Facing the Storm: An Oral History of Elderly Survivors of Katrina

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Facing the Storm: An Oral History of Elderly Survivors of Katrina

A Thesis

Submitted to the Graduate Faculty of the University of New Orleans in partial fulfillment of the requirements for the degree of

Master of Arts in History

by

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Abstract

This paper is drawn from oral history interviews from elderly residents who survived the Hurricane Katrina disaster in 2005. The aged faced similar challenges as their younger counterparts in the evacuation, aftermath, and rebuilding phases of the storm; however, their responses are limited by a number of factors that make the impact on their lives more intense. The majority of storm casualties in New Orleans were elderly. Those elderly who did survive the flooding experienced life-threatening physical and emotional stress. Life-altering changes, such as relocation from familiar neighborhoods to nursing homes in unfamiliar cities or a dependent life with family members, have often meant a loss of independence, a loss of community, and a loss of their sense of history. As natural storytellers, many elderly New Orleanians have important accounts to relate and oral history offers a method to preserve their narratives.

Keywords: Hurricane Katrina, elderly, oral history, survivors
Introduction

On September 1, 2005, Ethel Freeman, 91, died at New Orleans’ Ernest N. Morial Convention Center among throngs of other citizens who made it to this place of “last resort” hoping for rescue and relief in the days following Hurricane Katrina. Her son covered her face in an attempt to give her some semblance of dignity in death, to shelter her from the world, but news outlets around the world quickly seized on the shrouded body in the wheelchair and soon her faceless image became a symbol of New Orleans elderly, their neglect and abandonment. In time, the stories of Katrina survivors will emerge, but what did Ethel Freeman think of her situation? What struggles did she face? Why did she not evacuate? Though Freeman’s story may never be told, perhaps something can be learned from the stories of elderly survivors of the storm.

On August 29, 2005, Hurricane Katrina, one of the five deadliest storms in United States history, blew through New Orleans, Louisiana. According to the National Hurricane Center, the failure of the federally built levee system caused a flood that inundated 80 percent of the city, with floodwaters measuring twenty feet in depth in some areas. In Louisiana alone, 1,577 citizens died as a result of the storm. According to a report released February 23, 2006, by the Louisiana Department of Health and Hospitals, 39 percent of the identified victims were aged seventy-five or older and 25 percent were aged sixty-one to seventy-five. Since the U.S. Census of 2000 reported that only 5.7 percent of New Orleans’ population was over seventy-five years of age and 11.7 percent were age sixty-five and over, a disproportionate number of these Katrina fatalities were elderly New Orleanians. For those who managed to survive the storm, the disaster was not over.
Although there have been a number of articles and books, both popular and scholarly, written on Hurricane Katrina, writers continue to overlook the stories of the aged who experienced life-altering changes due to the storm. It will take decades to determine the long-range effects of Katrina, but for aged narrators, the time to collect their perspectives and experiences is running out.  

When asked whether or not the city, the nation, or the media, are aware of what the elderly braved after Hurricane Katrina, Dione Herbert, assistant director of New Orleans Council on the Aging (NOCOA), a non-profit organization assisting the city’s elderly and the only agency for the aging in the region, responded, “I don’t think so. It’s just not out in the forefront enough for them to know. Unless you’ve visited here, unless you’re familiar with, unless you walk amongst, then I don’t think that you would know.”

The collection of oral histories from elderly survivors of Katrina can serve multiple purposes. The process of oral history interviewing often proves therapeutic for the traumatized and may facilitate community healing. Furthermore, preserving the stories of the elderly, an often less politically powerful group, a group that may be less likely and less able to preserve their own stories, can increase our understanding of this particular event. Still, more profoundly important reasons for such a collection include the potential for empowering this often powerless group through their intimate knowledge of practical solutions, or at least suggestions, for facilitating the survival of the elderly in the future. New Orleans elderly are experts on the elderly experience. Hurricane Katrina underscored the necessity of disaster preparation and planning. Further study from the point of view of these elderly survivors could unearth evidence that may improve planning and policy for future disasters. In addition, a collection of oral history interviews of elderly survivors of the storm may help in the evaluation of society’s views
of the elderly in 2005. Policymakers lacked a targeted evacuation plan for the elderly that resulted in their subsequent abandonment. This treatment of the elderly has yet to create the outrage required to transform policy. Merely recording the statistics of the number of elderly dead or the number of elderly that did not rebuild in New Orleans is not enough to grasp the full impact of Hurricane Katrina. These narratives and others furnish a useful perspective for an understanding of why the elderly did not evacuate, what struggles they faced in the aftermath, and why they choose to relocate or rebuild. There will be future disasters, but improvements in the future depend on a well-informed past.

Few authors of books on the storm asked the elderly to recount their experiences. By collecting their oral histories, however, we can better understand the pervasive effects of the storm and its aftermath. Dr. Valerie Yow, a leading oral historian, defines oral history as “the recording of personal testimony in oral form.”\(^7\) The goal of oral history is to record accounts, disseminate them, and preserve them for the future. Since the beginning of time, humans passed down history orally, but ironically, the advent of new technologies made the written word increasingly scarce and placed a new emphasis on the oral. In addition, oral history can serve to give a voice to those whose stories are otherwise silenced by lack of political and social power such as the elderly. Although oral history once had its critics in academia, it has since become an established field. In “Oral History Comes of Age,” Samuel Proctor maintains, “The fact that oral history affords an opportunity to interrogate individuals who have had special life experiences and who cannot or will not commit this knowledge to writing has already proved its great value.”\(^8\) In Hebrew, there is no word for history, there is only zahor or “memory.” Oral history is “storytelling, witnessing, and evidence.”\(^9\)
A collection of oral history documenting the experiences of the elderly can address the void in the Katrina narrative. Amassing a body of interviews transcribed, archived, and accessible to the public can be useful in assessing the impact of the storm on elderly New Orleanians during the evacuation, aftermath, rebuilding, and relocation. This paper will attempt to address this void.

**Methodology**

Interviews with fifteen elderly Katrina survivors collected between fall 2006 to fall 2007, form the basis of this study. In order to gain a more complete picture of the issues encountered by the elderly, the study included an additional eight interviews with professionals that work with the elderly. The combined collection of interviews yielded approximately 300 to 400 pages of transcript. The interviewer employed a representative sample of elderly individuals: men and women, African-American and Caucasian, elderly that lived independently as well as those living in nursing homes and assisted living facilities. Narrators also ranged from those planning to rebuild in New Orleans to those relocating outside of the city, the parish, and the state. The majority lived in New Orleans all of their lives or most of their adult lives. Many included in the project lived in two New Orleans neighborhoods - Gentilly Woods and Pontchartrain Park - that comprised predominately elderly residents. These areas sustained wind damage from Hurricane Katrina as well as major flood damage from the breach of the levees. Narrators also included nursing home residents from St. Anna’s Residence, a nursing home in the New Orleans Uptown area near the Mississippi River, and from Woldenberg Village, an assisted living facility in Algiers, an area across the Mississippi River located on New Orleans’ West Bank.

Professionals interviewed include the medical director of St. Anna’s; the nursing director at Colonial Oaks Living Center, a nursing home in Metairie, a suburb of New Orleans; a
psychotherapist; an aged New Orleans parish priest; the assistant director of the New Orleans Council on the Aging; and the director of the Louisiana Nursing Home Association (LNHA). The LNHA is a trade organization that works with approximately 250 of the state’s 310 nursing homes. The LNHA maintained a post at the Louisiana Emergency Operations Center (EOC) since Hurricane Andrew in 1993. The EOC, located in Baton Rouge, is a command center wherein times of emergency, representatives from the governor’s office, along with the leaders of first responders’ organizations, meet to address state emergencies and conduct plans for rescue.

The interviewer devised settings aimed at putting the narrators at ease. Hotel rooms, rebuilt homes, nursing homes or assisted living facilities served as the setting for interviews because some elderly narrators were unable to travel. The interviewer took care to avoid background noise. In some cases, husbands and wives chose to be interviewed together, and in one case, an elderly patient chose to be interviewed along with her daughter, also a senior citizen. Professionals elected to be interviewed either at their place of employment or at their homes. Narrators expressed that contributing to the historical record served as the primary motivation for sharing their experiences. Elder care professionals, community leaders such as a parish priest, and a volunteer at St. Anna’s Residence recommended the narrators for the interview process. The interviewer selected professionals based on their positions and work with the elderly.

