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Katrina
and the **Women** of
New Orleans

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Preface

Hurricane Katrina was the costliest, and one of the most deadly hurricanes ever to reach the United States.¹ Yet, when it made landfall across Plaquemines Parish on August 29, 2005, Katrina had weakened from a Category 5 to a Category 3 hurricane, with winds that continued to decrease as the storm passed over the greater New Orleans area. Nevertheless, as is now well known, the impact on New Orleans was catastrophic.

Numerous geographic and political reasons for the devastating aftermath of Hurricane Katrina have been aired at length in the media and addressed by several governmental and scholarly reports. Far less concern has been directed to understanding how the storm has affected the lives of New Orleanians, particularly the lives of women and girls. This report is the first in a series of reports from the Newcomb College Center for Research on Women to focus on the gendered dimensions of disasters. In this report, we place the lives, experiences, perspectives and contributions of women and girls at the center of analysis to better understand the immediate, and possibly long-term impact of Hurricane Katrina.

Most of the contributors to this report were New Orleans residents in August 2005, and we remain so today. Our position as New Orleanians, as women, and as researchers trained in participant observation, as well as other qualitative and quantitative methodologies, provides us with a unique perspective on the ways Hurricane Katrina has affected women and girls. Many of us have held concerns that the needs and experiences of women have been, and continue to be overlooked or marginalized with regard to disaster management and research. Missing from the research is the recognition that disasters are differentially experienced by

women and men. Most reports generalize their findings to all people, or perhaps disaggregate the data based on race and/or ethnicity. Few reports disaggregate the data to provide information specific to women and men—an exception is the work by the Washington based Institute for Women’s Policy Research.² More common are reports such as The Brookings Institution’s report “Resettling New Orleans: The First *Full Picture* from the Census” (emphasis added), which makes just one reference to women: as female-householders.³ Yet our common knowledge illuminates the greater economic, social, psychological and physical vulnerability of women, both in the days immediately preceding Hurricane Katrina and in the months and years following.

On Sunday, August 28, 2005, Mayor C. Ray Nagin ordered the evacuation of Orleans Parish. By mid-afternoon on that day, officials in the neighboring parishes of Jefferson, Lafourche, Plaquemines, St. Bernard, St. James, St. Tammany, Terrebonne, and Washington also called for voluntary or mandatory evacuations.⁴ Regardless of parish or neighborhood, more than a million people in the metropolitan area and along the Gulf Coast, including more than 450,000 residents of New Orleans were told to leave behind their homes, work, places of worship, friends, and sometimes family members and pets. Cobbling together whatever funds were on-hand on a Sunday before an end of the month pay-day, and finding whatever mode of public or private transportation out of town that was accessible and available, hundreds of thousands of people scattered throughout the United States. Those who did not evacuate before the storm, but still were able to make their way to the area of the New Orleans Superdome, found themselves bused, flown or otherwise herd-

Women have galvanized a new vision for education sector transformation, and women are quietly energizing neighborhoods as well as international communities around the priority needs for rebuilding a safer, and more resilient city.

ed to whatever cities were willing and able to welcome them. With cell phones made unusable by flooded transmitters, locating friends, family, co-workers, classmates, and colleagues—not to mention pharmacies, dentists, doctors, and insurance agents—presented additional challenges to heighten feelings of displacement. Then the anticipated three-day mandatory evacuation turned into more than 25, when, on September 24, 2005, just as New Orleans was about to welcome its residents home, Hurricane Rita, the fourth most intense Atlantic hurricane ever recorded, struck the Texas/Louisiana coast. This effectively postponed the return of water, electricity, and city services; and delayed the eventual, but still unknown, realization of loss and the full recognition of the overwhelming task of clean-up and rebuilding still ahead.⁵ Of course, the experience of tragedy was relative—some homes remained virtually intact, while others literally floated away. Still, more than 400,000 New Orleanians were drifters and “homeless” for at least a month—and for thousands, for many more months to follow. But for that month alone, the burden of maintaining some semblance of “normal” day-to-day family life, wherever that happened to be, fell largely on the shoulders of women.

Many residents remain displaced today. Some have resettled elsewhere, or have resolved never to return to New Orleans or to their Gulf Coast home. The most recent report from the Greater New Orleans Community Data Center estimates that as of September 2008, 72 percent of New Orleans pre-Katrina households—and approximately 87 percent in the six parish region—were actively receiving mail.⁶ One objective of the current report is to determine the demographic profile of the women who have returned, and those who

have not, and to document how the women who *have* returned are making out with respect to housing, employment, earnings and the challenges of daily life.

Despite the neglect of women in discussions of reconstruction and rebuilding, women are indispensable to recovery efforts. Women comprise over half of the New Orleans population, and more importantly, women comprise more than half of the labor force. Although the reconstruction economy tends to disfavor women who may not have the skills (or childcare support) required in the construction trades, women have assumed both traditional and non-traditional jobs post-Katrina. Women also have emerged as civic leaders to organize and lead collective actions for local, state and national-level renewal and reform in response to the structural crisis and political vacuum left in the wake of the storm.⁷ Women have galvanized a new vision for education sector transformation, and women are quietly energizing neighborhoods as well as international communities around the priority needs for rebuilding a safer, and more resilient city.

This report examines the impact of the 2005 hurricane season on women and girls in New Orleans and reports on the status of women in the New Orleans area both pre- and post-Katrina with regard to economic opportunities, housing, health care, mental health, domestic violence, and reproductive health. It also considers how the recovery of New Orleans and the Gulf Coast can build upon the leadership of women to address the needs and include the contributions of women and girls.

Finally, this report—even as it celebrates women’s resiliency and leadership—is a call to action!

Endnotes

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(Photo by Paula Burch-Celentano, Tulane University Office of Publications)

Katrina and the Women of New Orleans



(Photo by Cheryl Gerber)

Missing from reports of the social and political impacts of Hurricane Katrina are analyses of the ways the storm differentially affected women and men. This report disaggregates the data by sex to document the need for gender analyses and the inclusion of women's perspectives in the policies and procedures developed to address hurricane preparedness, response and reconstruction at the city, state, and federal levels. Recently on a tour of New Orleans, U.S. Representative James Clyburn stated "...everybody needs to step up and keep in mind they're just one daybreak away from a catastrophe in their own town."¹ It is with the recognition that another disaster *will* occur that this report seeks to emphasize the importance of including the experiences, contributions and expertise of women in each phase of disaster management, in research, theory, and in practice.

While media coverage declared Hurricane Katrina an "awakening" to the poverty in our country, the storm laid bare

social facts most people already knew. First, in New Orleans, as in most of the South, a history of discrimination has linked race and gender with poverty. New Orleans' cultural heritage often romanticizes what it means to be poor, Black, or female in the city known as "the big easy" or "the city that care forgot." Yet longstanding and complex inequalities rendered New Orleans a "city that forgot to care" as Hurricane Katrina exposed the disadvantages of being poor, Black, and female in one of the country's most culturally and economically important cities.

The second fact laid bare by the disaster was that those who are socially and economically disadvantaged before a disaster are the ones who will experience a disproportionate share of the negative impacts during and after the disaster. In 2005 pre-Katrina New Orleans, nearly twice as many people were below poverty level than nationally (24.5 percent vs. 13.3 percent), and more than twice as many

children under 18 years of age were below poverty than the average nationally (38.1 percent vs. 18.5 percent). While 14.8 percent of U.S. women had incomes below poverty, 26.5 percent of New Orleans women did, with nearly one-third of Black/African American women living in poverty.

Katrina and the Women of New Orleans provides a record of the status of New Orleans women pre-Katrina and the impact of the storm on women at two stages of recovery. Some of the key findings of the report are offered below. The full report is available on-line at <http://newcomb.tulane.edu/nccrow>

More New Orleans women may require special considerations prior to and following a disaster.

In 2005, 46.3 percent of all New Orleans' family and non-family households were headed by a woman (compared to 30.4 percent nationally). The majority of these women were living alone, had incomes below poverty level, were responsible for small children, or were over-65 years of age. New Orleans women with limited social and economic resources relied heavily upon social service agencies for their health care, housing, transportation, childcare, and safety. Those social services were literally washed away and their slow return to pre-disaster functioning has hampered the recovery efforts of thousands of women and their families.

The presence of children under 18 years of age, especially the presence of children under 6 years, appears to be the determining factor in women's inability to return to New Orleans post-Katrina.

Taking into account factors such as race/ethnicity, age, marital status, and family composition, the greatest demographic change in New Orleans post-Katrina has been the 60 percent loss of girls and boys

under age 18, and the approximately 60 percent loss of female headed families, especially those with children under age 18. The presence of children could interact with numerous factors including the availability and affordability of housing, childcare, health care, and transportation, along with educational and employment opportunities, both in the city of relocation and in New Orleans, to weigh against a woman's ability and decision to return to New Orleans

Women were and continue to be the majority of the New Orleans population.

Women comprised approximately 53 percent of the population of Orleans Parish both pre-and post-Katrina. In 2007, Black/African American women comprised the largest demographic group (33.8 percent), followed by Black/African American men (26.8 percent), then White women (16.9), and White men (16.4). The population both of Latinas (2.2 percent) and Latinos increased as a percent of the total population but remained low relative to other areas of the country. Specific information for the Asian population was not available.

The category "woman" is not a coherent, homogenous, and easily identifiable grouping.

Women differ by age, ability, social class, ethnicity, race, education, occupation, marital status, sexual orientation and identity. Neglect of the specific needs of those whose lives do not fit the heteronormative ideal, single mothers as well as lesbian, bisexual, and transgender women, results in unique hardships for these groups and points to the need to disaggregate the at-risk population to include, not only "women," but the diversity of women.

Hurricane Katrina “aged” the women of New Orleans.

The median age for women increased between 2005 and 2007, from 36.8 to 41.1 years (men increased in age from 33.6 in 2005 to 38.4 in 2007). This “aging” of New Orleans women largely was due to the 60 percent decrease of girls under the age of 18 years, and secondarily to the lesser loss of women over 65 years. Older women increased as a percent of the total female population. However, this increase was attributable to White women. Black/African American women over-65, although still larger in number than White women over 65, decreased as a percent of the over 65 female population.

New Orleans has a below average number of family households and an above average number of female-headed families.

Pre- and post-Katrina, approximately 55 percent of New Orleans households were defined as family households compared to a national average of 67 percent. Among the family households in 2005, approximately 41 percent of New Orleans families were headed by women, compared to 18.8 percent nationally. That number dropped 10 percent following the storm, and increased slightly to 34.6 percent in 2007, a sizeable decrease over earlier levels but still among the highest in the U.S.

The birthrate dropped—except for “Katrina babies.”

The overall birthrate was down 45 percent in 2006 from 2005 among women ages 15 to 50, particularly among teens under 19 years of age (-20 per 1,000 women). However, there was a significant bump of babies born to women in the 20-34 year age group (+ 43 per 1,000), thereby categorizing a cohort of infants “Katrina babies.” This pattern then reversed and the 2007 birthrate was more similar to the pre-Katrina birthrate, though lower for all ages.

Women are essential to the New Orleans economy.

Approximately 55 percent of New Orleans women are in the labor force and the New Orleans labor force is about 50 percent female. Black/African American women comprise the largest demographic group of workers.

The hurricane season of 2005 had the overall effect of worsening the earnings and employment opportunities of New Orleans women.

Women’s incomes on average increased by just 3.7 percent from 2005 to 2007 (from \$28,950 in 2005 to \$30,029), while men’s incomes increased by 19 percent on average (from \$35,470 to \$42,271). At the extremes, the incomes of White males increased by 30 percent while the incomes of White women declined by 5.2 percent. An inflation rate of 6.1 percent in the same period diminished any gains women might have made.

A higher percent of New Orleans women hold managerial and professional positions post-Katrina yet women are not rewarded equally with men.

Approximately 46 percent of New Orleans women held managerial or professional positions in 2007, compared to 41 percent nationally, and 45 percent in pre-Katrina New Orleans. This would be an indicator of a healthy economy for women. However, the full-time, year round incomes of New Orleans women holding managerial and professional positions declined 5.4 percent between 2005 and 2007, during which time the incomes of men in these positions increased by 22 percent.

Women's earnings in sales and office occupations increased by approximately 8 percent, whereas men employed in sales and office occupations saw their earnings increase by 100 percent between 2005 and 2007.

Because "Sales and office" occupations account for 32 percent or more of the female labor force in New Orleans and are considered traditionally female jobs, this lack of equity in sales and office jobs places women at a severe economic disadvantage.

Hurricane Katrina illuminated the effects of New Orleans' race and gender-segregated labor force.

In 2006, the earnings of full-time, year round women workers were on average just 61.8 percent of the earnings of men. The earnings gap closed somewhat in 2007 (to 71 percent) but remained considerably greater than pre-Katrina (81.6 percent). The 2007 wage gap in earnings between White women and Black/African American women was equal to the wage gap between women pre-Katrina (60-61 percent). Rather than reduce or eliminate wage inequities, Katrina served to widen and perpetuate an earnings divide between women and men, and between White women and women of color.

Inequalities among women will continue into the future based on differences in occupational field and educational attainment.

White women are concentrated in professional and managerial positions while Black/African American women are concentrated in service occupations and pink collar sales and office jobs. More than 55 percent of White women and Hispanic/Latinas age 25 and older attained a bachelor's degree or higher, compared to just 14 percent of Black/African American women, a lower percentage than Black/

African American women nationally, and unacceptably low in a city that boasts seven four-year colleges and universities, three of which are historically Black.

