropriately and
adequately compensated for the essential services that they provide.
According to an Agenda for Children (2006) report, the mean wage for a childcare worker in Louisiana is US$ 6.55 an hour, the lowest in the nation. Until childcare workers are better compensated, childcare centres are made a priority in the reconstruction, and the importance of family day-care is acknowledged, families will not be able to return to the Gulf Coast and make a viable living.

Secure Appropriate Shelter Accommodations for Families with Special Needs

Historically, public shelters have been mostly underused during times of disaster (Fischer 1998). This was not the case in Hurricane Katrina. The unique social impacts caused by the widespread flooding and total evacuation of the city of New Orleans created an unprecedented need for the long-term sheltering of evacuees who were bused or flown to shelters throughout the Gulf Coast and to many other regions across the United States (Nigg et al. 2006). Among the more than 100,000 evacuees who spent time in ‘official’ shelters (that is, those facilities that were pre-identified and/or run by the American Red Cross) and ‘unofficial’ shelters (that is, those facilities opened hastily in the aftermath of Katrina, often in churches, schools or community centres), were an untold number of children with special physical and mental health needs (Abramson and Garfield 2006). Life in shelters is especially difficult for families with children or ageing parents with special needs. While the lack of privacy and cramped facilities are always problematic in mass shelters, they can actually further threaten the health and well-being of the most physically and emotionally vulnerable groups. We recommend that representatives for disabled and ageing populations be better integrated into local emergency planning activities, to ensure that special needs populations are adequately served during times of disaster.

Conclusion

In the days and weeks following Hurricane Katrina’s landfall, people across the United States and around the world watched in horror at the images of devastation being broadcast from the Gulf Coast.
Although the physical destruction, psychological damage and mass displacement caused by Hurricane Katrina were unprecedented in United State’s history, the unfortunate reality is that more large-scale catastrophes will continue to confront this nation and other nations around the world. We hope this examination of the complicated and gendered nature of parenting in the aftermath of disaster contributes to a better understanding of the challenges facing mothers and fathers, and to renewed efforts to reduce vulnerability and promote the recovery of parents and children alike.

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