Digital video captured the narrators’ expressions as well as dialect, adding another dimension that enhanced the oral histories as a primary source. In his article, “Oral History and Video in Theory and Practice,” Joel Gardner attests to the importance of using video for recording oral history because it adds a clear visual image to the audio enhancing the historical
record. In addition, he maintains this helps better serve one of the goals of oral history - to make the information available to others. Transcription of interviews followed filming. Transcribers were instructed to preserve the narrator’s exact words as much as possible while creating readable documents. The Earl K. Long Library at the University of New Orleans now houses the interviews as part of the Louisiana Special Collections.

Additional statistics and information consulted include the U.S. Census Bureau, the Louisiana Department of Health and Hospitals, U.S. Congressional Hearings, as well as newspaper articles and notifications about evacuation plans, casualty reports, and related articles. Narrators self-reported their biographical information, such as birthdates, educational background, and residential history. This information was collected and archived along with the corresponding interviews. The interviewer also conducted research into the background of nursing homes, agencies, and associations related to the professionals and residents involved in the project.

In accordance with the Principles and Standards of the Oral History Association, the interviewer took care to be patient with the narrators and to be respectful of the trauma that they recalled. The interviewer followed the guidelines of the Oral History Association regarding the responsibility to the narrators and to the public. The interviewer informed narrators of their rights as well as the purpose of the project. To “record candid information of lasting value and to make that information accessible” became a goal of the project.10

**Faced with an evacuation**

The narrators’ interviews reveal similarities in the details that influenced their decisions when faced with an evacuation. Economic, physical, and psychological factors combined to make it difficult and less likely for elderly residents to evacuate New Orleans in advance of
Hurricane Katrina in 2005. Many elderly residents based their decision not to evacuate on experiences of past storms. Those who had successfully weathered storms, like Hurricane Betsy in 1965, were confident that they would be safe this time. Most of the elderly victims of Katrina who lived independently, like 85-year-old Mary Fleetwood; 86-year-old Aaron Gilyard; 80-year-old Marigold Hardesty; 79-year-old Vivian Gautier and her husband, 84-year-old Leon; and Jean Proctor and her husband, Matthew, never experienced flooding in their homes in previous storms. When they purchased their homes, most were unaware that the houses lay in a flood plain. Living in one house for most of their adult lives, their experiences led them to a false sense of security. According to New Orleans psychotherapist Nancy Timm:

Many New Orleanians who were born and raised here … felt that they would rather die in their homes than pick up and leave all of their earthly possessions. Some of them probably did have pets, didn’t want to leave them, but it was more, “I’ve lived through Betsy, I’ve lived through Camille, I’ve lived through almost 100 years of storms, this one isn’t going to get me.”

Elderly residents are often more intensely attached to pets, and so many refused to evacuate without them. Shelters, in general, would not house pets, and securing transportation or hotel accommodations with pets proved a difficult task. The Gautiers maintained that they stayed because there were no shelters that allowed pets, and they had no place to go.

The drive out of town, with altered traffic patterns and complicated evacuation routes, posed another obstacle for the independent elderly. Matthew Proctor shared his perspective on evacuation:

For instance arthritis; you can’t drive to Houston. For instance, the last time we drove to Houston, the green signs. A long time ago, I could see a green sign from afar, but those big 18 wheelers are swishing by like that, and you’re trying to find a green sign, just a turn of the wheel and you’re gone. So, those are the kinds of things, and when you get to a certain age, about 65 or something like that, you’re kind of uncertain about things.
Despite the difficulties, Fleetwood, Hardesty and the Proctors made it out of the city; however, many of New Orleans’ elderly poor did not have the financial resources to take that chance. The U.S. Census Bureau reported that in 1999, 19.3 percent of New Orleanians over 65 lived below the poverty line. Overall, 27.9 percent of New Orleanians lived below the poverty level. This is well over twice the national average. According to a 2003 U.S. Census report, 100,000 New Orleans households reported that they did not own cars.

Dione Herbert, assistant social services director for the New Orleans Council on Aging, noted that she knew of no evacuation plans for the elderly that were “on the books.” As the hurricane neared, elderly residents turned to city officials for help; however, the city’s evacuation plan did not specifically target the elderly. According to New Orleans’ primary newspaper, the Times-Picayune, beginning at noon August 28, the day before the storm, the city offered a shuttle service by bus from twelve locations across metro New Orleans to the Superdome – a “shelter of last resort.” Though there was a shuttle from two senior centers in the New Orleans metro area, there were no special provisions for those residents who could not physically make it to that location or who were unable to stand in long lines. Through the media, New Orleans Mayor C. Ray Nagin advised residents sheltering at the Superdome to “bring small quantities of food for three or four days, to be safe” as well as “other comforts, such as folding chairs, as if planning to go camping.” Frail, elderly New Orleanians may have considered this a daunting task.

Timing was also a factor in the decision not to evacuate, especially for nursing home administrators. On Friday, August 26, weather authorities forecast the hurricane as heading for the Florida Panhandle; New Orleans would not be in the target zone. Not until Saturday, August 27, did the National Hurricane Center announce New Orleans as a definite target. Generally,
decisions as to whether to “shelter in place” or to evacuate a nursing home can be made ninety-six hours before the storm, but the quick change of course left less than forty-eight hours to devise a plan and follow it through. This allowed little time to secure bus drivers for the evacuation, since many elder care facilities contracted with the same bus companies, making it impossible for all to evacuate. This points to the larger issue of the lack of coordination between nursing homes in advance of the storm.

Nursing home administrators were also influenced to stay based on past storm experiences. Debra Godsey, director of nursing at Colonial Oaks Living Center, contended that many people had a “false sense of security” based on past storms. Joseph Donchess, director of the Louisiana Nursing Home Association, asserted that the recent evacuations when hurricanes did not actually hit might have influenced nursing home administrators. Deaths during the Hurricane Ivan evacuation of 2004 were another factor encouraging homes to “shelter in place.” Godsey stayed behind at Colonial Oaks Living Center, while at St. Anna’s, residents Isabel Barnes, Leah Helfrich, and Sydney Ball and his wife Marjorie entrusted their safety to the home. As Katrina made landfall, many nursing homes and independent elderly New Orleanians waited for the storm, believing they had made the right decision, choosing to stay rather than risk the dangers of evacuation.

**Escaping the effects of the storm**

The elderly narrators shared a variety of harrowing experiences encountered while escaping the effects of the storm. The narratives of the independent elderly and the elderly living in nursing homes varied, and the stories of those awaiting rescue from the floodwaters and those dealing with the heat 60 miles outside the city also differed. Patterns exist, however, in the
difficulties they confronted. Aged New Orleanians faced stiffer physical challenges in escaping and in many cases had to depend on younger citizens for rescue and relief.

At St. Anna’s Residence, wheelchair-bound resident Isabel Barnes had a window break in her room during the storm, but there was little she could do. Helfrich and Ball and her husband also suffered in the extreme August heat, which registered around 100 degrees for days. Godsey attended her patients at Metairie’s Colonial Oaks Living Center but circumstances soon changed as floodwater began seeping into the building. The residents and staff panicked when the home flooded with approximately twelve inches of water, after the breach in the Seventeenth Street Canal. Residents had to stay in their beds, as staff hurried to unplug electrical equipment run by generators.21

The extreme heat and lack of electricity had a particularly debilitating affect on the elderly, given that they are more susceptible to heatstroke and dehydration. According to Director of Nursing Debra Godsey, the heat, added to the humidity after the storm, also posed a danger for elderly patients who generally have poorer functioning livers and kidneys. Perspiration meant a loss of fluid, and as the water supplies warmed, it was difficult to encourage residents to drink. When one becomes dehydrated, Godsey says, one of the symptoms is not wanting to drink. The conditions were most difficult for cardiac patients and those with respiratory ailments.22 In the days following the storm, medical director Dr. Charles Smith assessed the health of patients at St. Anna’s. He spoke of the health issues the elderly face when the electricity goes out and the heat rises.

They’re just, in general, more frail, and certainly there are exceptions, but more frail and more likely to have dehydration, or heart attacks, or strokes, if they’re stressed. They’re more likely to get bedsores, or skin breakdowns, or you know, if they can’t move or turn very well. So that’s why it’s so important to get them out of a tough situation perhaps before the younger ones. … Heat will cause your body to lose fluids, it will cause your heart rate to go up, and heat in general just stresses any other system, so if you have an irregular heart beat, it’ll tend to get more irregular. If you have a kidney problem, it’ll tend to get worse. If you’re confused, you might get
more confused, just from the effects from heat. … Elderly people don’t rally, their defense
systems and adaptive systems just are not as good as younger patients.23

Mary Fleetwood, 85, and her elderly sister Norma Kent24, 82, escaped immediate danger in
Hammond, Louisiana, an hour outside of the city but it was also declared a disaster area. The
heat, the limited food and water, and lack of electricity took its toll as the supply of medications
dwindled.