Mothers work.

Despite the shortage of childcare facilities in New Orleans post-Katrina, nearly 76 percent of women with children under-18 years of age were employed in the labor force in 2007, compared to 80 percent in 2005. The large number of female-headed families and the high rate of poverty among women and children in New Orleans mean that women's employment and earnings are a critical indicator of the health and well-being of thousands of New Orleanians.

The lack of affordable housing, and obstacles to renting, buying, and renovating a home post-Katrina, have contributed to women's vulnerability to housing discrimination, forced evictions, and displacement, and also to the disruption of social support networks.

As this report has shown, women are concentrated in lower paying occupations that pay the same or less in 2007 than they did in 2005. As a result, women are disproportionately in need of low-income housing, yet because of the rental housing shortage, rents have increased by 46 percent since the storm. While the lack of access to safe, affordable, and adequate housing impacts all members of the community, women bear a disproportionate amount of housing related poverty, violence, discrimination, and displacement as a result of housing policies that ignore the high number of women who live alone or are single mothers.

Studies of psychological stress following Hurricane Katrina indicate that the effects can be quite serious, particularly for women and children.

A post-Katrina study of 1,043 adults found women to be 2.7 times more likely than men to have Posttraumatic Stress Disorder and 1.3 to 2 times more likely than men to have an anxiety or mood disorder other than PTSD. Another study of 576 caregivers found that 46.5 percent of female caregivers reported clinically significant psychological distress compared to 37.5 percent of male caregivers.

Rates of mental illness among women and children post-Katrina appear to be increasing or holding steady rather than declining.

Despite the continuing high rate of mental health disorders in women and children affected by Hurricane Katrina, only a small proportion has sought treatment. Although complicated by a shortage of mental health service providers, along with limited child care facilities, public transportation, and medical facilities, the primary obstacle to treatment appears to be a low perceived need for treatment.

The young women of Louisiana are disproportionately disadvantaged by high rates of teen pregnancy, sexually transmitted diseases and HIV/AIDS infections.

In 2005, Louisiana teens had the 11th highest incidence of pregnancy, and Louisiana women reported the 7th highest rate of new AIDS cases among young adult and adolescent females; experienced the 3rd highest rate of gonorrhea infection and the 13th highest rate of chlamydia infection among women in the country. Pregnancy and parenthood, along with poor sexual health have long-term consequences for women's health outcomes, reproduction, earning capacity, and life-time opportunities.

The women of the city and state are lacking equal and effective representation at each level of government.

The unequal representation of women by women is not due to a lack of skilled leadership. On the contrary, women have stepped up to identify policy issues and to assume numerous leadership roles at the neighborhood, city, state and federal levels. Through organizing and networking, women have been instrumental in bringing about changes that have the potential to reduce longstanding inequalities based on race, class and gender.

The gender dimension of disasters requires that data collection include information on women and men separately, and that future research consider the differential impact of a disaster on women and men.

This report on the impact of Hurricane Katrina supports previous research on women's greater vulnerability prior to a disaster and the ruinous impact of a disaster on women's recovery with regard to employment and earnings, largely as a result of inadequate and/or unaffordable housing, childcare, public transportation, and healthcare. This research also documents the greater vulnerability of poor Black/African American women at each stage of disaster preparation and recovery.

More research is needed.

This report scratches the surface of knowledge we need to have about the immediate and long-term impact of disasters on women. Continued monitoring is required to determine the outcomes for women and to make policy changes that will benefit and not burden women, especially low-income, elderly, and single mothers with children. Several of the critical questions for future research include the following:

Why did women's incomes fall while men's incomes increased on average following Hurricane Katrina? How long will it take for women to recover from these losses and regain, and preferably surpass, pre-Katrina income levels, especially in light of increasing costs?

How can the New Orleans economy be readjusted to reduce unemployment; improve women's wages and close the wage gap; encourage more women to enter non-traditional fields, especially in construction; establish parity for part-time workers; and provide benefits, particularly health insurance so as to improve the economic well-being of women in New Orleans?

What are the health and mental health needs of women for long term recovery from a disaster? How can we ensure that women receive affordable and comprehensive health services for preventative care and treatment of illness?

The availability of adequate, affordable and safe housing and transportation are key indicators of recovery. Little existing data on housing and transportation provides information specific to women such as ownership, barriers to ownership, need for rebuilding assistance, and use of public or private transportation. In order to establish policies benefiting women, additional research is needed.

Endnotes

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Gender and Disasters: Theoretical Considerations

Shirley Laska, Betty Hearn Morrow,
Beth Willinger and Nancy Mock

While feminist theory and disaster research have evolved independently, a growing number of scholars are using feminist theoretical perspective to study and respond to disasters.¹ Feminist scholarship demonstrates that gender serves as a primary organizing principle of all societies and is therefore an essential lens through which to view the experience of a disaster such as a hurricane; disaster research suggests both vulnerability and capacity for women experiencing disaster.² In this chapter, we examine the research and theoretical work on gender and disasters and apply this knowledge to the conditions prevailing in New Orleans before and after the 2005 hurricane season. The goal of this examination is to better understand the ways the 2005 hurricane season affected the lives of women and girls in New Orleans, and to use this understanding to expand knowledge about women and disasters in the United States, particularly in the Gulf South.

Social Vulnerability

In disaster literature, social vulnerability refers to how certain social, economic and political forces influence the extent to which various peoples and communities experience the impact of a disaster.³ A growing body of research from the social sciences, including anthropology,⁴ sociology,⁵ geography,⁶ and urban planning⁷ documents how various attributes and conditions such as poverty, race and ethnicity, gender, age, health and physical ability, and housing conditions, place human populations at risk of adverse consequences from a disaster. These social vulnerability factors are often interrelated and operate through the primary mechanism of unequal access to social, economic, and

political resources and the decision structures that govern them. In other words, disasters may be “natural” events but the impacts of disasters are “social and political events that are linked to who we are, how we live, and how we structure and maintain our society.”⁸

Vulnerability factors often cluster in place, thereby situating some communities and neighborhoods at particularly high risk. For example, the National Research Council reports that those most vulnerable might live or work in areas and in buildings more prone to disasters (such as living below sea level or residing in century-old buildings); be less prepared for a disaster, lacking either an evacuation plan or the materials and supplies necessary to remain safe and to protect one’s self and property; and/or to lack the resources and supplies needed to recover quickly. According to Enarson, et. al, “disaster risk is socially distributed in ways that reflect the social divisions that already exist in society.”⁹ Those who experience these conditions are more likely to lack accurate decision-making information, to lose life and/or property, and to suffer psychological, demographic, economic, or political impacts as direct, or indirect effects. The poor, the very young and very old, minorities, the disabled, and, specifically, females have higher risk. When these characteristics intersect, vulnerability multiplies.

The Social Vulnerability of New Orleans

Census data profiles New Orleans as one of the nation’s most impoverished cities in one of the nation’s most impoverished states—a metropolitan area that had little reserve for resilience before the 2005



Patrina Peters (foreground) and Sherry Watters speak about their personal experiences with Katrina devastation at the Newcomb College Institute’s 2007 Summit “Educating Women for a World in Crisis”. (Photo by Cheryl Gerber).

hurricane season. According to the 2005 census, a large number of New Orleanians were at high risk of experiencing the negative impacts of *any* disaster. As shown in Table I-1, nearly twice as many people in pre-Katrina New Orleans were below poverty level than nationally (24.5 percent vs. 13.3 percent), and more than twice as many New Orleans families were living in poverty than the national average (21.8 percent vs. 10.2 percent). New Orleans also had more than twice as many children under 18 years of age below poverty than the average nationally (38.1 percent vs. 18.5 percent). While New Orleans' population over 65 years of age was slightly lower than for the country as a whole, more were in poverty (16.5 percent vs. 9.9 percent). In New Orleans, as in most of the South, race and gender often are interrelated with poverty. New Orleans' predominately minority population, more than two-thirds African American, and an above average number of women, contributed to the social vulnerability and high risk of the population.

Coupled with the social vulnerability and environmental risk factors that in general place a majority of New Orleanians in a more vulnerable position at times of disaster is another contributing factor somewhat specific to New Orleans. Rachel Luft, in this volume, posits that

New Orleans remains a city of neighborhoods. According to Luft, New Orleanians have a cultural allegiance to and historical knowledge of place that is exceptional in North America. She attributes this identity with neighborhood as both cause and effect of low levels of out-migration and suggests the devastation wrought by the storm was experienced as a deep psychological blow because of this unique attachment to place.

In several ways, the low levels of out-migration help to explain why many residents did not evacuate. Unlike most Americans who have family and friends spread throughout the country who can provide a welcoming retreat in times of emergency, many New Orleanians had only other New Orleanians upon whom to rely. It was not uncommon to hear somebody say they had never been outside the city. In 2005, 82 percent of Louisiana's native born population still lived in Louisiana, second only to New York (82.3 percent) in the percent of people who live in the state in which they were born. Nationally, the average was 67.5 percent.¹⁰

Gendered Dimensions of Vulnerability and Disasters

Traditional gender roles place women in the home as homemakers, the bearers of children, and primary caregivers. Men, traditionally, are assigned the role of family

Table I-1. Percent of the Population Experiencing Social Vulnerability Factors for New Orleans and the United States: 2005

Indicator	New Orleans	United States
Population below poverty level	24.5	13.3
Families below poverty level	21.8	10.2
Population over 65 years	11.1	12.1
Population over 65 year below poverty level	16.5	9.9
Population under 18 years below poverty level	38.1	18.5
Population African American	67.5	12.1
Population Female	53.4	51.0

Source: U.S. Census Bureau. *American Community Survey 2005. United States and New Orleans city. "General Demographic Characteristics: 2005"; "Selected Economic Characteristics: 2005."*

provider and protector, as the wage-earner and liaison between the home and the public sphere. Although considerable variations exist among actual families, it has been noted that even when heterosexual couples do not follow traditional gender roles in their day-to-day activities, they tend to revert to them in a time of crisis.¹¹

Increasingly, research demonstrates that role-conditioned gender differences occur at all stages of disaster response.¹² Women's and men's ideas about their work and family responsibilities have major consequences for their risk perception, preparedness, and evacuation.¹³ Women tend to be more risk-averse and more likely to respond to hazard warnings.¹⁴ While this might suggest that women and children will consider protective actions and seek safety, their plans may well conflict with those of the men with whom they are interdependent. The result might not lead to safety.

In addition to assessing risk differently, women and men often respond to disasters and losses in different ways. Men are much more likely to stay behind during an evacuation and to volunteer to assist with rescue, security, cleanup and other, often hazardous, community activities. Men often feel they have let their families down when they cannot protect them from the disaster and provide for them in the aftermath—in other words, when they fail to fulfill the traditional male role.¹⁵

Women's caregiving responsibilities also may place them at greater risk of injury and even death as they place the wellbeing of others, particularly their children, above their own.¹⁶ The pictures of women walking through floodwaters leading children and elderly family members to "safety" became a common sight in the media coverage of Hurricane Katrina. Women were "hard-pressed to get out of the path of the storm and further compromised in their ability to

recover after the blow."¹⁷ One woman's description of the challenges she faced trying to survive the rising water describes powerfully what she endured: "I had to walk from my neighborhood (Hollygrove) all the way to the Superdome in breast-high water" [approximately four miles].¹⁸

Lack of transportation was a visible marker of the economic vulnerability of New Orleans women, a fact documented by Census data. In 2005, nearly 15 percent of women workers in New Orleans reported they had no vehicle available compared to just 4.3 percent of women workers nationally.¹⁹

The lack of transportation not only stands as a barrier to women's evacuation, it often becomes a barrier to women's employment following a disaster, limiting women's liberty of migrating to look for work, or to return to work. Men often do migrate, leaving behind very high numbers of female-headed households. Mothers, grandmothers, daughters, aunts and sisters have to continue their care-giving roles and daily tasks such as cooking and laundry, often in damaged homes, shelters, temporary trailers or the crowded homes of friends or family—impossible situations and thus ones that make it extremely challenging to succeed in these roles. The stresses of living in a post-disaster setting often strain family relationships at the very time the social networks of family and friends are most needed.²⁰

While extended family living may spread responsibility for childcare, care for the elderly and the disabled among several family members, it is just as likely to sandwich the responsibility of care on the shoulders of just one person as facilities for the elderly and childcare fail to reopen or become economically prohibitive. The lack of childcare has postponed the return of many women and families to New Orleans and has become a major barrier to women's employment. According



*A family inside their FEMA trailer
(Photo by Cheryl Gerber)*

... households headed by a woman made up 46.3 percent of all households in the city in 2005, and many of those households were in poverty or headed by a woman over 65.

to the Greater New Orleans Community Data Center, as of June 2008 just 117 childcare facilities were open compared to 275 facilities pre-Katrina.²¹ Many facilities for the care of the elderly and the disabled, often built just one story high for ease of access, have failed to reopen because of severe flood damage, or to regain their pre-Katrina resident population because of the shortage of health care aides.

Women's Vulnerability and the Intersection of Race/Ethnicity, Class and Household

Disaster research has indicated that women generally are more vulnerable than men to disasters.²² Not only does this vulnerability result from women's socially constructed role as the primary caregiver but also from women's unequal employment opportunities and lesser earning capacity. This means that women typically have less access to resources such as transportation, immediate cash or savings, secure housing and employment; and less control over decision-making and economic resources. Thus women tend to be more encumbered and to have less liberty to evacuate readily and less capacity to recover quickly.