Residents like Vivian and Leon Gautier and Aaron Gilyard, surrounded by water, awaited
rescue. Vivian Gautier related her experience escaping Katrina’s floodwaters in Gentilly Woods:

The storm had passed, the hurricane had passed. And it wasn’t ‘til the next day when the water
came in, you know, when that levee broke. That’s when the water came in. And it came in so
fast-- … We had our little dogs and we was going, getting higher and higher. I had them on the
bed and when the water kept coming up-- they had these fellows next door had a boat and they
told us they would bring us to the front on the boat and to wait for them…” We stayed in the
house, because like I said, we was holding onto the dogs plus I had a suitcase [laughs] with the
clothes in it that was getting water in it all the time. All I was thinking about was those little
animals…. my mind was worrying about if these guys that told us to wait, they were coming
back, would ever get back… They finally come back around nine o’clock. And then we had a
time getting in the boat … It was like a little pirogue. … All I was doing was praying, baby. It
looked like they was taking forever… The closer you got to the Chef [Highway], the lower the
water was…. So we sat out there by the Community Market. They had a grocery out front. And
we sat out there for two nights and two days… We didn’t know where the people was coming
from, but they were doing a lot of looting. And you know breaking windows and all that. … We
were sitting out there with our little dogs. … We didn’t have no food. Only the clothes on our
back… and that was soaking wet… Some people from a mission came and they said anybody
wanting to go up to the Almonaster Bridge, he would take them, but he told those guys--so all
those guys came running with their bags of stuff they had stolen and he told them he said he
wasn’t taking nobody that had any stuff that they had stolen. So it was just he [Leon] and I and
another old lady and her daughters. They took us up on the Almonaster Bridge and dropped us off
there. … They had trucks coming up there taking people to that Civic Center up there. … We
wound up at the Convention Center for six days. … We sat out there in that sun. … About two
days after we got there that’s when they started dropping water and those packages from the
Army. … They started dropping that from helicopters. …

EG: … where were the puppies by this point? ...

Oh, they had died. … They were dead …. he was holding them. … So like I said after about six
days they came through saying they was taking elderly people, sick people, and babies to get on
helicopters that was gonna take them somewhere else. … We had to walk about twenty-five
blocks [chuckles]! And I had just had back surgery. … it’s been tough. But like I said, baby, it
was all for the best. I never thought one way or the other one about it, you know, I just went along with everything. And they came and they took the elderly people and the babies and they flew us to Armstrong Airport.25

The Gautiers would travel to Austin, Texas, and eventually to Jackson State University in Mississippi where Leon’s nephew lived. They remained there for six months before returning to New Orleans.

After the flood, the LNHA was given responsibility for conducting rescue efforts on behalf of the state’s elder care facilities filling out rescue requests to relay to the authorities. However, soon it was evident that plans were not working. First, communications proved difficult, as most of the phones in the storm-affected region were out of commission. Then, more seriously, Director Joseph Donchess realized that no one was acting on the requests of the LNHA in a timely fashion. The organization then began contacting private bus companies. When these buses finally succeeded in rescuing residents of nursing homes, a difficult journey over hundreds of miles often faced the evacuees.

Joseph Donchess explained the procedure in finding a safe haven after the storm. First, the available beds in Baton Rouge quickly filled, and then the remaining beds filled at facilities in Monroe, Shreveport, and Ruston in North Louisiana. In desperation, nursing home administrators contacted sister facilities in Texas.26 The Federal Emergency Management Agency (FEMA), created more difficulties for ill nursing home residents by commandeering ambulances secured by the LNHA for rescue missions. When questioned as to why he thought nursing homes were not prioritized for rescue missions, Donchess replied:

There were a lot of people who felt that nursing homes were the responsibilities of the owners and the National Guard or whomever else thought that it was incumbent upon them to pluck people off of rooftops in the area. And I can’t fault them for that, but by the same token, when you know there are 150 people, elderly people who may be dying, and they’re all in one location, why can’t you get to that location and get those people out? Lafon Nursing Home had seventeen
In this desperate environment, Donchess and his organization were the only team advocating for nursing homes and elder care facilities at the Baton Rouge Emergency Operations Center. Donchess added that his organization was expected to aid assisted living facilities and independent living facilities that were not members of his organization. He said, “We didn’t know where they were, how to get in touch with anybody. We did the best we could to try to get rescue missions set up for them.”

Evacuation of the elderly in the days after the storm proved arduous. Even after a nursing home secured buses, loading residents was extremely laborious due to a lack of staff. Once on the bus, residents had difficulty remaining in their seats. Marjorie Ball at St. Anna’s Residence told of how strangers passing by the nursing home in the dark of night at first frightened her, but offered their help to load wheelchair-bound residents onto the bus. It took hours, but these strangers were able to lift residents and carry them to the back of the bus. Some elderly residents evacuated from Colonial Oaks were unable to sit upright so nursing director Debra Godsey improvised. Borrowing backboards from East Jefferson Hospital and the Louisiana National Guard, patients were strapped to the backboards and loaded through bus windows, after which, the boards were bungee-corded to the armrests. This was a time-consuming process, and though residents started boarding the bus at six o’clock in the evening, they did not finish loading the bus until two in the morning.
The bus rode out of the dark city with patients unaware of their destination. In Baton Rouge, 80 miles away, the overcrowded Louisiana State University diverted them to Southern University, also in Baton Rouge. Southern University, however, was not yet set up for evacuees and authorities seemed unaware of any concrete procedure for accepting evacuees. Before leaving Southern University, a National Guardsman presented an offer from a nursing home in Jonesboro, Louisiana, that could house all of the residents. The Colonial Oaks residents finally found refuge there.

During the trip, Godsey told of the anger elderly patients expressed at their children who they viewed as abandoning them. Residents from Colonial Oaks, who were capable of walking on the bus, were not able to walk off the bus after 21 hours of constant travel. Godsey added that the elderly are more susceptible to bruising and skin tears because their skin is frail and in order to load and unload patients, there was a lot of lifting and tugging in places that elderly “should never be lifted or tugged.” At least one patient suffered a skin tear in the transfer process that required sutures. In addition, since most of their clothes and belongings were left behind in the floodwater, the residents had nothing of their own except what they were wearing. There was a sense of the unknown for individuals like Aaron Gilyard, after enduring such a traumatic experience. Gilyard, who first responders rescued from Downtown New Orleans, shared his evacuation experience.

Normally during hurricane season, I went down the date it was supposed to happen, the day before, I went over and booked a hotel room. … That’s the same thing we did with Katrina. We moved to the hotel and the next day, I was ready to go back and check on the house, and go back home. …The day after the hurricane, I noticed people were walking down the neutral ground, in knee-deep water, a lot of cars lining up on the side of the street. Then the next morning, I looked downstairs and there was no neutral ground, it was covered with water. And then the next day, I looked down, and the cars that was parked there no longer existed, they was covered in water, and it was frightening. So, what they did, they got some boats from some place, they all had to climb down from the 4th floor hotel into the boat, but it’s the idea that sitting there in that room, looking at the water coming up, and thinking about our houses are about a mile off of Lake Pontchartrain,
right by the canal and thinking about what happened to my house. Everything I had in there, I
guess people said their blood, sweat, and guts you put in... You could see the water come up,
people started sinking more and more, and then you get concerned about your family. ... They
came with the boats and we climbed down the sheets and the boats took us to the high ground,
where a helicopter picked us up to destination unknown. Didn’t know where you were going, but
it’s a feeling that’s hard to explain, hard to digest, and it wasn’t a “why,” it was just sometime I
would just counsel people, and I tell them, “God never give us anymore than we can bear,” and
sometimes I told a friend of mine this. He reminded me what I told him, I said, “Maybe in this
situation maybe God blinked or something like that.” And then we was transported to San
Antonio, Texas, and they had … army cots there and big warehouses … The first night, they had
nothing. I was used to it because I was in the war [World War II] … I slept on the ground many
times, but it would just tear you up inside to see my family have to sleep like this. Later on, the
Red Cross brought some sheets and some blankets, but with me, I had no physical feelings, it was
just like my body was dead. ... But I was saying to them we got to say a prayer and keep going.
All of this was happening and everything was so devastating.... And the wheelchair. The
younger people took the wheelchair … and we had to wait so they could get us a wheelchair.
And you think in a situation like that, everybody would be close. And then later on, we were
transported to Houston, Texas, and Red Cross got us a hotel room and go into the hotel room and
take a hot shower and it was like I was staying at a four-star hotel. So we winded up in
Houston.31

At the time of his interview in July 2007, Aaron Gilyard was still in Houston, Texas, awaiting an
appeal to the Road Home Program - a program plagued with inefficiency whose goal is to assist
Louisiana residents displaced by the hurricanes in 2005.

The aftermath

Several elderly New Orleanians expressed the common experience of physical and mental
decline after the catastrophe due to the emotional trauma and stress caused by the evacuation
itself as well as by relocation and loss. After being evacuated to a new elder care facility, for
example, some elderly patients did not know where they were or why they were there. The
adjustment of new staff to patient evacuees and lack of medical records may have caused
patients to languish. Overcrowding and misplaced medical equipment such as walkers
compounded the problem. In her interview, Isabel Barnes discussed the crowding at the nursing
home in New Iberia, Louisiana, where she stayed temporarily after the storm.32 As Barnes
remembered “It was awful, I mean there was double the amount of people there… triple
almost.” Godsey recounted how patients who were bed-bound received less “emotional support” and “weren’t getting as much human touch” due to the high staff to patient ratio. Separated from family members, the elderly experienced anxiety about locating their families. Locating family members was particularly difficult after the storm with communications down in most of South Louisiana. For months, family members often could not find lodging near nursing homes in rural areas as many of the elderly relocated to small towns in North Louisiana.

Separated from her family at a new nursing home, Leah Helfrich found it difficult at times. She confided, “I kept pushing it out of my mind when I started to worry about it and I didn’t talk about it.” Due to the storm and the conditions created in its aftermath, many elderly residents went into advanced stages of decline, losing the ability to walk or talk. Joanne Moulton, Helfrich’s daughter, spoke about her mother’s decline.

Since her stroke it had been important to her to be able to maintain as much walking as possible. They didn’t have a walker that fit her in the second place and so it was very difficult for her. After my first visit there, we talked about how important it was for her to continue to walk as much as possible, then they got … One way or another they got a walker adjusted so they were able to get mother more exercise but she had lost ground on being able to walk and it’s been a struggle for her to get that back. So, it did set her back. Altogether, how many months… it was almost Christmas time before you came back here and were able to get back into the full schedule of walking and she lost about half the ability to walk, I mean you could only about walk half as far as [she] could before.

After evacuation, the condition of many of the Colonial Oaks patients, some bed-bound patients and some high acuity patients, deteriorated. Godsey contended patients became more frail due to the trauma. Many well-intentioned nursing homes that accommodated evacuees may not have been sufficiently prepared to deal with the challenges that followed. According to Donchess:

Many of these receiving facilities thought, “Well, I’ve got ten extra beds. I’ll bring in ten patients and they’ll be gone in three days.” But really they ended up staying for three to six months. And did they hire staff from these evacuating nursing homes to care for these patients? Some nursing homes that had a large number of empty beds, like sixty beds, took in sixty patients. And that
literally became a new facility for them. …. What do you do for the morale of the patients who were in there and now have all these new folks to deal with? And, you know, was there burnout from the staff that were evacuating and the staff that were receiving? …. You have a situation where you’re over-occupied and under-staffed. And these are all factors that have to be taken in.38

Nursing homes residents endured many cultural changes while temporarily or permanently displaced from New Orleans. One main cultural difference that emerged was religion. New Orleanians are predominantly Catholic, but were evacuated to North Louisiana and other areas of the country that were not.

Many of the narrators expressed the opinion that the lives of the elderly shortened due to the upheaval that followed the storm. Donchess discussed the question of whether or not the storm resulted in premature decline and death for affected residents.

Did the storm cause an early death for a lot of people? Even though they may have moved, did transfer trauma set in and instead of living another year or two did they die six months after the storm? I hear that has happened a lot. In fact, there were hospitals in Lake Charles that did a little study as to why they weren’t getting the referrals of elderly people after the storm and they found out that those were two factors: either people died as a result of the move from Hurricane Rita or once they were displaced, a lot of them didn’t come back to the Lake Charles area. And interestingly a lot-- not a lot, but some of the patients in the Lake Charles area moved twice, because they evacuated from Katrina to Lake Charles nursing homes and then they had to evacuate their Lake Charles nursing homes when Rita hit. So that was a double whammy for many of these elderly folks. And I can just imagine the trauma that they went through in moving not only once, but twice.”39

Psychotherapist Nancy Timm maintained, “ … there were a lot of older people who kind of gave up. Maybe it wasn’t medical as much as it was emotional.”40 In the New Orleans Times-Picayune article “The Storm After the Storm,” journalist Coleman Warner contends that elderly casualties caused by Katrina continue to mount.41 John Mutter, of Columbia University’s Earth Institute, who studies disaster-related deaths around the globe, claimed there existed gaps in the listings of Katrina-related deaths. Fr. Doussan, a 73-year-old parish priest at St. Gabriel the Archangel
Church in the Gentilly area of New Orleans, lamented the passing of many parishioners he affirmed due to the storm.

Many of our parishioners who were elderly and also sick, in one way or another, ended up dying in the next, I can’t say many but some, ended up dying in the next six months or a year; and, every funeral we had for an elderly mother or father, the children told us, we think the whole experience of the trauma of the hurricane and flood hastened their death. They would not have died so quickly, if it had not been for that.42

The Proctors, the Gautiers, Battiste, Hardesty and others all shared news of friends and family members whose deaths they declared were hastened by the trauma and loss experienced as a result of Hurricane Katrina. Dione Herbert of the New Orleans Council for the Aging added, “a lot of [deaths] are directly related to the problems that elderly folks and other people have encountered as a result of experiencing what they’ve experienced in the aftermath of Hurricane Katrina.43 She continued:

We have heard from, talked to and even have seen come into the office in different situations elderly folks who-- because remember there were deaths after Katrina-- a lot of those deaths had to do with grief, had to do with anxiety, had to do with despair-- elderly people-- loss of a spouse who died as a result of anxiety indirectly, as a result of anxiety and frustration about not being home. You know, “What’s going on with my home? I can’t get back. I don’t wanna be where I am; it’s not home.”44

Mostly aged and mostly lifelong New Orleans residents, the elderly again are at the top of the chart of Katrina-related deaths after the storm.

**Coping with depression, stress, and anxiety**

Elderly narrators in this study supported by the professionals interviewed that work with the elderly, reported emotional damage as well. Whether meeting the demands of rebuilding or facing the isolation of relocation, the elderly suffered from stress, anxiety, and depression and in
many cases were either unable or unlikely to seek help. The elderly may experience traumatic loss more intensely due to their age.

Upon seeing her devastated home, Marigold Hardesty, a retired teacher, fainted.

I still had about a foot of water in this house when I came, and I just fainted. They had to pour water on me. Just to see my house, all the furniture was everywhere, the living room was in the front door, the refrigerators and the freezer were turned upside down, all the drawers were out. I don’t even understand how they got out the dresser like they did. Oh my goodness, it was terrible.45

After Katrina and four months in Texas, Claire Battiste could only look through the window of her destroyed home on Dreux Avenue in the Gentilly Woods neighborhood. She was physically and emotionally unable to enter her home of over thirty years.

I kind of got sick when I went back to the house. I can’t breathe, it gives me a coughing and a sneezing. When I first went, I had to get away from there because the scent was bad, the molding. But then after about three weeks, they said, come go to the house and I went, but I wouldn’t go in.46

Battiste never re-entered her home, and has since had her home bulldozed.

Psychotherapist Nancy Timm discussed the difficulty for the elderly seeing the city in such “disrepair.”47 Elderly residents can have a difficult time facing the radical changes in their communities, places most of them have known their entire lives. In addition, the elderly face a sense of loss of personal history associated with destroyed heirlooms and pictures. Narrators were most upset by the loss of family pictures, which they viewed as preserving their past. Nancy Timm also spoke about this type of personal loss.