Disasters do not affect all women equally, however. Differences of race/ethnicity and class status have been shown to be important factors in women's disaster experiences. Women who are poor, have low-incomes, or incomes that are seasonal or insecure, have more constraints and hence fewer choices with regard to evacuation and fewer resources for recovery.²³ In particular, female-headed families and women-alone households, especially households of the elderly, are more likely to lack the physical and financial resources to respond to the immediate emergency. Women who are socially and/or economically disadvantaged are most vulnerable to long-term impacts including the inability to return home to the place of attachment, family, and connection, making it more difficult for them to recover over the long run.

The demographic profile of pre-Katrina New Orleans exposes New Orleans as a city with one of the greatest numbers of women in the most vulnerable categories: women-headed families, women-alone households, and women in poverty. For example, in 2005, 40.6 percent of New Orleans' families were headed by a woman with no spouse present compared to 18.9 percent of family households nationwide. Particularly visible among female-headed households in New Orleans is the interweave between race and social class. Almost 42 percent of New Orleans' female-headed families were in poverty; 97.2 percent of which were African American. Among the 72,873 non-family households in New Orleans in 2005, 46.3 percent were comprised of a woman living alone, more than a third (35.5 percent) of whom were over 65 years of age. A small number of households (478) were comprised of a female householder with a female partner. Taken together, households headed by a woman made up 46.3 percent of all households in the city in 2005, and many of those households were in poverty or headed by a woman over 65.²⁴

Disasters often bring a wave of undocumented male workers seeking construction work opportunities in the United States. While frequently unaccompanied by their families, those women who do follow are often at high risk. Not only do the women immigrants lack access to the formal health and social services that may exist, they lack familiarity with the informal networks that may be emerging to fill these voids. They may also experience isolation from their families who remained behind, and confront cultural confusion and language barriers.²⁵

In contrast, women with access to economic resources may have greater choices among evacuation and recovery strategies, and have a larger safety net because of insurance coverage, savings or income security. (For example, faculty

members and most staff at Tulane, Loyola and the University of New Orleans continued to receive salaries although the universities were closed fall semester 2005). However, having adequate resources does not inure women to the emotional impact of evacuation and losing their homes and belongings, the stress of rebuilding, the anxiety over job security, or concerns for the health, safety, and well-being of family and friends.²⁶ Moreover, when the needs and concerns of women are neglected in disaster preparation plans and recovery policies, all women, regardless of income or resources are affected.

Disaster theory, as well as disaster preparation and recovery policies, often assumes a nuclear family structure that posits male protection, and privileges male-headed households for relief aid and the reintegration of men into the work force. As a consequence, women-headed family and non-family households do not always receive the needed assistance and services to which they are entitled.²⁷ Charlotte D'Ooge's chapter on Queer Katrina opens our eyes to how these unchallenged assumptions of the nuclear family structure disadvantage women, particularly lesbian, bisexual, and transgender women. D'Ooge also reminds readers that "woman" is not a unitary concept. Rachel Luft discusses how so-called "gender blind" housing policies ignore the large number of female-headed households; and Pam Jenkins and Brenda Phillips (Chapter VIII) note how the assumptions of the male as head of household can place abused women in a more vulnerable position relative to their abuser.

The needs and concerns of women in disaster preparation plans, as well as in long-term recovery policies and practices, are often subsumed under the umbrella of "women and children," with "children" being the operative word. While understanding women's domestic responsibilities is a key element in such policies, it is also important to recognize that domesticity links

to other factors such as housing, health care, employment and safety for women with children, as well as those without.

Gender Vulnerability and Employment

In times of disaster, just as women's domestic responsibilities are increasing, the economic burdens and uncertainties are likely increasing as well. Yet the opportunities for women to seek alternative sources of income are greatly reduced because of barriers to employment such as childcare and transportation, the loss of jobs in traditionally female occupations, an emphasis on jobs in construction that favor males, and the lack of disposable income to fuel the informal economy women often rely upon.

In 2005, approximately 62 percent of New Orleans women, 16 years of age and older were in the labor force. Despite the fact that a majority of the women who work outside the home are the only—or the primary—wage earner, or substantial contributor to the family's income, women are more likely than men to be employed in jobs hit hardest by disasters. Employment, particularly in the South, continues to perpetuate a race and gender segregated labor force with little overlap between jobs for women and men, or jobs between White and Black/African American workers.²⁸ Women are over-represented in the informal economy as domestic workers and childcare workers, for example; and in under-paid jobs carrying little security or benefits such as health insurance and paid leave.²⁹ In New Orleans, many of these jobs were located in the hard-hit tourism industry and were heavily dependent on cash tips. Other traditionally female jobs hit hard by the immediate impact of the storm were nursing and teaching

The gendered division of labor that exists throughout the South has kept women from obtaining jobs in the building trades that are most needed to physically rebuild New Orleans

Disaster theory, as well as disaster preparation and recovery policies, often assumes a nuclear family structure that posits male protection, and privileges male-headed households for relief aid and the reintegration of men into the work force.

CHART I-1. HOUSING AND GENDER

The information available on New Orleans housing and gender following Hurricane Katrina is consistent with disaster research indicating a greater need among women, especially those over 65 years of age, and the disabled. For example, findings from one non-profit agency, the Catholic Charities program “Operation Helping Hands,” indicates that the vast majority of those seeking assistance with gutting their homes are women, particularly those over 65, and the disabled. Of the 163 homeowners in the “Rebuilding Program”, 70.5 percent are female, 16.5 percent are couples; and 13 percent are male.

“Operation Helping Hands” Statistics for Guttled Homes

	Heterosexual Couples	Single Females	Sex not Reported	Total
Total Households	94	724	17	1106
• Seniors*	74	516		768
• Sick Or Disabled**	70	475		726

* 59 Households did not report age

** 75 Households did not report health status

post-Katrina. Moreover, the gendered division of labor disadvantages women in the process of reconstruction; few women have direct experience selecting and working with contractors or subcontractors to detail the extent of the work to be done and negotiate costs. By and large, disaster research neglects this residential rebuilding role now required of thousands of families in New Orleans, and often assumed by women. The data from just one agency, Chart I-1, Catholic Charities of New Orleans’ “Operation Helping Hands”, illustrates the greater assistance needed by women, particularly the elderly and disabled.

The immediate and short-term effects of a disaster on a woman’s economic status depend in part on the resources available to her before the disaster. However, it appears that if a woman wasn’t poor before the disaster, she likely will be after. Few women come out “ahead” after paying for

the repair or rebuilding of their home and yard; replacing clothes, household furnishings, and/or cars. These major payments may come on top of payments on these same items that were lost in the disaster, and possibly under the additional stress of unemployment, depleted savings, and high credit card debt after months of displacement. In the year after Katrina, despite a tight labor market, the median earnings of men increased while the median earnings of women declined. Chapter IV in this volume on employment and earnings by Beth Willinger examines in detail the status of New Orleans women before the storm and the negative economic impact of the storm on New Orleans women, particularly African American women.

Gender Vulnerability and Housing

Despite the importance of home and place in the experience of most women, little disaster research specifically addresses

the impact of housing loss on women. Internationally, the United Nations has recognized as a human right “women’s equal ownership of, access to and control over land and the equal rights to own property and to adequate housing.”³⁰ In the United States, by and large, housing is viewed as a private property issue, not a human right. Local and federal governments therefore do little to guarantee a woman’s right to adequate housing; to provide housing, regulate affordability and access, or investigate discriminatory policies and practices, except perhaps reluctantly in times of disaster.

Because well over half of New Orleans residents rented their home or apartment prior to Hurricane Katrina, it may erroneously be assumed that the specific dwelling held little emotional meaning for the inhabitants. However, many renters were long-time residents with ties not just to the dwelling, but to the neighborhood. The post-Katrina housing shortage is acute throughout the city. The availability of safe and affordable housing has been aggravated by the demolition of four public housing complexes (an estimated 4,500 units, 88 percent of which were occupied by women householders pre-Katrina), the difficulties in obtaining homeowners insurance, and by the national housing crisis. While these events affect all New Orleanians, the economic and social disadvantages women face are magnified by the lack of adequate housing. Female-headed households, particularly single mothers with incomes below poverty, widows, lesbians and transgender women, women with disabilities, migrant women workers, and women who are marginalized by race, class, ethnicity, age, and other factors are especially vulnerable to discrimination in a tight housing market.³¹

As mentioned previously, the lack of adequate housing has prevented the return to New Orleans of thousands of people, particularly single mothers with children. Women who returned must allocate a much higher percent of their incomes to rent, or if

buying or renovating their home, must pay higher insurance premiums and property taxes. With higher debt and lower income (see Chapter IV), women are placed at risk of bankruptcy and homelessness. While domestic violence is a primary cause of homelessness, there is a widespread fear of homelessness among women, which illuminates women’s understanding of their precarious social and economic standing, health, safety and security. Rachel Luft and Shana Griffin discuss in detail in Chapter V the critical issue of housing, and draw attention to how and why “housing” is both home and community to New Orleanians.

Gender Vulnerability and Health

The resulting impacts from disasters are frequently more severe on women and girls than those of their male counterparts. Women’s physical, reproductive and mental health needs, along with other facets of women’s lives, have largely been ignored by U.S. disaster managers. When women’s health is considered as part of disaster preparation or recovery efforts, the focus is largely on women’s reproductive role. For example, the Centers for Disease Control and Prevention recently released key findings from research on the health concerns of women titled “Health Concerns of Pregnant Women and Infants in Times of Natural Disasters.”³² As with other issues, the healthcare of women gains prominence within the context of children’s needs, not independently.

Women’s reproductive health is an important aspect of disaster planning and recovery. As Meghan Greeley reports in Chapter IX on young women’s sexual health, the prevention of sexually transmitted diseases, as well as unintended pregnancies, can lead to long-term improvements in the health and economic well-being of New Orleans teens. However, reproductive health may not be the central concern for many disaster victims. Women live longer, and thus in

any community, there will be more elderly women, often living alone, who will need help and healthcare throughout the response and recovery. Research exists to document the health differences between women and men and the need for greater scrutiny over women's total health. For example, heart attacks are the No.1 killer of women and as more women are likely to need short- and long-term assistance, it would be well for relief workers to know the different warning signs for women and men and to prepare accordingly. Nancy Mock discusses in Chapter VI the loss of the Charity Hospital system and its impact on health care, largely revolving around coverage for the uninsured and the absence of widespread availability of primary care and ambulatory care for the poor and low income population.

The adverse psychological toll of natural disasters on women and girls has been well documented.³³ A review of 160 studies of disaster victims revealed that women are at elevated risk for specific psychological disorders such as Posttraumatic Stress Disorder (PTSD), due in large part to their experience of ongoing stressors, the loss of psychosocial resources and health programs following disasters.³⁴ Yet the short-term needs and long-term interests of women and families are often ignored in the rush to restore businesses and the physical infrastructure.³⁵ Stacy Overstreet and Berre Burch illuminate in Chapter VII the many ways in which more women than men experienced the stress of Hurricane Katrina and suffer from posttraumatic stress after the storm.

Gender Vulnerability and Safety

Disaster planning and recovery efforts generally assume a nuclear family structure that is based on cooperation rather than conflict, and remains together through each stage of the disaster. Noted previously is the high proportion of women who live

alone or who are heads of households. Single mothers, elderly women, low-income women and girls, and the disabled often live in uncertain environments before a disaster and likely depend on community-based services and resources rather than male relatives for transportation, housing, healthcare, food, and shelter from violence. As a consequence, they are greatly affected by the damage and destruction of social services resulting from a disaster.³⁶ Poor women and girls in New Orleans were particularly at risk because their social networks were highly place-rooted in their neighborhoods. These networks were washed away, leaving women and girls without important social capital required for return and recovery.

Women's social and economic disadvantages are to a large extent the leading factors in women's physical vulnerabilities. Violence against women including sexual assault, and particularly intimate-partner violence, tends to increase in periods of disaster as measured by requests for services and counseling from battered women's shelters and police protective orders from abusers.³⁷ Whether it is the increased economic and emotional stress brought about by the disaster, an effort to gain power and control over a situation in which there appears to be none, or other social and/or psychological factors, research shows that the risk of emotional abuse and physical violence to girls and women increases in the aftermath of a disaster. Limited resources and a lack of alternatives increase women's vulnerability to violence and physical risk at each stage of a disaster as women may find it necessary to depend on existing or potential abusers for the means to evacuate, or return to an abusive relationship when desperate for housing or other help.³⁸ Pam Jenkins and Brenda Phillips discuss in Chapter VIII the increase in the incidence of relationship violence in New Orleans following

Hurricane Katrina when, at the same time, the safety net of providers, and social and legal services collapsed. The destruction of domestic violence shelters in New Orleans, as well as the homes of relatives who could provide a safe haven, put abused women and children at risk for having to remain or return to an abuser.³⁹

Resilience and Leadership

Disasters have a way of exposing the weaknesses in family, neighborhood and community social structures. These weaknesses both reveal that which was overlooked or forgotten, and provide leadership opportunities for those willing to fill the voids. Disaster management has tended to be male-dominated and modeled along a military style top-down process. This formal disaster management system tends to under-utilize women in the disaster context because the actions defined as central to recovery are perceived to be more within the masculine realm.⁴⁰ Yet many of the vulnerability and recovery needs of families, neighborhoods, and communities would be well served by engaging women as informants, responders, and emergency managers

Women are a rich community resource to be tapped at all times, but particularly during a disaster. Enarson and Morrow note that “[I]ronically, crisis affords women a platform for demonstrating effective leadership as elected officials, emergency managers, community activists, and neighborhood leaders.”⁴¹ Women’s leadership often emerges through the non-profit and informal disaster response and recovery systems as has been evident in the Gulf Coast recovery. Women in New Orleans have risen to fill local leadership needs and have had a spectacular impact on the bottlenecks that prevented attention and aid from flowing to the city. These leadership initiatives continue to drive the recovery of the city and the region.

Opportunities for leadership may come about because men have migrated or become more intensively involved in rebuilding activities.⁴² Additionally, more women now are in positions to make a difference. The increase of women in professional positions means that a sizeable number of women can call upon their professional networks and put whatever resources they have to work rebuilding social and political structures. Women’s leadership may also come about because women are dissatisfied with decision-making processes that do not include their priorities and concerns.

Beth Willinger’s chapter on women and government (Chapter X) is a call for women to take an active role in the political process and to become involved in developing long-term solutions for the city and state. Willinger also notes several agencies and organizations that New Orleans women can pressure to be made more accountable to the concerns of women.

Conclusions

In summary, the social construction of vulnerability and resilience has a substantial gender dimension that plays out to increase vulnerability among certain demographic groups of women while opening opportunities for women-lead recovery efforts on the other. In the chapters that follow, we explore in greater detail the gendered dimensions of disasters and specifically the theoretical issues of women’s greater vulnerability to disasters as well as women’s leadership and resilience. New Orleans and Hurricane Katrina serve as the rich framework for this investigation.

“Ironically, crisis affords women a platform for demonstrating effective leadership as elected officials, emergency managers, community activists, and neighborhood leaders.”⁴¹

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Queer Katrina: Gender and Sexual Orientation Matters in the Aftermath of the Disaster

Charlotte D'Ooge

When speaking of the challenges “women” face in post-Katrina New Orleans, there are two problematic underlying assumptions: that the category of woman is stable and coherent and that women are heterosexual.

When disasters like Katrina occur they highlight the difficulties individuals face as a result of their perceived gender, race, and age, but also as a result of their sexual orientation. This report documents the particular hardships women faced and their reliance on their own strength and personal networks in order to survive. Often these networks existed as a direct result of family ties, links created in the traditional heterosexual manner, through marriage. Lesbian, bisexual, and transgender women, however, are not guaranteed access to the many privileges afforded by a heteronormative lifestyle. When speaking of the challenges “women” face in post-Katrina New Orleans, there are two problematic underlying assumptions: that the category of woman is stable and coherent and that women are heterosexual. Many of the women who were affected by the storm do not fit the traditional heterosexual image of “woman,” and these women not only faced the obstacle of sexism but also homophobia and transphobia as they sought out assistance in the direct aftermath of the disaster.

Members of the lesbian, gay, bisexual, and transgender (LGBT) community have faced additional challenges in post-Katrina New Orleans that their heterosexual counterparts were spared. Queer New Orleanians were forced to figure out ways to get around heterosexist assumptions in order to receive much-needed assistance.¹ The belief that a family unit consists of two parents of the opposite sex along with children biologically related to those parents poses a huge problem when it is institutionalized in government agencies whose purpose is to provide aid in the aftermath of a disaster. Unfortunately, the states that were hardest hit by Hurricane

Katrina, including Louisiana, have laws that prohibit same-sex marriages and define marriage and family in traditionally heterosexual terms. The Defense of Marriage Act, adopted in 1996 at the federal level, defines marriage as a legal union between one man and one woman, and allows states to bar recognition of same-sex marriages, which can have far-reaching effects for LGBT families.² The following example paints a particularly vivid image: As the storm approaches, one member of a lesbian couple stays behind to watch their house while urging her partner to evacuate. The woman who stayed behind perishes as the house is destroyed by the levee break; however, the house was in that woman’s name. Her partner has no legal right to any insurance claim on the house (the insurance will go to the nearest blood relative of her deceased partner). She has lost her partner, her home, and any financial assistance that would have provided a little comfort during her time of need. This is just one example of the additional difficulties alternative couples and families face in the aftermath of a disaster.

While the traditionally gay male neighborhoods of New Orleans such as the French Quarter, the Marigny, and the Bywater were part of the 20 percent of the city that did not flood badly, the areas with a traditionally high proportion of lesbians and queer people of color, notably Mid-City, were hit hard. Randal Beach, then co-chair of the Lesbian and Gay Community Center of New Orleans, highlights this issue: “A lot of the people whose social activities revolve around the bar scene live in and around the French Quarter, and they were fortunately spared the flooding. But many others in the community—particularly the women’s and trans[gender]

communities—lived in areas that were badly flooded.”³ Although lesbians, trans women, and queer women of color were disparately affected by the flooding, this fact is often ignored as New Orleans tries to reclaim its gay tourist industry. Pre-Katrina, tens of thousands of mostly gay male tourists would descend upon the city and along with them much-needed dollars for the local economy. Post-Katrina, it has been vital to reassure tourists that the gay parts of New Orleans are unaffected and open for the carefree, good time that has traditionally been associated with the city. This emphasis has resulted in focusing on the unaffected traditionally gay male neighborhoods such as the French Quarter while rendering invisible the suffering of LGBT New Orleanians living elsewhere, consisting predominately of lesbians and African Americans. While, on the one hand, this message is important for the recovery of the New Orleans economy, it also plays a role in misrepresenting the hardships that queer and transgender women of New Orleans face.

Flooded neighborhoods and trying to navigate a legal system built on the assumption of a heteronormative lifestyle were not the only challenges queer women of New Orleans faced post-Katrina. In the immediate aftermath of the storm, transgender women faced particular difficulties, as they were forced to depend on support from a system dependent on a binary structure of gender. Sharli’e Dominique, who is a pre-operative transgender person and lives her life as a woman, was thrown

in jail after taking a shower in the women’s rest room of the shelter at Texas A&M University. After enduring both the trauma of the storm as well as being thrown in jail for the simple act of taking a shower (she had been granted permission by a shelter volunteer before doing so), Dominique finally was able to have her needs met when a former director of an HIV clinic in College Station opened up her home to Dominique so she would not be forced to chose between the men and women’s showers. “Dominique’s case is one of the more dramatic illustrations of how already potent discrimination against gay, lesbian, bisexual and transgender citizens adds an extra layer of burden to LGBT people who are also victims of Hurricane Katrina.”⁴

While disasters like Katrina strike without regard for race, class, gender, or sexual orientation, how those affected are able to recover in the aftermath of such devastation is profoundly influenced by whether or not the survivors fit into the traditional, heterosexual category of “woman.” It is important to remember the unique challenges that women of the LGBT community face in the wake of a disaster and the precious few resources that exist to help them rebuild their lives side-by-side with their heterosexual counterparts. The all volunteer run Lesbian and Gay Community Center of New Orleans is one such resource but is desperately in need of funding to keep its doors open, to advocate on behalf of the LGBT community, and to provide information to the public and LGBT members about LGBT experiences and perspectives.

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Keeley Williams - First Responder



Keeley Williams has been a nationally registered paramedic for the city of New Orleans for the past eight years. She is certified in swift water and flood rescue, tactical medicine, high angle rescue, and pre-hospital trauma life-support. She is also a field training officer, is certified to teach CPR, and is the first, and only, female S.W.A.T. paramedic for the city. When Hurricane Katrina hit, Williams, like all other first responders, was in New Orleans preparing to deal with the damage of the storm and its aftermath. After helping to evacuate her family, including her domestic partner, to her mother's house in Houston, Williams joined her unit in the Bell South building in New Orleans East and waited for the hurricane to make landfall. She spoke to friends and family Sunday night, August 28th, before losing cell phone service, and then even emergency radio contact with fellow EMS personnel. New Orleans East was one of the first areas of the city to flood and for days Williams' partner was desperate for any information concerning Williams' condition and whereabouts. Williams not only survived the storm, but also assisted countless victims in Katrina's aftermath in a manner that many would call heroic, but to which she modestly says is "just part of the job."

Williams and her partner were living in St. Bernard Parish at the time of the storm and, like many New Orleanians, lost everything to the floodwaters. Also like most New Orleanians, they were left to pick up the pieces and begin navigating the murky waters of federal government assistance. While many New Orleanians experienced anger and frustration dealing with federal agencies such as FEMA, Williams and her partner dealt with specific challenges as a direct result of being a lesbian couple. While registered as domestic partners in the city of New Orleans, they soon realized that the federal government did not recognize their union.

Reflecting on the experience, Williams said "I think a lot . . . a lot of the people we spoke to weren't even educated on anything that had to do with lesbians, gays, transgender people . . . They never dealt with homosexuals before or anything like that. And then you have people calling up and saying 'we're registered in this city as domestic partners,' and they don't even have a clue as to what the domestic partnership is . . ."

Williams went on to say "Yeah . . . so . . . everything had to be filed separately. There was some financial assistance that we didn't qualify for because we weren't married, but like I said, they would turn around and use that [domestic partnership] against us . . . [the federal government] was like 'well, no, you're not legally married, so you don't have access to this,' and then they would turn around and we were trying to get FEMA trailers and they were like, 'well, you guys are in a domestic partnership, so you can only qualify for one trailer' . . . they would recognize it at the government's convenience."

Williams considers herself fortunate to be employed by the city of New Orleans and is clear that on a local level her relationship with her partner has always been respected; however, the federal government was an entirely different matter. "I don't think it would have been as hard for us had we . . . had we been a heterosexual couple, things would have gone a lot smoother."

Demographic and Socio-Economic Change in Relation to Gender and Hurricane Katrina¹

Beth Willinger with Jessica Gerson

New Orleans was ranked the 38th largest city in the United States (population estimate 454,863) by the U.S. Census Bureau on July 1, 2005. One year later, the city was ranked 82nd, with a population estimate of 223,388, a loss of approximately 50 percent. By November 2007, the population of New Orleans had reached 70.5 of its pre-Katrina level. However, the city's growth slowed somewhat with repopulation now at 74 percent of its pre-Katrina level as of December 2008.² Many have struggled to return, and many are still struggling, particularly low-wage workers unable to find jobs that pay a living wage, affordable housing, adequate transportation, and/or childcare. In this chapter, we examine several demographic factors such as sex, age, race and ethnicity, marital status, birth rate, and poverty, to determine how the demographic profile of New

Orleans women has changed post-Katrina, and what factors might account for the change.³

Sex and Gender. Table III-1 presents data on the New Orleans population by sex, age, and race/ethnicity pre- and post-Katrina. As can be seen, on average, the population loss in Orleans Parish has been greater for females than for males (-45.2 for females and -40.2 percent for males between 2005 and 2007). Given that recovery from disasters requires the type of physical labor traditionally associated with the male role, it was expected that men would return to New Orleans in greater numbers. Men did return in greater number, particularly in the months immediately following the storm, but leveled off within the year as more women returned to the city. However, repopulation by males, coupled with the immigration of males,

Table III-1. Sex by Race/Ethnicity of the New Orleans Population: 2005, 2006, 2007 and Percent Change

	2005	2006	2007	% Change 2005-07**
TOTAL POPULATION	437,186	223,388	239,124	- 45.3
• Male	203,902	102,463	111,171	- 40.2*
• Female	233,284	120,925	127,953	- 45.2*
Female as % of Total Population	53.4	54.1	53.5	
Population White (%)	122,622 (28.)	82,107 (36.8)	79,633 (33.3)	- 35.1*
• White Female (%)	61,374 (50.1)	41,872 (51.0)	40,451 (50.8)	- 34.1*
Population Black/African American (%)	295,259 (67.5)	131,441 (58.8)	145,000 (60.6)	- 50.9*
• Black/African American Female	162,571 (55.1)	74,070 (56.4)	80,892 (55.8)	- 50.2*
Population Hispanic/Latino	13,679 (3.1)	9,139 (4.1)	10,757 (4.5)	- 21.4
• Hispanic/Latina	6,809 (49.8)	5,064 (55.4)	5,377 (50.0)	- 21.0*

Source: U.S. Census Bureau, 2005, 2006, and 2007 American Community Survey. Data Profiles: New Orleans city, "General Demographic Characteristics: 2005 (2006, 2007)"; "Demographic and Housing Estimates 2006"; Orleans Parish, Detailed Tables B01001 A-I, "Sex by Age"; B01002 A-I, "Median Age by Sex."

* Indicates statistical significance at a 90% confidence level

**The formula used for percent change is: Current (2007) or Time 2 minus Past (2005) or Time 1; divided by Time 1, times 100.

led to a slightly greater growth of the male population than female population between 2006 and 2007 (8.5 percent increase for males vs. 5.8 percent increase for females).

As shown in Table III-1, despite the greater growth of the male population, the proportion of women in the total population has remained relatively stable at approximately 53 to 54 percent. Compared with pre-Katrina population estimates, the proportion of women within each race/ethnic demographic group also remained relatively stable with only slight fluctuations between 2005 and 2006, and 2006 and 2007. The greatest change was an approximate increase of 5 percent in the proportion of Hispanic/Latinas from 2005 to 2006, which could be due also to the under-reporting of Hispanic/Latino males. In 2007, Black/African American women comprised 55.8 percent of the Black/African American population; White females 50.8 percent of the White population; and Hispanic/Latinas 50 percent of the Hispanic/Latino population. In summary, women have been, and continue to be a numerical majority of the New Orleans population, as well as half—or the majority—within each demographic group. This fact is an important consideration for disaster management as well as for social, economic and political re-building.