Probably with the people that I’ve seen, the loss of things that have been passed down in the family, I’ve seen especially hit them very, very, very hard. I can only imagine now to have your photographs, which are truly so often the way that you feel like you’re able to remember somebody, and to have that go down the drain, I think would be, I have at least one situation
where it was extremely painful. I think for anybody, older or young, that’s hard, but especially for the elderly. 48

Like most of the elderly interviewed, Claire Batiste found that it was the loss of her photographs that was most upsetting.

I get very, very depressed. I lost all the pictures, I had pictures of all my grandkids, my granddaughter … I had all their pictures, and it’s amazing how that water got to them pictures. That was a little depressing. I lost all of that. 49

Marigold Hardesty also focused on the loss of her photographs.

That’s the thing that got me. When I walked in, the hall in there used to have a big gallery of all of the graduates. I had them in line: 8th grade graduates, high school graduates, college graduates, including mine. No more faces on them. No faces at all. They all was gone. Yep, that was the hard part. I think about what it look like, but it’s gone. 50

Matthew and Jean Proctor lamented the loss of their pictures from their fiftieth wedding anniversary and the photographs of their grandparents. Vivian Gautier said, “I lost all my pictures, all my nice pictures, family pictures … I just put it out of my mind and said, “I don’t have it no more, so it’s gone.” 51

Caroline Stoller 52, 83, and Mary Fleetwood, 85, like the others, could not physically wade through the debris of their homes to secure any lost valuables that may have been salvageable. The elderly have already made most of their memories, unlike younger adults, so the loss of these photographs and heirlooms, perceived by them as a way to transfer personal history to their descendents, could be seen as more devastating for the aged.

Relocation after the storm contributed to the emotional strain and depression. Adjusting to relocation is more difficult for the elderly, many who have spent most of their adult lives in one neighborhood. Aaron Gilyard, a veteran who relocated to Houston, Texas, discussed the difficulties he faced in adjusting to life after the storm.

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Yes, well the thing you know it is I was in World War II, I mean actually in overseas in combat, World War II, Korea, and Vietnam. … I was trained to fight. … I knew that I had a chance of getting him before they get me, because I was trained for it. … I knew all of this going into the war. I know what to expect, I know I can train myself to live with it, if I’d come out unable to do anything with myself, I was trained for that. And it’s like, we’re going to have victory. But with Katrina, it was definitely something that it’s like put you in the air. You didn’t know what to do, you didn’t know where you could go, you didn’t know whether the transportation was good, who can, where can I go for help, what can I do to help myself, you just sit there. And sometimes it can take away your manhood because I love people, I like to talk to people, to help people. I like to get involved, and right now it’s just miserable for me because I don’t, at times, [I] have weeks without going to mass or the clinic, I don’t go out of my apartment, and it’s hard for you to understand, but it really hurts. … and that’s tearing me up inside because I can’t fight back. You know, I can’t fight back, I just take it, like a punch in the face, there’s nothing I can do about it, but with the war I could.53

Although Jean Proctor is still living in New Orleans, the storm forced her out of her home and into a new neighborhood. In her interview, she shared the emotional challenges she faces.

Although Jean Proctor is still living in New Orleans, the storm forced her out of her home and into a new neighborhood. In her interview, she shared the emotional challenges she faces.

I can’t really accept what has happened to us. I miss my home. My home for 40 years… I have a difficult time still. There are periods where I cry a lot, but I’m going to share with you what I’ve decided to do. I would often think of other people. They were going through the same things that we were going through, so I decided to put my feelings down in writing in little stories and in little poems and I decided to make copies and share with people what I was feeling. I may get up at 3 o’clock in the morning and write, and the words just flow. They just come to me. … The first day I returned to New Orleans to see my home, I was so afraid. My fears of what I was going to see really came true.54

As part of their jobs, Dr. Charles Smith, Dione Herbert, and Father Douglas Doussan witness the ongoing struggles encountered by the elderly in dealing with loss and rebuilding. Dr. Smith discusses the stress, anxiety and depression the elderly face in the aftermath of Katrina.

As part of their jobs, Dr. Charles Smith, Dione Herbert, and Father Douglas Doussan witness the ongoing struggles encountered by the elderly in dealing with loss and rebuilding. Dr. Smith discusses the stress, anxiety and depression the elderly face in the aftermath of Katrina.

I see anxiety now in my patients who come back, who weren’t even in nursing homes, just elderly people who could’ve worked their whole lives, they’ve paid off their houses, they’ve kind of got their financial things in order, and suddenly, they’re hit with this home destruction, dealing with these government programs, which are sure nice, but just difficult for them to deal with the programs, they don’t know how to do the paperwork, they don’t understand the paperwork. … It’s a real burden, especially this rebuilding their homes and not having the funds available … They have a lot of stress, there’s a lot of depression, I mean that’s in all ages for depression when you’re stressed, but especially in elderly people who are really set on their homes and know all the neighbors. Some of them never really traveled out of their neighborhoods very much, and
suddenly, they’ve had to move around the city and country. And a lot of them weren’t happy in other towns, they’re used to the New Orleans way of life, which is a special way of life. They don’t like the food in Texas. For example, they’d fly beans from New Orleans to Dallas to have their beans the way they like them. … They’ve lost a lot of their things that had been left: a lot of pictures, a lot of their special things are gone. And they go back in a house with new furniture, but it’s not going to be the same to them.55

Herbert, as assistant director of the Council on the Aging, has observed the depression of the elderly.

These are people you can hear the depression in their voices. Some of them have not returned yet. Some of them are home. “Where do I get this service?” “I need to go here.” “I need this type of services.” “I need some help.” “I should have stayed where I was,” for those who came back. “I should have stayed here and just drowned because I don’t have anything now.” You know, it’s depressing. It really is depressing.56

Fr. Doussan described the stress of rebuilding as “traumatizing” at times, due to difficulties with the Road Home program, insurance companies, and the contractor fraud encountered by his elderly parishioners.57

In addition, elderly narrators often expressed feelings of abandonment after having paid their dues to society. Many elderly residents remained angry and disappointed with the government for their abandonment and the poor response with aid and recovery. Battiste called the Road Home Program “a disaster.”58 Aaron Gilyard shared his despair.

I lost one of my daughters during the hurricane, my youngest daughter, but God never gives us any more than we can bear. … If you look at the overall picture, it’s hard to understand it. I sometimes wonder how I got through it. If there’s something gradually, you begin to lose something, you’re going down and down and down, it doesn’t hurt too bad when you hit rock bottom… It’s like somebody can rob you and they take your house. Take everything in the house. Like Hitler’s generals would do in World War II, when they’d go in Jewish people in their homes and everything and they would go in and ask them, “How soon could they move out? The general wants this house.” The general would go by picking out what house he wanted, then he’d send a troop over there telling people to move out. I thought about that… Almost two years later, here I am. I just hope and pray, I’m in my senior years, but I just hope and pray our government will be more conscious … There’s a lot could’ve been done, there’s all our mistakes, but do we use those mistakes for the future, or do we play politics with people’s lives, and then another few years this happens again, and we evacuate like in 2005. 59
Even if the elderly recognize these feelings as depression, many are unlikely to seek help.

Generational differences make the elderly less likely to secure professional help for depression, says psychotherapist Nancy Timm.

I think that sometimes there’s also some depression and some anxiety that older people are maybe a little more resistant to getting help, whether it’s psychological or not, or appropriate medication for it. There’s just a little more of, “I can tough this out.” … After Katrina it seemed like people needed to tell their story, and they needed to tell their story over and over, and over again. And I think maybe sometimes with older people, they don’t have people who want to listen. And one of the, I guess, fallouts of post-traumatic stress disorder is having to repeat what has happened over, and over, and over. And I wonder if some of them have been able to do that as much as they need to.60

Marigold Hardesty confided, “A lot of old people, I guess they don’t believe in counseling, they believe in talking to the Lord.”61

Even if the elderly decide to seek mental health counseling there are fewer facilities and experts available in post-Katrina New Orleans. Dr. Smith admitted that there was a shortage of mental health services. Elderly people especially are sensitive to drugs and it helps, he says, to have psychiatrists familiar with drugs used for the mental health treatment of the elderly.

Herbert has tried to bridge the gap by creating a partnership between the New Orleans Council on the Aging and the New Orleans Metropolitan Human Services. Herbert discussed the program:

We have case managers that are located at each of the senior centers…. They can assist the participants of the senior center … reaching out to help them. So what we do is we come, the case managers come armed with a list of resources, maybe not many, but a list of resources where they can go to look into to get help with this or that in the rebuilding process. Also they do a screening, a mental health screening to see if maybe they do need further expert mental health assistance and we refer for that.62
Rebuilding

In this study, narrators identified common obstacles that mounted as they tried to rebuild their homes and their lives. The challenges of rebuilding in New Orleans are difficult for all citizens, but the elderly confront an even stiffer set of obstacles. Mary Tyler, manager of an elderly care facility in Houston, Texas, claimed, “As far as the government and society are concerned, the same rules apply whether you’re twenty-five or sixty-five. There are no provisions for these [elderly] people.” The government granted little or no government assistance, and did not prioritize residents according to age. The elderly interviewed expressed difficulty retrieving salvageable items and removing the destroyed materials from their homes. Mary Fleetwood in Gentilly Woods cleaned out her house herself with help from family; like others, she received no help from government programs or charitable organizations. Many of the elderly residents, like Fleetwood, did not have proper insurance or insurance companies refused them settlements. Most elderly residents in this study owned their homes, purchased decades before the storm. Many could not afford proper insurance on fixed incomes or rationalized that they did not need it based on previous storm experiences. For those who were refused settlements, or offered settlements worth less than their house is worth, elderly residents are often less able to afford attorneys or to pressure insurance firms to settle.

Waiting in long lines for government aid, filling out mounds of paperwork, and utilizing technology like fax machines and the internet, present more obstacles for older citizens. Matthew and Jean Proctor are proud of their ability to use modern technologies, a skill rare among most elderly New Orleanians. They discussed their struggles with insurance companies, and the Road Home Program.

Matthew: We’ve called, I’ve sent registered, certified letters, I have names of people who I have called, in fact, I just wrote my last letter, 3 pages with exhibits and everything, and
I’d say, “I’m not going to write any of that anymore. That’s the end of it,” but what I’m saying is, some people can’t maneuver … through the insurance companies, and just fight them tooth and nail. So, it has worn me out. It has worn me out.

Jean: Because you had the ability to seek out the information you need. There are elderly people who don’t have this.

Matthew: For instance, like the fax machine. Not too many elderly people can fax things out to the insurance company right away, or something like that. Some elderly people don’t have cars to go to the post office and register. So I guess what I’m saying is, I guess the average elderly really took the brunt of this, and some can’t even see to drive.  

Aaron Gilyard discussed his disappointment with the government, especially after serving his country in three armed conflicts.

I do not want anybody to just take care of me, I can take care of myself. If I was a younger person, I’d say well I can just work a couple of jobs, but thanks to the wars and Mother Nature, I’m not able to work, and I’m hardly able to walk, so all I do now, after all of my services, to my country, to my government, 31 years in New Orleans, and I have no regrets at all, no regrets at all, but I feel like I’m begging my government to help me, when all people affected in a foreign country don’t even have to ask our government. This is just the part where it puzzled me. Just puzzled me. I don’t have to ask them, but I’ll come back. I’ll find some place to rebuild my house. I’ll come back. And if I don’t, I will try to make it possible for my family to come back.  

At the time of the interview, Gilyard was living in Houston, Texas, awaiting an appeal to the Road Home Program. 

The elderly are often targets for contractor fraud. Father Doussan shared stories of parishioners who experienced fraud perpetrated by contractors. He added, “Those experiences were difficult for anybody but for the elderly, it was especially traumatizing.”  

Marigold Hardesty lost over $100,000 to fraudulent contractors. The Gautiers paid for electrical work that was never completed.

Housing posed another problem for some of the narrators. While rebuilding, Marigold Hardesty and the Gautiers spent months living in a temporary trailer. FEMA trailers, the
temporary housing provided by the Federal Emergency Management Agency, were difficult for elderly residents to secure and to live in for extended periods. In New Orleans, most of the trailers provided by FEMA were travel trailers that measure 8 x 24 feet. Elderly residents often are wheelchair-bound, or walk with the assistance of walkers and canes, all of which make maneuvering in the limited space more difficult. The elderly, retired and homebound, are often confined to the trailers for long periods with little room for movement or exercise. Vivian and Leon Gautier expressed thanks for their FEMA trailer but had physical difficulty living in the confined space. The Gautiers recounted the time spent in their temporary trailer.

Oh, it liked to have killed my back. I said, “Lord don’t let me go back in the hospital with this back,” which I did end up at the doctor with my back hurting me so bad, but they gave me a shot and it helped out a lot. You see, that’s not to sleep on for the length of time …. A trailer is good if you’re going out fishing and coming back, just to have somewhere to rest yourself and all that, but to live in there constantly, they’re not good. No, that thing had like to kill me.68

Marigold Hardesty also had difficulty living in the confined space of a FEMA trailer.

We just had a little, not as big as a bathroom, to move around in. … In the bedroom, you had to go into the bed and then you had to back out of that door out of the bed. You couldn’t walk around in there. It was horrible.69

Despite the difficulties, the trailer made it possible for Hardesty and the Gautiers to be onsite as the rebuilding of their homes was underway.

Even when the elderly wanted to return and rebuild, the lack of a support system created difficulties. Before the storm, many elderly residents relied on neighbors and relatives for assistance allowing them to live independently. When many friends, relatives, and neighbors did not return to New Orleans, it had the effect of preventing many formerly independent elderly residents from returning. Matthew Proctor expressed concern for other seniors in this situation.
For instance, let’s just say we know some elderly that say they have to stay where they are, because they have their children, their grandchildren to work with, and if they come back here, they don’t have a support system. That’s important if you have a support system.70

Neighbors, relatives, social service workers, and church volunteers who may have given assistance and provided a network for the elderly before the storm were no longer available afterwards.

The elderly also faced a dearth of other services and programs previously in operation. Programs like Meals on Wheels and other partnership programs provided by agencies such as the New Orleans Council on the Aging were unable to provide services for a number of months after the storm and currently have waiting lists to participate.71

We have a waiting list now for not only the nutrition program, the home-delivered meals programs; we have waiting lists for other services, Senior Companion Program, because we don’t have enough volunteer senior companions to go out and look in on those persons who need looking in on. And remember our mission is to help to maintain the elderly in the community in their homes, to keep them from being prematurely institutionalized. So the help that we need is few, and far between because of the lack of employees that the contracted organizations need in order to help us help the people, the elderly folks who are back and in their homes. Relationships with relatives are being stretched thin because those elderly persons who used to live-- we’re looking at our senior communities, the homes, low-income homes or apartments, senior apartments a lot of those facilities are not up and running. So now you have the elderly who maybe used to live in one of these facilities, are more self-sufficient with the help of the services provided in that facility are now living with children or other relatives who have to go out and work, but then again leaving the elderly at home that need a person there to look in on them, to help them during the day. So they were impacted in many ways, in many ways.72

Before Katrina, the New Orleans Council on the Aging, the primary agency that offers services to the elderly, operated three senior centers and contracted with eighteen other senior centers. By June 2007, Herbert reported that the agency had opened one center and contracted with nine others.73
Exile

Elderly narrators recounted common difficulties adjusting to temporary or permanent homes in new cities and states. The narrators, like other elderly residents, faced a temporary exile in other cities or states during the difficult period of uncertainty following the storm. Claire Battiste spent four months of uncertainty isolated in Houston, Texas, before returning home for the first time. The Gautiers spent six months in Jackson, Mississippi; however, for those more unfortunate like Fleetwood and Gilyard, their exile would become permanent.

Elderly narrators who were formerly independent and living in their own homes complain of a loss of activity and independence; the loss of their homes often forced them to move into smaller apartments, nursing homes, or with relatives. Living with relatives can create particularly stressful situations. Elderly parents must now abide by the rules of their children and adjust to the transition of an unplanned move. Psychotherapist Nancy Timm discussed this aspect of exile:

I think so many of the elderly people in New Orleans have not lived in another city, so it’s like a foreign country to them, and it’s a huge adjustment that does get harder and harder to stray from your routine as you get older, and talk about a brand new routine, after you having being picked up and move somewhere, it would absolutely be stressful, anxiety provoking. Some people may not adjust.”

Elderly evacuees relocated to new areas may be isolated due to a lack of transportation. The storm took many residents’ cars and the elderly are often unable to replace them due to economic constraints. Learning to drive in unfamiliar areas and larger cities like Houston are a daunting task for the elderly. Elderly residents often experienced a loss of community and loss of a sense of history during the difficult adjustment phases. Elderly evacuees who often attended
institutions like neighborhood churches for a number of years, may experience a more intense sense of loss. Relocation cost Gilyard his status as a senior member of his community.