Race and Ethnicity. As noted in most post-Katrina reports, the racial and ethnic composition of the New Orleans population has changed as a result of the storm. Population loss among Black/African Americans has been greatest. In 2005, approximately 68 percent of the city was Black/African American compared with 59 percent in 2006 (Table III-1). Repopulation by Blacks/African Americans rebounded slightly in 2007, increasing to 61%. In contrast, a post-Katrina immigrant wave of Hispanic/Latinos contributed to a population increase of Hispanics/Latinos. While the Census Bureau estimates the Hispanic/Latino population experienced a non-statistically significant increase from 3.6 percent to 4.1 percent of the total population in

2006, to 4.5 percent in 2007, the extent of the Hispanic/Latino presence does not appear to have been well captured in official reporting systems, possibly due to the large numbers of undocumented workers, largely male, who are employed in the construction trades helping to rebuild the city.

Age. Table III-2 demonstrates there was also a shift in the age of the New Orleans population with younger women tending to be less likely than older women to return to the city. In fact, the greatest recorded loss for both males and females between 2005 and 2007 was in the youngest age group, those under-18 years of age (60.7 percent for girls; 61.6 percent for boys [not shown]). As a result, between 2005 and 2007, the median age for all women increased: White women increased from 44.1 to 46.7 years; Black/African American from 34.1 to 39.6 years; and Hispanic/Latinas increased from 41 to 44.7 years.⁴ This “aging” of New Orleans women was due largely to the decrease in the population of girls under-18, and secondarily to the smaller loss of women over-65 years of age.

While the total female population declined by 45.2 percent between 2005 and 2007 (Table III-1), the population of women 65 years and over declined by just 36.5 percent (Table III-2). In general, older women increased slightly as a percent of the total female population. However, this increase was due primarily to White and Hispanic/Latina women—the number of Hispanic/Latinas actually increased 36 percent, while the proportion of older White women dropped 23.6 percent. In contrast, the proportion of Black/African American women over-65 years dropped 44.4 percent from 2005 to 2007. Thus, Black/African American women over-65 years, although still larger in number than White or Hispanic/Latina women over-65, decreased substantially as a percent of the over-65 female population. As life-expectancy is greater for women than for men, we would expect

Table III-2. Sex by Age and Race/Ethnicity of the New Orleans Population: 2005, 2006, 2007 and Percent Change

	2005	2006	2007	% Change 2005-07
Female under-18 Yrs (% female pop.)	55,084(23.6)	25,964 (21.5)	21,623 (16.9%)	- 60.7*
• White	8,440 (15.3)	5,094 (19.6)	3,190 (14.8)	- 62.2*
• Black/African American	44,559 (80.9)	19,952 (76.8)	17,163 (79.4)	- 61.5*
• Hispanic/Latina	1,306 (2.4)	1,147 (4.4)	492 (2.3)	- 62.3*
Female 18 Yrs and Older (% female pop.)	178,200 (76.4)	94,961 (78.5)	106,330 (83.1)	- 40.3*
Female 65 Yrs and Older (% female pop.)	29,673 (12.7)	19,712 (16.3)	18,837 (14.7)	- 36.5*
• White	12,025 (40.5)	9,570 (48.5)	9,190 (48.8)	- 20.4*
• Black/African American	16,746 (56.4)	9,773 (49.6)	9,317 (49.5)	- 41.6*
• Hispanic/Latina	1,074 (3.6)	808 (4.1)	1,461 (7.8)	+ 36.0
Median Age Female	36.8 Yrs	42.1 Yrs	41.1 Yrs	
• White	44.1	46.4	46.7	
• Black/African American	34.1	41.0	39.6	
• Hispanic/Latina	41.0	29.4	44.7	

Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Data Profiles: New Orleans city, "General Demographic Characteristics: 2005 (2006, 2007)"; "Demographic and Housing Estimates 2006"; Orleans Parish, Detailed Tables B01001 A-I, "Sex by Age"; B01002 A-I, "Median Age by Sex."

* Indicates statistical significance at a 90% confidence level

the over-65 female population to be larger than the over-65 male population. However, given that the narrative experiences of older women spoke of great loss and dislocation as a result of the storm, coupled with the high storm-related morbidity rate of women ages 61 and over, it is noteworthy that so many survived the ordeal.⁵ Despite their resilience, this is a group that requires additional assistance both prior to and following a disaster and their higher proportion would indicate a greater need for services for the elderly.

Marital Status. Table III-3 presents an account of marital status, births and family households in New Orleans, pre- and post-Katrina. As can be seen, the marital status of women changed little in the year following the storm. However, there was a statistically significant jump in the proportion of never-married women between 2006 and 2007, from 30.7 percent to 45.5 percent; and a decline in the percent of married women, from 36.1 percent to 27.5 percent.

This may be due to the greater liberty and fewer impediments of unattached women to return or move to a city with a damaged infrastructure. The increase in never married women from 2006 to 2007 might also signal the return of single mothers as indicated in Table III-4. Overall, however, the changes observed in women's marital status from 2005 to 2007 are slight relative to other changes and do not alone appear to have a significant bearing on the repopulation of women to New Orleans.

Households. With respect to family and non-family households, New Orleans' has had significantly fewer family households than the average nationally. In 2005, approximately 55 percent of all New Orleans households were family households (90,461 of 163,334 households), compared to a national average of 67 percent.⁶ Additionally, compared to the nation as a whole, a much larger percent of New Orleans family households were female-headed. In 2005, more than twice

as many New Orleans family households were headed by women as nationally (41 percent compared to 18.8 percent respectively). One year after the storm, the number of female-headed households dropped to 31 percent of all New Orleans family households, and then increased slightly to 34.6 percent of all family households in 2007, marking a sizeable decrease over pre-Katrina levels but still among the highest urban levels in the United States. As would be predicted, the largest decrease in female-headed households was among households with children under-18 years of age, declining by 61.2 percent in 2007 from the pre-Katrina level. This significant drop in female-headed households will be difficult to reclaim given the continued shortage of city resources, yet the slight increase in female-headed households between 2006 and 2007 seems to indicate that some single mothers have found the means to return home.

Grandparents. Households in which grandparents were responsible for grandchildren under-18 also declined more than did family households overall, dropping by 65.2 percent in 2006 and rebounding slightly in 2007 to record a 58 percent decline from 2005. At the same time, the percent of grandmothers who had responsibility for their grandchildren has increased over time from 73 percent in 2005, to 85 percent in 2006, to 90 percent in 2007.⁷ These facts again highlight the barriers preventing the return of women with children to New Orleans and point to the fragmentation of family households.

Births. Table III-3 also provides data on the birthrate. The year following the storm marked significant changes in births among women of childbearing age, defined as ages 15 to 50. The overall birthrate was down 45.1 percent with the largest drop recorded among women under-19 years of age (-20 births per 1000 women in 2006). This reduction in births to teenagers would be predicted based on the lower number of young women returning after the storm [Table III-2]. However, it also indicates

that those young women who did return were much less likely to give birth than older returning women. The reduction in births to teen mothers may be one of the few positive outcomes of Hurricane Katrina as teen mothers tend to drop out of high school prior to graduation.

In contrast to the decline in births to teenagers, there was a very significant bump in babies born to women in the 20-34 year age group (+ 43 per 1000 women), validating a common assumption among New Orleanians of the existence of a cohort of infants known as “Katrina babies.” There is evidence also of a “Katrina baby” phenomenon statewide. In 2005, with a birth rate of 56 per 1,000 women, Louisiana was ranked 26th among the states in births to women aged 15 to 50 years old. In 2006, Louisiana jumped to 13th place with a rate of 59 births per 1,000 women 15 to 50 years old.⁸

In 2007, however, the decrease in babies born to teen mothers and the increase in babies born to mothers in the 20-34 year old age group reversed, and births to women in all age groups assumed rates more similar to birthrates pre-Katrina. There is an interesting exception. Table III-3 shows there was a spike in the rate of births to unmarried women in 2006 (+24.4 percent), which dropped slightly but continued high in 2007. This increase in births to unmarried mothers would not be predicted given the significant drop in female-headed households post-Katrina. While results related to birthrate lack statistical significance, giving birth and caring for an infant place women, particularly single mothers, in a particularly vulnerable position. Thus disaster planning needs to take into account the specific needs of women who are pregnant, or become pregnant, to monitor their changing needs for health-care, employment, and housing.

Poverty. As noted in Chapter I, New Orleans continues to be among the nation’s most impoverished cities. New Orleans’ inner city poverty has strong race and gender dimensions that are intensified by

Table III-3. Marital Status, Births, and Family Households: 2005, 2006, 2007 and Percent Change

	2005	2006	2007	% Change 2005-07
Marital Status—Female	2005			
• % Never Married	40.3	38.7	45.5	+5.2*
• % Married	31.6	30.7	27.5	-4.1
• % Separated	3.0	2.1	2.6	-0.4
• % Widowed	11.3	15.1	11.8	+5
• % Divorced	13.8	13.4	12.7	-1.1
Total Households	163,334	73,516	80,039	- 51.0*
Family Households	90,461	40,134	44,205	- 51.1*
• Family Households-Female Head (%)	36,686 (40.6)	12,523 (31.2)	15,309 (34.6)	- 58.3*
• Female Head with Children under-18 Years (%)	20,505 (55.9)	5,101 (40.7)	7,947 (51.9)	- 61.2*
• # Grandparents Responsible for Grandchildren	5,816	2,024	2,437	- 58.1*
% Grandparents Female	72.8	85.0	90.1	+ 17.3
# Women, 15-50 Yrs Giving Birth	3,969	2,179	2,265	- 42.9
• Births Per 1000 Women 15-19	33	13	28	- 5 Br
• Births Per 1000 Women 20-34	43	86	50	+ 7 Br
• Births Per 1000 Women 35-50	24	15	19	- 5 Br
• % Unmarried Gave Birth	49.8	74.3	69.1	+ 19.3

Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. New Orleans, city. "Selected Social Characteristics in the United States: 2005" (2006, 2007); 2005 Community Survey. U.S. and New Orleans, city. "General Demographic Characteristics: 2005"; Table R1303, "Women 15 to 50 Years Old Who Had a Birth in the Past 12 Months (Per 1000 Women): 2005" (2006, 2007).

* Indicates statistical significance at a 90% confidence interval.

the South's weak economy, a history of discrimination, and sex segregation in the work force. Table III-4 presents data on women and female-headed families living below the poverty level in the 12 months preceding data collection for New Orleans and the United States. In 2005, while 14.8 percent of U.S. women had incomes below poverty level, the overall rate for New Orleans women was almost twice that, 26.5 percent—and nearly one-third of African American women had incomes below poverty. Similarly, more women over 65 years of age were poor in New Orleans than nationally: 17.2 percent in New Orleans versus 12 percent nationally (data for age by race/ethnicity are not shown).⁹

As indicated in Table III-4, approximately 42 percent of all New Orleans female-headed families lived in poverty in 2005, compared to 29.4 percent nationally. In 2007, the number of New Orleans female-headed families in poverty

decreased to 32.8 percent, but remained unacceptably high and well above the national average. Female-headed families with children under 18 years were especially vulnerable to poverty both pre-and post-Katrina with approximately half of all female-headed households with children falling below the poverty level before the storm and decreasing to just 43.4 percent in 2007. Moreover, grandparent households became more vulnerable, as pre-and post-Katrina the percentage of grandparents below the poverty level who had responsibility for their own grandchildren increased from 25.9 percent to 40.8 percent, again, well above national figures. Although the statistics for grandparents in poverty include both males and females, it was noted in Table III-3 that 90 percent of the grandparents with responsibility for their own grandchildren are grandmothers.

While poverty among women and female headed families in New Orleans

appears to have decreased post-Katrina— at the same time remaining relatively stable nationwide—the overall pattern of the feminization of poverty in New Orleans was not altered by the storm and continues as a critical economic and social issue. The decreases observed in poverty rates among women and female headed households between 2005 and 2007, do not reflect a healthier post-Katrina economic or social environment (see Chapter IV), but rather confirm the lack of services and governmental support for poor women struggling to return to the city.

In summary, contrary to the majority of post-Katrina reports that focus on demographic change in the racial composition of New Orleans, this report focuses on demographic change and continuity among women. These findings demonstrate that pre-Katrina, New Orleans had a higher rate of vulnerable women than the U.S. in general, even more than are found in most metropolitan regions. The findings also show that the picture has changed only slightly post-Katrina. On average, the determining factor in a family’s decision to return, and their ability to do so, appears

to have centered around the presence of children. Taking into account race/ethnicity, age, marital status and family composition, the greatest demographic change in the New Orleans population from 2005 to 2007 was the loss of the population under-18 years of age and the loss of female-headed families—especially ones with children and those in poverty. With fewer financial and physical resources, and often with greater responsibility for children, families in poverty, especially female-headed households with children under five years of age, tended to be more vulnerable to disasters, and also less able to return home. The data also suggest that families post-Katrina have become more fragmented and that older women may be increasingly vulnerable as they face the dual burden of declining economics and increasing responsibility for dependents.

Given that women were the majority of the New Orleans population pre-Katrina, and remain so post-Katrina, we must ask: What services have been offered, and what services are being offered to assist women at each stage of disaster planning and recovery?