It’s like somebody picking you up and putting you into a big building, and everything is there in that building for you that is necessary, a bed, clothing, heat and air, and everything, but that’s it. It’s no transportation to get to the grocery store, to the mall. If you go to the supermarket, you got to get a cab, and I had two cars before. And I had, well I was involved in a lot. I love people, I love helping people, and there’s so many young people I was working with, charity organizations, and my church, the (indiscernible), the March of Dimes thing, O.I.C, and Alliance for Good Government, it was something for me to do all the time, and now there is nothing, and I tell people my climax of the day is that if I sip a martini and watch an hour and a half of news. And that’s it.  

Marigold Hardesty still lives in New Orleans, but many of her friends have not returned.

I was in clubs before. We had a club ever since we were in college that we used to meet at once a month and another club that we’ve been together, for about 49 years that we used to meet and a lot of them are not back. Only 3 or 4 of us, that’s the bad part that I miss, because I miss them.

Father Douglas Doussan spoke about the challenges faced by the elderly after the storm.

The first, I guess, major challenge was they were uprooted. Our community is made up mostly of elderly persons. Pontchartrain Park, in particular, which is one of the two subdivisions that make up the parish, in Pontchartrain Park, in particular, there are many people who built their homes in the 50’s and raised their children there and they’ve been there 30, 40, 50 years and they all knew each other by and large. They were close communities. It was all Afro-American, Pontchartrain Park. Gentilly Woods was originally all white. Now, it is integrated. So the storm created severe trauma in everybody, I believe, but especially in the elderly who felt all the more incapable of trying to hold on to this and deal with it. They, not only the people in our community, had anywhere from 3 to 12 feet of water in their homes. That means everyone who had only a one-story home lost just about everything and that was most of the people. They not only lost their homes and their belongings. They lost their neighborhood. They lost their friends. They lost their lives. They lost their church. They lost their community. They lost their city. At one point, when we were trying to find our parishioners by our web site, by e-mail, and by cell phones, we were finally able to find, oh, I guess, about three months after the hurricane and flood, 350 families in 22 states. They were all over the country so, I think, the first effect it had on them, in my mind, is the trauma, the dislocation and that was for the ordinary persons who had some place to go and had to leave and re-establish themselves in Houston or Atlanta or California, or Chicago, or Baton Rouge. I believe, the trauma was experienced by everyone who was so violently uprooted. 

Nancy Timm also discussed the elderly residents’ sense of a loss of history and community.
There’s a certain sense of history that people have in that if you’ve grown up in a place and you’ve known people since you were a kid yourself, their tremendous loss for those people begin to pass away, so for people to be scattered and lose that sense of history, not due to death, but due to not being able to live in New Orleans for whatever reason, I think that’s really hard. I think loss is a huge issue for older people because their friends do begin to die, they outlive people that they’ve loved or still love, and again, that fear of being not having anybody who has the same shared or collective kind of memory about your life as you know it. There’s a fear of “If I’m the only one that remembers, and my memory is getting worse, who’s going to remember? How am I going to make sure that people remember that we used to wear gloves and petticoats to go downtown to Canal Street?” that kind of thing. I think that’s about loss. 

Jean Proctor shared that the “elderly have lost those things that are familiar. And to go into the unknown is scary.” Residents like Caroline Stoller lived independently before Katrina, but the loss of her condominium forced her to move into St. Anna’s Residence. Mary Fleetwood moved to Hammond, Louisiana, with her daughter where she now occupies one room. Fleetwood expressed distress at being separated from other elderly family members, and bemoaned the fact that distance prevents regular visitation and necessitates eventual burial in different cities. Nancy Timm worries about those residents that have lost their sense of community and purpose.

Well, I think as people’s network or support system begins to crumble, then if there aren’t other, another assistance that fills the void then yeah, they are going to feel like important parts of their life have been ripped apart for that. I think that somebody’s church, or synagogue, or mosque, are their centers sometimes, and many, many churches, did not come back after the hurricane. I imagine that there are a lot of people lost that center. And with the center, the culture that goes around that often times provided for their social needs, their spiritual needs, just the need to be part of a community. So yeah, I would imagine that there are a lot of people that feel kind of like they’re hanging out there with little to anchor them. Those who kind of always had a whole lot of purpose in their life… think that “Okay, maybe that’s over, I don’t have much purpose in life.”

Father Doussan discussed how elderly parishioners long for home. He spoke about the emotional difficulties his elderly parishioners faced after the storm.

It’s a long lasting trauma. I think, people who have not been able to return are sick at heart. But again, [that’s] because they just didn’t lose their home; they lost their way of life. You can imagine somebody in their 80s or late 70s who’ve been living here for 50 years, raised their children here, this was their way of life, and it’s been [trying] when [they’re] away from here and
they’re in Houston. People who write us, and we have many of our families who will write us, and say, “They’re very nice here and we have a nice church to go to to worship but it’s not like home. We miss our church, we miss our friends, we miss our neighborhood.” Now, so I think, it is terribly painful for them.  

A loss of tradition

Some elderly narrators expressed concern about the loss of tradition in New Orleans associated with the displacement of a large number of aged citizens. Without the elderly to pass on traditions, some residents wonder what the impact will be in this city of traditions. Marigold Hardesty, who worked on costumes for the Zulu Social Aid and Pleasure Club, a New Orleans Mardi Gras association, said that one threat to tradition could be seen at the Zulu debutante balls.

I read that it’s going to be a younger town. … I know the club I work, they’re about 118 years old. And I’ve been sewing for them now for about 12 years. …But anyway, this club, I noticed that they must have had about 40 or 50 members. And they only had 20-some members that was at this meeting. These are all men, and they the one that bring out all the girls. And I sat and I said, “Well, if they don’t start taking in younger men, it’s going to go away. This debutante tradition is going to go away. They have to do something to save it.” And I hope they can. … The club is so old. The members are in their 90s. We have one that’s in his 90s, but he’s very active. But they’re all in their 60s, 70s, and 80s, but they’re going to have to start getting guys in their 40s and 50s, whose children can come and be debutantes. New Orleans has a rich, traditional carnival season, where they have these clubs, and the balls, and the dances, and all of that. I hope all of that can come back again. I really do.

Nancy Timm also shared her concerns about the loss of the elderly in New Orleans.

I think it’s so vital that our older people pass down their talents. Their special skills, whether it’s a grandmother teaching their granddaughter how to make gumbo, or a secret recipe for biscuits, or whatever it is, or a trumpet player to teach his son how to play the trumpet, or all the different things that make New Orleans so unique. I think it’s essential that we don’t lose our elderly populations’, I guess talents.

Dr. Smith asserts that the slow recovery of the city’s institutions necessary for a secure life for the elderly may be an obstacle to their return and hence a return of the traditions that they bring.
[The] elderly in general don’t adapt as well to disasters like Katrina. And I think it’s going to have a long range in effect. I think as people maybe age in New Orleans, especially if they don’t feel safe in the levees or safe if there’s enough police, they’re just going to choose other places to live. And usually, having a nice, elderly community, I mean it’s good to have retirees around, it’s good to have that wisdom in your community, it’s good to have experience, a lot of elderly have time to sit on boards or do, like my mother-in-law is almost 80 and works in a lot of schools, teaching kids, and we just lose that if we can’t care for these people properly.”

Conclusion

In this study, elderly New Orleanians expressed a profound loss of family history, identity, status, and independence as they struggled to cope with the loss of family members, personal possessions, and new or changed communities. Caroline Stoller moved into a nursing home after losing her condominium and was unable to salvage any physical reminders of her personal history. No longer independent, Mary Fleetwood relocated to a new city and is confined to one room of her daughter's home. Aaron Gilyard faces the uncertainty of living in an unfamiliar state where he is largely unknown to others - a drastic change from the rich social network he had known in New Orleans. The Proctors moved to a different area of New Orleans, and are trying to adjust to a new community. The Gautiers exhausted their life savings without the possibility of securing new income. Marigold Hardesty is living in her rebuilt home trying to recover from the anguish and financial burden of contractor fraud. Claire Battiste lives with her daughter but hopes to rebuild. Their stories may present future scholars with a more complete understanding of the experiences of New Orleanians in the flood of 2005 and help redress the lack of their story in other accounts.