Table III-4. Percent of New Orleans and U.S. Women and Families with Female Householders in Poverty: 2005 and 2007

	2005		2007	
	Orleans	U.S.	Orleans	U.S.
Females with Incomes in past 12 Months below Poverty	26.5 %	14.8 %	21.6 %	14.3 %
Families in Poverty	21.8	10.2	15.3	9.5
Families with Female Householder No Husband Present	40.6	18.9	34.6	18.7
• Families with Female Householders in Poverty	41.8	29.4	32.8	28.2
• Families with Female Householder with Children under-18 in Poverty	50.6	37.7	43.4	36.5
• Families with Female Householder with Children under-5 in Poverty	64.1	47.4	33.5	44.8
Grandparents Responsible for own Grandchildren under-18 in Poverty	25.9	20.2	40.8	19.2

Source: U.S. Census Bureau. 2005 and 2007 American Community Survey. U.S. and Orleans Parish. Table C17001 “Poverty Status in the Past 12 Months by Sex by Age”; “Selected Economic Characteristics: 2005” (2007); “Selected Demographic Characteristics: 2005”; “Selected Social Characteristics: 2007”; Table B10059 “Poverty Status in the Past 12 Months of Grandparents Living with Own Grandchildren under 18 Years by Responsibility for Own Grandchildren.”

Endnotes

1 Methodological note: The analyses in this chapter are based largely on the Census Bureau's annual nationwide sample survey, the American Community Survey (ACS) for 2005, 2006, and 2007—available at <<http://factfinder.census.gov/>>. The 2005 ACS provides demographic data of the New Orleans area pre-storm. The 2006 ACS was released in September 2007 and represents the official demographic data on New Orleans approximately one year after Hurricane Katrina and the subsequent levee failures. ACS data for 2007 was released September 2008.

Use of ACS data for 2005, 2006, and 2007 allows consistency of measures over time and across categories of data. Nevertheless, there is considerable controversy about the accuracy of ACS data, particularly following a large scale disaster such as Hurricane Katrina. First, the ACS is based on a sample of the population, not the entire population, and the Census figures reported are subject to varying margins of error. Second, the ability to gather accurate information is greatly compromised following a disaster as traditional methods of gathering data—door-to-door, mail, telephone surveys, or employment data—are no longer possible or available. In addition, the instability and continuing change of a community following a disaster means that it is impossible for data collected at one point in time to reflect varying processes that include in- and out-migration. Finally, there is considerable lag time between the collection of ACS data and its release; numerous changes can occur in a community that are not represented in the data presented.

“White,” “Black or African American” and “Hispanic or Latino” are categories of identity used by the U.S. Census Bureau and are used in this report for consistency. All race statistics are based on those reporting race alone. Hispanic or Latino is of any race. Detailed data for Asians are unavailable at the city level for New Orleans.

- 2 U.S. Census Bureau. 2006 and 2007 “Population Estimates. Cities and Towns: Places over 100,000: 2000 to 2005(2006).” <www.census.gov/popest/cities/SUB-EST2005.html>; Greater New Orleans Community Data Center. <<http://www.gnocdc.org>>
- 3 This report does not examine the out-migration of New Orleans residents nor the process of repopulation of the city by pre-storm residents and newcomers. Readers are referred to reports by the Greater New Orleans Community Data Center for detailed information regarding migration patterns.
- 4 The median age for all men increased from 33.6 years in 2005 to 38.9 years in 2006, and remained at approximately 38 years in 2007.
- 5 79.5 percent of the storm related deaths of women were of women 61 years of age and older compared to 61.6 percent of deceased men. “Reuniting Families of Katrina and Rita—Louisiana Family Assistance Final Report. 8/30/2006.” <<http://www.dhh.louisiana.gov/Reports.asp?ID=1&CID=32>>
- 6 Family households include married couple households as well as households headed by women with no husband present, or by men with no wife present, along with other relatives (e.g., children, brothers, sisters, grandparents) and non-relatives such as foster children, unmarried partners, and boarders. Non-family households include householders who live alone as well as householders who do not live alone and have non-relatives living with them such as roommates, foster children, boarders, or unmarried partners.
- 7 New Orleans has long had a history of extended families. Before Katrina, some 52 percent of grandparents living in a New Orleans household were responsible for grandchildren, compared to about 40 percent of grandparents nationwide (U.S. Census Bureau. 2005 American Community Survey. U.S. and New Orleans city, Louisiana. “Selected Social Characteristics in the United States.” (New Orleans)).
- 8 U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Table R1303. “Women 15 to 50 Years Old Who Had a Birth in the Past 12 Months (Per 1,000 Women): 2005” (2006, 2007).
- 9 U.S. Census Bureau. 2005 American Community Survey. U.S. and Orleans Parish. Table C17001 “Poverty in the past 12 Months by Sex by Age.”

The Effects of Katrina on the Employment and Earnings of New Orleans Women¹

Beth Willinger

...the hurricane season of 2005 had the overall effect of worsening the earnings and employment opportunities of New Orleans women.

Pre-Katrina reports of women's employment and earnings placed Louisiana women in the bottom five percent of all states on economic indicators including median annual earnings (47th), the ratio of male to female earnings (48th), labor force participation (50th), and women living in poverty (47th).² The Institute for Women's Policy Research determined Louisiana to be one of the worst economies for women, ranking Louisiana 50th among the 50 states and the District of Columbia, with only Arkansas ranking lower overall.³ Explanations for these rankings range from such general explanations as the lower educational attainment of southern workers, and the lower wages paid in the South, to more gender specific explanations. Gender specific explanations include the greater sex-segregation of the Louisiana labor force with women occupying traditionally female jobs in sales and clerical support that offer lower wages and few benefits; the lower educational attainment and skill level of Louisiana women; and the reported lower work experience of southern women, in part explained by the greater number of women participating in the informal workforce in jobs such as domestic worker, seamstress, and health aide.⁴

The large number of female-headed families and the high rates of poverty among women in New Orleans detailed in Chapter III, mean that women's employment and earnings are critical indicators of the health and well-being of thousands of New Orleanians. As will be shown in this chapter, the hurricane season of 2005 had the overall effect of worsening the earnings and employment opportunities of New Orleans women.

Labor Force Participation

Table IV-1 presents data on the New Orleans labor force pre- and post-Katrina. The immediate loss of the New Orleans labor force (defined as the population 16 years old and older) in 2006 echoed the nearly 50 percent loss of the New Orleans population following Hurricane Katrina. Data for 2007 show a slow increase of the labor force population reaching approximately 60 percent of the pre-storm level.

While the labor force population loss was nearly identical for males and females between 2005 and 2007 (-39.8 percent for males and -40.8 percent for females), Table IV-1 reveals that the post-Katrina labor force participation rate for females dropped more than the rate for males (-6.6 percent for females; -3.8 percent for males in 2007).⁵ Despite the drop in women's labor force participation, more than half of all women 16 years old and older were in the labor force in 2006 (54.1 percent) and 2007 (55.3 percent); and the New Orleans labor force remained approximately 50 percent female.

Numerous factors in addition to disasters influence women's employment. These include the barriers to women's employment such as the availability and cost of childcare and transportation, workforce experience, and level of education and training; the incentives for employment including the pay, benefits and personal gratification; as well as the opportunity structure for part-time, full-time or work only in the home. Labor force participation rates for urban women tend to be higher than for rural women while participation rates for women in the South, particularly for White women, have been lower traditionally than rates

Table IV-1. Women and Men in the New Orleans Labor Force 16 Years and Over: 2005, 2006, and 2007

	2005	2006	2007	% Change 2005-07
Population 16 Yrs Old and Older	336,748	179,325	200,750	-40.4
Males 16 Yrs Old and Older	151,907	80,828	91,389	-39.8
• % In Labor Force (N)	68.2 (103,653)	65.0 (52,546)	64.4 (58,864)	-3.8
• % Unemployed	8.9 (9,253)	11.4 (5,987)	12.2 (7,160)	+3.3
% Of Labor Force White Male	18.6 (40,473)	23.8 (25,206)	22.1 (26,362)	+3.5
% Of Labor Force Black/African American Male	25.4 (55,377)	23.3 (24,636)	23.8 (28,456)	-1.6
Females 16 Yrs And Older	184,841	98,497	109,361	-40.8
• % In Labor Force (N)	61.9 (114,329)	54.1 (53,307)	55.3 (60,472)	-6.6
• % Unemployed	16.7 (19,059)	12.4 (6,631)	10.9 (6,588)	-5.8
• % Of Labor Force Female	52.4	50.4	50.7	-1.7
% Of Labor Force White Female (N)	14.4 (31,356)	18.1 (19,210)	18.4 (21,925)	+4.0
% Of Labor Force Black/African American Female (N)	36.1 (78,638)	30.0 (31,795)	30.2 (36,021)	-5.9

Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Orleans Parish, Louisiana. Table B23001, "Sex by Age by Employment Status for the Population 16 Years and Over."; Tables C23002A, B, I, "Sex by Age by Employment Status for the Population 16 Years and Over." (White Alone) (Black/African American Alone). Detailed information for Asian and Hispanic/Latina employment was not available. Compiled by the author.

for women in other regions of the country. Considering these many variables, the labor force participation rate of New Orleans women in 2005 (61.9 percent) was above the national average of 59.1 percent while the 2007 labor force participation rate of New Orleans women was only somewhat below that of women's nationally (55.3 percent compared to 58.6 percent). Given that the numerous barriers to women's employment were magnified in post-storm New Orleans—including the lack of schools, childcare facilities, housing, and public transportation—the fact that more than 50 percent of New Orleans women have been employed post-Katrina is a testament to the necessity and commitment of women to work.

Despite women's commitment to the labor force, a sizeable number of women have been unable to find employment. As shown in Table IV-1, the unemployment rate for New Orleans women was very high (16.7 percent) pre-Katrina relative to both New Orleans men (8.9 percent) and women nationally (6.5 percent for ages 20-64).⁶ Post-Katrina, the

unemployment rate for New Orleans women dropped while the unemployment rate for men increased, thereby making the two rates more similar at approximately 11-12 percent, but still almost double the national unemployment rate.⁷

Labor Force Participation by Race/Ethnicity

Nationally, the labor force participation rates of Black/African American women have been higher than those of White women and Hispanic/Latinas. This certainly has been true for Black/African American women in New Orleans as revealed in both Table IV-1 and Figure IV-1. As can be seen in Table IV-1, Black/African American women were the largest demographic group of workers pre-storm (36.1 percent) followed by Black/African American men (25.4 percent), White males (18.6 percent) and White females (14.4 percent). Despite the lower rate of employment of Black/African American men and women following Katrina, Black/African American women continued to be the largest demographic group of workers

in New Orleans, comprising 30 percent of the total labor force in 2006 and 2007. In 2007, Black/African American men made up 23.8 percent of the labor force (down 1.6 percent from 2005) while White women increased as a percent of the total labor force (up 4.0 percent to 18.4 percent) as did White men (up 3.5 percent to 22.1 percent).

Figure IV-1 details the labor force participation of Black/African American and White women both pre- and post-Katrina. The 6-7 percent drop in women's labor force participation noted earlier is due largely to the drop in the labor force participation of Black/African American women. In 2007, the percent of Black/African American women 16 years old and older in the labor force remained considerably below the pre-Katrina level (54.4 percent in 2007 compared to 63.4 percent

in 2005) while the participation of White women returned to the pre-Katrina level of approximately 58 percent.

The high unemployment rate of women also falls largely on the shoulders of Black/African American women (Figure IV-2). While the unemployment rate dropped in 2006 and 2007 from its pre-storm rate of 21.8 percent for Black/African American women, as one would predict in a tight job market, the rate remained exceedingly high at 16.4 percent. While one explanation is simply that more women found employment following the storm, a more likely explanation is that the barriers to employment rendered women unavailable for work and thus prohibited women from actively seeking employment. Because so many New Orleans women are the sole breadwinners for themselves and their families, the high unemployment rate,

Figure IV-1. Labor Force Participation of New Orleans Women 16 Years and Over by Race/Ethnicity: 2005, 2006, and 2007

■ White Women 16 Years and Older
 ■ Black/African American Women 16 Years and Older

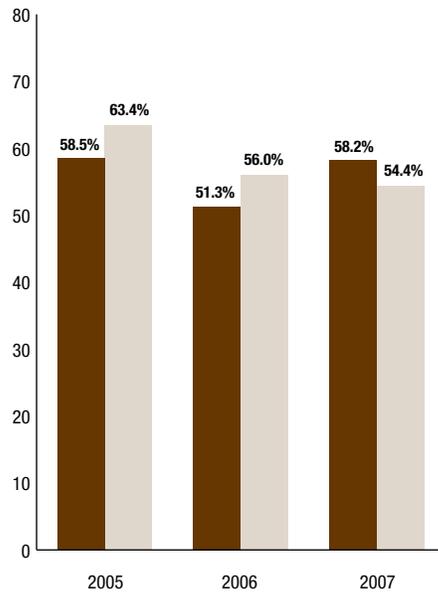
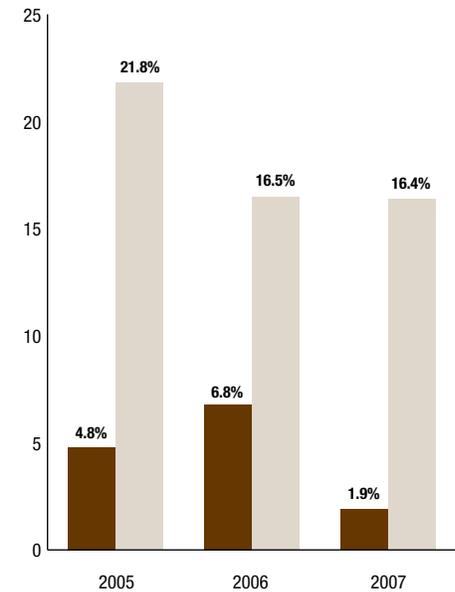


Figure IV-2. Unemployment of New Orleans Women 16 Years and Over by Race/Ethnicity: 2005, 2006, and 2007

■ White Women 16 Years and Older
 ■ Black/African American Women 16 Years and Older



Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Orleans Parish, Louisiana. Table B23001, "Sex by Age by Employment Status for the Population 16 Years and Over."; Tables C23002A, B, I, "Sex by Age by Employment Status for the Population 16 Years and Over." (White Alone) (Black/African American Alone). Census data for Hispanic/Latina and Asian women were too small to be displayed. Calculated by the author.

Table IV-2. Percent of New Orleans Women in Labor Force with Children Under 18 Years of Age: 2005, 2006, and 2007

Women with Children	2005	2006	2007
With Own Children	43,961	12,486	19,368
In Labor Force with Own Children under-18*	79.7%	73.5%	75.9%
• Under 6	78.1%	72.0 %	72.9%

Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Orleans Parish, Louisiana. Table B23003. "Presence of Own Children under 18 Years by Age of Own Children under 18 years by Employment Status for Females 20 to 64 Years."

* Children under age 6 are included in children under 18. Calculated by the author.

particularly of Black/African American women, poses a significant problem itself and requires further investigation.

Labor Force Participation of Women with Children

The ability to work for the group of women with children under-18 years of age, especially those with children under-6, depends largely on the availability of affordable and convenient childcare. New Orleanians have relied upon a variety of child care options including the assistance of relatives; "sitters" either in one's own home or the home of the sitter; faith-based day care facilities; and both licensed and un-licensed nursery schools and child care centers. Despite the damage or destruction of these various sites caused by the storm, women with children worked.⁸

Table IV-2 provides data on women in the labor force who have their own children and reveals that the vast majority of New Orleans women who have children under-18 years of age were in the labor force in 2005, as well as in 2006 and 2007. While the percentage of working mothers dropped post-Katrina, from approximately 80 percent in 2005 to 73.5 percent in 2006, the difference appears to have dwindled by 2007. In 2007, 76 percent of women with children under-18 years worked.⁹ As would be expected, the greatest loss in labor force participation among women with children was among those with children under-6 years of

age (-6.1 percent in 2006, and -5.2 percent in 2007). Given the finding (Table III-2) that the greatest population loss following Hurricane Katrina was in the age group 18 and younger, it may well be that women with children under-18 did not return to New Orleans unless they were relatively certain of having both employment and childcare available to them; or, women with children in smaller numbers, chose not to work outside the home. Nevertheless, with more than 5,000 mothers needing childcare for children, age six and under in 2007, it appears that working mothers again found creative ways to deal with the shortage of childcare facilities. Critically, women with children of any age were far more likely to be employed than not.

Earnings and the Gender Wage Gap

Figure IV-3 and Table IV-3 provide data on the earnings of women and men and reveal three important outcomes of Hurricane Katrina: The average earnings of women declined; the average earnings of men increased; and the wage gap between men and women increased. To elaborate, in the year immediately following the storm, the median earnings of White, Black/African American and Hispanic/Latino men increased. In contrast, only the average earnings of White women showed a slight increase; the median earnings of Black/African American women and Hispanic/Latinas fell.

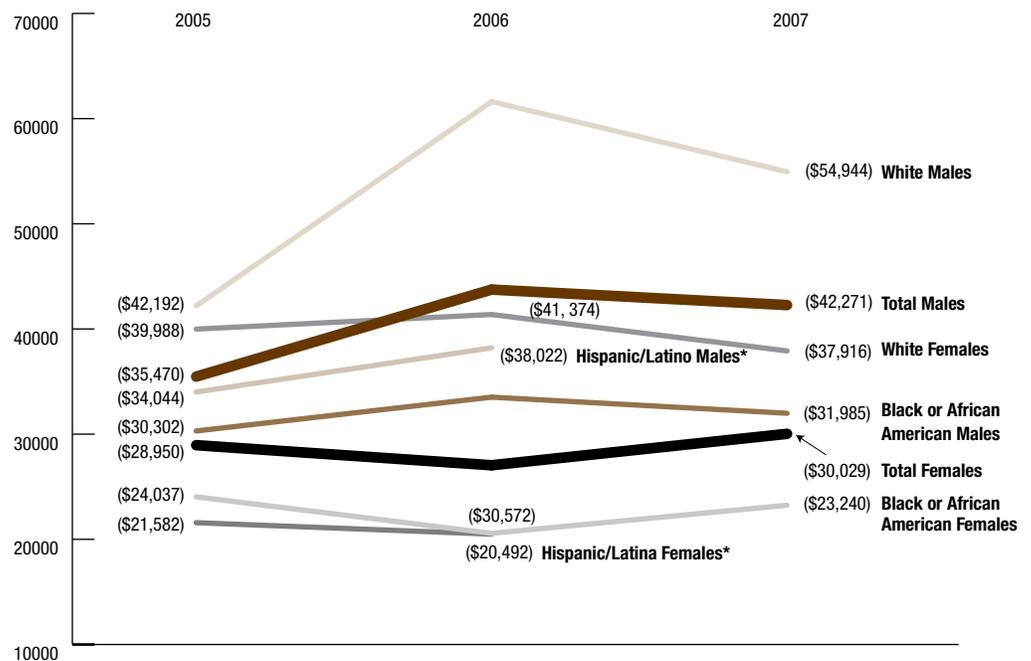
Labor shortages in New Orleans following Katrina created a favorable bargaining position for workers to negotiate higher wages. However, as shown in Figure IV-3, these higher wages have not accrued to women workers whose wages on average increased by just 3.7 percent between 2005 and 2007. An inflation rate of 6.1 percent in the same time period basically eliminated any possible gain.¹⁰ Moreover, while the median earnings for all women increased slightly, the average earnings for White women dropped 5.2 percent, from \$39,988 in 2005 to \$37,916 in 2007, while the median earnings of Black/African American women dropped 3.3 percent, from \$24,037 in 2005 to \$23,240 in 2007.

In contrast, the higher wages post-Katrina did benefit male workers whose wages increased on average by 19.2 percent between 2005 and 2007.

The median annual earnings of men, particularly the earnings of White men, improved significantly. As shown in Figure IV-3, White male workers earned 30.2 percent higher wages in 2007 than in 2005, accounting for a large portion of the increase attributed to males.

Nationally, the gender wage gap—expressed as a percentage and calculated by dividing the median annual earnings for women by the median annual earnings for men—is closing. For example, in 1960, women who worked full-time, year-round in the United States earned on average 60.7 percent of the wages earned by men who worked full-time, year round. Frequently this ratio is expressed as a monetary figure: Women earned 60.7 cents for every dollar earned by men. Over the past 40-some years, the gap has narrowed and in 2005, women earned on average 76.7 percent of

Figure IV-3. Median Earnings of Full-Time, Year-Round Workers 16 Years and Over: 2005, 2006, and 2007¹¹



* 2007 data was not available.

Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Orleans Parish, Tables B20017 A,B,I, "Median Earnings in the Past 12 Months (in 2005(6,7) Inflation-adjusted dollars) by Sex by Work Experience in the Past 12 Months for the Population 16 Years and Over with Earnings in the Past 12 Months." Compiled by the author.

Table IV-3. Ratio of Women's to Men's and Women's to Women's Median Annual Earnings by Race: 2005, 2006, and 2007

Earnings Ratios	2005	2006	2007	%Change 2005-07
Ratio Of Women's To Men's Earnings	81.6%	61.8 %	71.1%	- 10.6
• White	94.8	67.1	69.0	- 25.8
• Black/African American	79.3	61.4	72.7	- 6.6
• Hispanic/Latino	63.5	53.6	NA	NA
Ratio of Women's To Women's Earnings				
• Black/African American To White	60.1	49.7	61.3	+1.2
• Hispanic/Latina To White	54.	49.5	NA	NA

Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Orleans Parish, Tables B20017 A,B,I, "Median Earnings in the Past 12 Months (in 2005(6,7) Inflation-adjusted dollars) by Sex by Work Experience in the Past 12 Months for the Population 16 Years and Over with Earnings in the Past 12 Months." Calculated by the author.

men's wages.¹² The 2005 earnings ratio for New Orleans women was 81.6 percent. However, the progress made by women in New Orleans was quickly lost with Hurricane Katrina. In 2006, the earnings ratio for New Orleans females had declined so dramatically—to 61.8 percent—as to almost tie the earnings ratio for U.S. women nearly 50 years ago.

The earnings ratio is affected by fluctuations in the earnings of both women and men and varies significantly by demographic group. For example, the earnings of New Orleans White women decreased from 2005 to 2007, while the earnings of White men increased substantially. Thus as shown in Table IV-3, the women's-to-men's earnings ratio between White women and men increased dramatically from near equity of 94.8 percent in 2005 (\$39,988 for women compared to \$42,192 for men) to 69 percent in 2007 (\$37,916 for women and \$54,944 for men). Though White females experienced the biggest gender gap in earnings in 2007 (-25.8 percent), the earnings gap between Black/African American women and Black/African American men increased nearly 8 percent because of the higher earnings of Black/African American men and the lower earnings of Black/African American women. Similarly, in 2006, Hispanic/Latinas

experienced nearly a 10 percent increase in the gender gap, making just 53.6 cents on every dollar earned by Hispanic/Latinos and only 33.2 cents on every dollar earned by White men that year.

The lower wages on average earned by White and Black/African American women in 2007 also had a disturbing impact among women. According to Table IV-3, the wage gap in earnings between White and African/American women was greater than or equal to the wage gap between women pre-Katrina, thereby serving to perpetuate a divide between White women and women of color. In 2006, Black/African American and Hispanic/Latinas earned on average half of what White women earned: The earnings of Hispanic/Latinas (\$20,492) were only 49.5 percent of those paid to White women (\$41,374); while Black/African American women were paid only 49.7 percent (\$20,572) of the wages paid to White women. In 2007, the gap decreased, however, Black/African American women still earned on average only 61.3 cents on every dollar earned by White women.

The wage gap among women points to race-based as well as gender-based labor force segregation in New Orleans with little overlap between the jobs held by White women and women of color.¹³

Table IV-4. Educational Attainment and Median Earnings by Sex for the Population 25 Years and Over: 2007

Education	Males	Females	Ratio women's to men's earnings
Less than high school diploma	\$19,549	\$11,604	59.4
High school graduate, includes equivalency	26,852	15,696	58.5
Some college/ Associate's degree	27,007	25,753	95.4
Bachelor's degree	50,255	32,062	63.8
Graduate degree	79,298	39,273	49.5
TOTAL	31,892	23,511	73.7

Source: U.S. Census Bureau. 2007 American Community Survey. Orleans Parish, Louisiana. Table B20004, "Median Earnings in the Past 12 Months (in 2007 Inflation-adjusted dollars) by Sex by Educational Attainment for the Population 25 Years and Over." Compiled by the author.

The disparity between the earnings of women and men is also large for women with the least amount of education, a fact that has numerous negative consequences for women and may help to account for the feminization of poverty in New Orleans.

Rather than eliminating these forms of segregation in the work place, it appears Hurricane Katrina served to codify differences between males and females and among women.

The Gender Wage Gap: Education

Earnings are determined in part by education and occupation. Historically, the lower earnings of women were considered to be a consequence of women's lower educational achievement and tendency to be employed in pink collar rather than managerial and professional occupations. While this report documents women's gains in educational achievement and occupational advancement, it can be seen in Table IV-4 and Figure IV-4 that even when New Orleans women and men have the same education or occupation, there is a large discrepancy in earnings: Women and men are not paid equally for the same education, nor are they paid equally for the same occupation.

Table IV-4 displays the most recent data on the earnings of New Orleans' women and men based on educational level. Note that the greatest parity of earnings by educational attainment is between women and men who have some college or an Associate's degree. In 2007, women with some college/Associate's degree earned nearly as much (95.4 percent) on average

as did men with some college/Associate's degree. However, women with some college/Associate's degree still earned less on average than men with a high school diploma (\$25,753 vs. \$26,852 respectively). Women with a Bachelor's degree earned just 63.8 cents on every dollar earned by men with the same degree; whereas women with a graduate degree earned less than half, just 49.5 percent, the earnings of men with a graduate degree. In short, women with the highest educational levels are least rewarded for their achievements. The disparity between the earnings of women and men is also large for women with the least amount of education, a fact that has numerous negative consequences for women and may help to account for the feminization of poverty in New Orleans.