A question may be posed as to the reliability of these accounts by elderly New Orleanians. In Recording Oral History: A Guide for the Humanities and Social Sciences, Dr. Valerie Yow, a leading oral historian, contends, “in nondepressed people in good health, in their seventies, eighties, and nineties, there is no difference between them and young adults in
vividness of recall of details.”86 In fact, Daniel Schacter, in Searching for Memory: The Brain, the Mind, and the Past, held that research suggests that older adults are better at telling stories compared to their younger counterparts.87 In this study, similar patterns and details could be seen among the narrators’ experiences.

While the interviewer conducted background research relating to these interviews, details often cannot be verified. Oral history interviews, like any historical document, should be evaluated for authenticity. However, overall, the narrators’ stories are accepted as truth because it is their truth. Beyond claims to veracity, the stories related by these elderly New Orleanians can be considered historically valuable for other reasons. Alistair Thomson and Alessandro Portelli argue that the untruths of oral history may be just as important as the truths. Portelli claims, “there are no ‘false’ oral sources” and notes that “‘wrong’ statements are still psychologically ‘true’ and that this truth may be equally as important as factually reliable accounts.”88 Portelli continues, “what informants believe is indeed a historical fact… as much as what really happened.”89 Relating their experiences about this historical event and its impact on their lives can bring another useful perspective to the event.

Although Hurricane Katrina was a profoundly different event from the Holocaust, interviews of narrators affected by these events share similarities, as they are accounts of “survivors.” In Shame, Guilt and Anguish in Holocaust Survivor Testimony, Michael Nutkiewicz offers observations of survivor accounts. The author argues that, “survivors live with countervailing pressures: the struggle to forget and remain silent, and the need to tell and to memorialize.”90 Nutkiewicz continues that, the “communal” and “therapeutic nature” of oral history interviews make them “a unique platform for these conflicting forces to work themselves out by transforming narratives of suffering into narratives of witnessing.”91 Katrina survivors in
this study at times expressed wonder as to why their stories were important when others also suffered, but they still agreed to participate in the interview process and evidenced a need to share their stories. Narrator and psychotherapist Nancy Timm echoed these observations in her interview, “After Katrina it seemed like people needed to tell their story, and they needed to tell their story over and over, and over again.”92 In Doing Oral History: A Practical Guide, Donald Ritchie contended that interviewing the elderly had therapeutic value.93 The interviewing process helps “survivors” to reaffirm the value of their stories.

Another tendency of survivors of trauma may be the need to downplay their suffering as well as the need to view their accounts as part of a larger collective experience. Nutkiewicz maintains that there can be a “tendency of survivors to speak in the plural; survivors believe that their story in some sense reflects the experience of the collective.”94 This is true of the accounts of the elderly Katrina survivors who often spoke of their experiences as New Orleanians and members of a larger community faced with similar challenges. These elderly Katrina survivors chose to be participants in oral history interviews conceivably to express a shared memory as part of a community.

In Recording Oral History: A Guide for the Humanities and Social Sciences, Dr. Valerie Yow delves into interviews that deal with trauma. Yow discusses the research of Daniel Schacter and Charles P. Thompson in regards to this topic. To reduce anxiety during an interview, narrators may “remember themselves as being safer than they actually were at the time of the traumatic event.”95 This factor may be apparent in the interview of both Gilyard and the Gautiers who experienced traumatic rescues from the flooded city. Gilyard calmly told of climbing out of a window and down sheets to a boat, then taking a helicopter to an unknown
destination. Vivian Gautier chuckled at the fact that even as she waded in neck deep water in her home awaiting rescue, she had her hand on her waterlogged suitcase.

In addition, Yow asserted that narrators may “try to minimize the impact of negative events” or downplay “distress over them.” The attempt to downplay the effects of the storm can be apparent in this collection of interviews, while narrators like Claire Battiste, Mary Fleetwood, or the Proctors admitted that Katrina altered their lives – none of them returned to their homes - they shared how others they know “had it worse.”

Nutkiewicz also holds that “the survivor finds it difficult to talk about his own suffering.” Narrators in this study often expressed how “fortunate” they were, in some cases, comparing their experiences to others or to the collective experience of New Orleanians.

In his interview, Fr. Douglas Doussan remembered, “…one of the expressions that we heard the most, we don’t hear it quite as much now, but we hear it now, is our people say, we lost everything but we’re been blessed. That’s a little hard to put together, you know, we lost everything but we feel so blessed… .” When asked about the difficulty of subsisting at the Convention Center without food or water for days, Vivian Gautier recounted, “Oh, it didn’t bother me. It didn’t bother me at all. I didn’t think one way or the other…” When asked about whether or not she was concerned for her safety, Gautier spoke of her concern for her dogs. In his interview, narrator Aaron Gilroy, recalled his first night at a shelter in Texas, as unconcerned for himself but confided “it would just tear you up inside to see my family have to sleep like this.” These interviews as a collection reveal patterns of the “survivor” mentality discussed by a number of respected oral historians.

Because of the lack of reportage on the elderly and Hurricane Katrina, oral history is particularly useful in assessing the impact that the storm had on elderly New Orleanians during
the evacuation, aftermath, rebuilding, and relocation. This collection of oral history interviews of the elderly enhance the historical record by offering an additional perspective that may help historians better understand the impact of Hurricane Katrina on New Orleans.

2 Richard Knabb, National Hurricane Center, 11.
4 In this study, elderly refers to individuals age seventy or above.
5 Two of the residents discussed in this study, Sydney Ball and Leah Helfrich, died before this paper was written.
7 Yow 3.
11 Fleetwood is Caucasian. Gilyard, Hardesty, the Gautiers and the Proctors are African-American.
16 Herbert 1.
20 Barnes, Helfrich and the Balls are all Caucasian.
21 Ibid. 2.
22 Ibid. 9-10.
23 Dr. Charles Smith, interview by the author, October 2, 2007, transcript and videotape recording, New Orleans, LA, 3.
24 Kent is also Caucasian and a resident of an assisted living facility.
26 Donchess 6.
27 Ibid. 4-5.
28 Ibid. 6.
29 Godsey 6.
30 Ibid. 10.
31 Aaron Gilyard, interview by the author, July 1, 2007, transcript and videotape recording, New Orleans, LA, 1-2.
32 Isabel Barnes, interview by the author, March 27, 2007, transcript and videotape recording, Louisiana Special Collections, University of New Orleans Earl K. Long Library, LA, 2.
33 Barnes 3.
34 Godsey 13.
35 Leah Helfrich, interview by the author, April 3, 2007, transcript and videotape recording, New Orleans, LA, 8.
37 Godsey 11.
38 Donchess 10.
39 Ibid. 9.
40 Timm 5.
42 Doussan 2.
43 Herbert 8.
44 Ibid. 8.
47 Timm 2.
48 Ibid. 5.
49 Battiste 3.
50 Hardesty 7.
51 Vivian Gautier 11.
52 Stoller, a Caucasian, lost her condominium to the storm and now lives at St. Anna’s Residence.
53 Gilyard 7-8.
54 Jean Proctor, interview by the author, transcript and videotape recording, July 9, 2007, New Orleans, LA, 2.
55 Smith 5.
56 Herbert 4.
57 Doussan 2-3.
58 Battiste 7.
59 Gilyard 3.
60 Timm 2.
61 Hardesty 7.
62 Herbert 5.
64 Matthew and Jean Proctor 6.
65 Gilyard 3-4.
66 Doussan is a native New Orleanian and a Caucasian priest of a mostly African-American Catholic church.
67 Doussan 2-3.
68 Gautier 16.
69 Hardesty 2-3.
70 Matthew Proctor 9.
71 Herbert 4.
72 Ibid. 4.
73 Ibid. 3.

Jean Proctor 5.

Timm 4.

Douglas Doussan 4-5.

Hardesty 10.

Ibid. 11.

Timm 5-6.

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Vita

Eileen Guillory graduated with a degree in history from Loyola University New Orleans in 2000. She began her teaching career at Louise S. McGehee School in New Orleans teaching world history. Guillory also volunteers at St. Anna’s Residence in New Orleans where she teaches students how to conduct oral history interviews with the nursing home residents there. She worked on her graduate degree in history at the University of New Orleans. Hurricane Katrina destroyed her home in Gentilly, where she lived with her grandmother, Mary Fleetwood, her first interviewee for her Writing Katrina Project. Seeing firsthand the challenges her grandmother encountered, as well as worrying about her friends at St. Anna’s, inspired her to conduct an oral history project for this thesis to discover and raise awareness of issues facing elderly New Orleanians affected by Katrina.