The Gender Wage Gap: Occupation

Figure IV-4 reports the median earnings by occupational category for men and women in New Orleans working full-time, year-round in 2005, 2006, and 2007, as well as the change in median earnings post-Katrina. As can be seen in Figure IV-4, the post-Katrina earnings of men increased in the major occupational fields except in those fields that have maintained strong male employment: "Construction, extraction, maintenance, and repair" and "Production, transportation and material

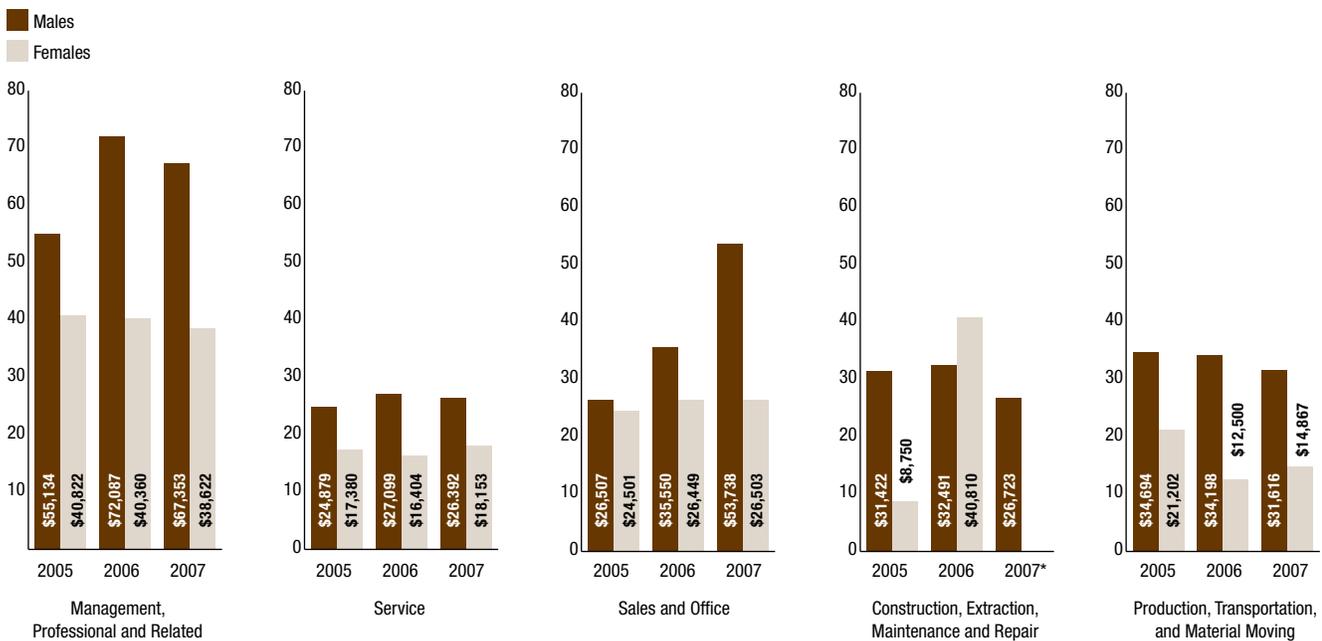
moving occupations.” In contrast, the post-Katrina earnings of women were down in two of the four occupational fields and up in the two traditionally pink collar sales and service occupations. However, while women’s earnings in “Sales and office occupations” increased by approximately 8 percent, men employed in “Sales and office occupations” saw their earnings increase on average by 103 percent! Because “Sales and office occupations” account for 30 percent or more of the female labor force in New Orleans, this lack of pay equity in sales and office jobs places women at a severe economic disadvantage.

The building and rebuilding of both the residential and commercial infrastructure of New Orleans has been predicted to take five years or longer. It was hoped that the process of rebuilding would open opportunities for the employment of women in high paying construction jobs, as was seemingly indicated by the 2006 data. However, the dramatic spike observed

in the earnings of women employed in construction occupations in 2006 was very likely an error of reporting, or a one-time occurrence. While Hispanics/Latinos have come in to fill employment needs in the construction trades, much of this need for employees could also be filled by women. By and large, non-traditional jobs (defined as jobs that are filled by 25 percent or less of one sex) pay higher wages than occupations traditionally assigned to women. For example, while the median earnings of men employed in the construction trades declined in 2007 to \$26,723, those earnings were substantially higher than the \$18,153 earned on average by women employed in service occupations and higher than the average earnings for women employed in sales, \$26,503.

Tremendous discrepancy exists also in the average earnings of women and men employed in “Management and professional” occupations. While men in management and professional occupations

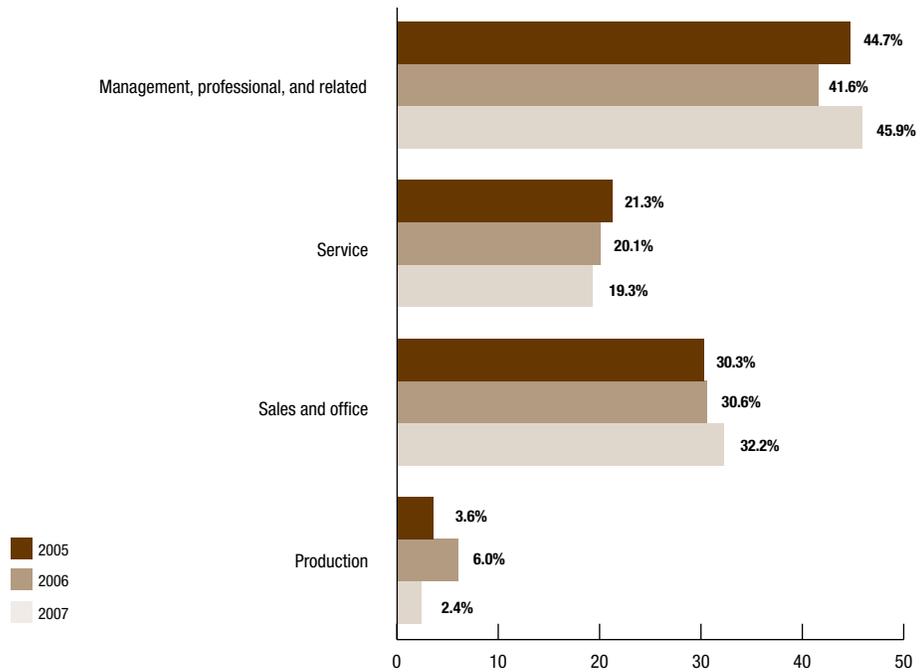
Figure IV-4. Sex by Occupation and Median Earnings in the Past 12 Months for the Full-Time, Year-Round Civilian Employed Population 16 Years and Over: 2005, 2006, and 2007



* 2007 data for females was not available.

Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Orleans Parish, Tables B24022, “Sex by Occupation and Median Earnings in the Past 12 Months (in Inflation-adjusted dollars) for the Full-Time, Year-Round Civilian Employed Population 16 Years and Over with Earnings.” Compiled by the author.

Figure IV-5. Percent of New Orleans Women Employed Full-Time, Year-Round in Occupational Fields: 2005, 2006, and 2007



Source: U.S. Census Bureau. 2005, 2006, and 2007 American Community Survey. Orleans Parish. Tables C24020. "Sex by Occupation for the Full-Time, Year-Round Civilian Employed Population 16 Years and Over." Calculated by the author.

experienced a 22 percent increase in earnings between 2005 and 2007, women employed in management and professional occupations experienced a drop of 5.4 percent. The difference in earnings can only partially be attributed to differences in occupational field. The 2007 median earnings for men employed as "health diagnosing and treating practitioners" (i.e., physicians) was over \$100,000, while the average earnings for women employed in the same field was \$62,878. However, both of these occupations were in the three top paying jobs for women and for men. The other two top paying jobs for men were "legal occupations," paying over \$100,000 annually; and "management occupations," paying \$80,687 annually. In contrast, in 2007, only two of the three top paying occupations for women paid over \$50,000 annually. They were the aforementioned health practitioners and "computer and mathematical occupations," paying \$80,618. The third highest paying

occupation for women in 2007 was "law enforcement workers including supervisors" at \$48,742 (not shown).¹⁴

Occupational Distributions

Reported in Figure IV-5 is the percent of women employed full-time, year-round in four major occupational fields pre- and post-Katrina. As can be observed, very little change has taken place in any of the occupational fields, between fields, or over time. The changes that did occur in the year following the storm, for example a bump in women's employment in production, appear temporary. Unlike earnings, women's occupational positions appear to have remained relatively stable.

A high percent of women employed in managerial and professional positions is used often as an indicator of a strong economy for women. Nationally, women hold 35.5 percent of these top positions.¹⁵ In 2005, nearly 45 percent of New Orleans women were employed in the occupational

field “Management, professional and related occupations.” While in 2006, there was a decrease in women holding these positions, that loss was reclaimed in 2007. Regardless of the fluctuations, more New Orleans women continued to be employed in managerial and professional positions than in any of the other major occupational fields. The second largest field of employment for women both pre-and post-Katrina was “Sales and office occupations” followed by “Service occupations.” Few women were employed in the occupational fields largely associated with male employment including “Production, Transportation and Maintenance,” “Construction, Extraction, Maintenance, and Repair,” and “Farming, Fishing and Forestry” (not shown). Although the differences observed in women’s occupations between 2005 and 2007 are small, the changes are intriguing, particularly as we attempt to understand why the gender wage gap and race gap increased so significantly.

Table IV-5 shows a more detailed breakdown of the various occupational categories as well as the number of women employed in each category and the percent of the occupation that is female. Table IV-5 includes both part-time and full-time workers for both 2005 and 2007. First, it can be seen that women in New Orleans were distributed across a wide variety of occupations both pre- and post-Katrina. While women in New Orleans relative to women throughout the state tended to have more work experience, more involvement in professional and management occupations, and higher educational attainment, New Orleans women also occupied a large number of sales and service occupations, particularly as part of the tourism industry in food preparation, and building and grounds cleaning.

Second, Table IV-5 reveals the more specific changes in the occupational categories between 2005 and 2007. The **only** occupations to gain in number post-Katrina were in the categories of “Law Enforcement Workers” (up 257 percent)

and “Community and social services” (up 33 percent), all other occupational categories experienced a loss of positions, some of which were quite substantial. One of the largest occupational categories pre-Katrina was “Healthcare practitioner and technical occupations” with over 11,000 professional women employed. According to the Greater New Orleans Community Data Center, 88 critical care and non-critical care facilities were damaged or closed as a result of Hurricane Katrina.¹⁶ This resulted in the loss of employment for 63.2 percent of the healthcare professionals and 49 percent of the “healthcare support” personnel employed in 2005.

Substantial losses also were experienced by women in the tourism industry with food preparation and serving down 41.6 percent, building and grounds cleaning down 67.5 percent. Personal care services were down 61.2 percent from 2005. However, the closing of New Orleans schools did not have as large an impact on women’s employment in the field of education as would have been predicted. While 36 percent fewer women were employed in the education category in 2007 than in 2005, this decrease was smaller than the average loss for the workforce overall. Similarly, the occupational categories of “Sales and related occupations” (11,665) and “Office and administrative support occupations” (17,873) employed the largest number of women pre-Katrina, and despite the loss of jobs (down 37.2 percent and 42.2 percent respectively), the drop was somewhat less than the average loss of the labor force and these occupations together continued to employ the largest number of women workers.

Non-traditional Employment

Table IV-5 also shows the percent of each occupational category that is female. As noted previously, a large number of occupations continue to be defined as traditionally male or female. An examination of the sex-segregation of the labor force is important because the designation of jobs as male

TABLE IV-5. Occupations of New Orleans Women, Percent Occupations Female and Job Loss: 2005 and 2007

Occupation	2005	% Female	2007	% Female	% Change 2005-07
Female:	95,270	51.2	53,868	51.1	-43.5
Management, professional, and related occupations:	38,601	54.2	22,736	58.6	-41.1
Management, business, and financial occupations:	10,362	44.4	6,649	51.1	-35.8
• Management occupations	6,545	44.6	4,288	48.0	-34.5
• Business and financial operations occupations	3,817	44.1	2,361	58.0	-38.1
Professional and related occupations:	28,239	59.0	16,087	62.3	-43.0
• Computer and mathematical occupations	741	35.0	281	26.6	-62.1
• Architecture and engineering occupations	530	23.5	193	11.8	-63.6
• Life, physical, and social science occupations	777	36.7	486	51.3	-37.5
• Community and social services occupations	1,361	83.3	1,809	82.6	32.9
• Legal occupations	2,695	53.2	1,694	49.0	-37.1
• Education, training, and library occupations	8,787	66.4	5,629	75.5	-35.9
• Arts, design, entertainment, sports, and media occupations	1,914	42.9	1,784	63.2	- 6.8
• Healthcare practitioner and technical occupations:	11,434	71.6	4,211	67.2	-63.2
Health diagnosing and treating practitioners and other technical occupations	7,100	64.5	3,289	65.7	-53.7
Health technologist and technicians	4,334	87.3	922	73.0	-78.7
Service occupations:	23,801	53.9	11,430	58.0	-52.0
Healthcare support occupations	3,647	78.9	1,857	85.9	-49.1
Protective service occupations:	1,965	25.5	1,386	50.0	-29.5
• Fire fighting and prevention, and other protective service workers including supervisors	1,727	30.0	537	40.4	-68.9
• Law enforcement workers including supervisors	238	25.2	849	58.8	256.8
Food preparation and serving related occupations	7,662	50.8	4,472	52.3	-41.6
Building and grounds cleaning and maintenance occupations	5,851	59.4	1,901	53.2	-67.5
Personal care and service occupations	4,676	68.2	1,814	68.1	-61.2
Sales and office occupations:	29,538	65.5	17,662	78.5	-40.2
Sales and related occupations	11,665	55.1	7,324	74.1	-37.2
Office and administrative support occupations	17,873	74.7	10,338	81.9	-42.2
Farming, fishing and forestry occupations	0	0.	0	0.	0.
Construction, extraction, maintenance, and repair occupations:	205	1.8	149	1.3	-27.3
Construction and extraction occupations	205	2.7	110	1.0	-46.3
Installation, maintenance, and repair occupations	0	0.	39	3.8	NA
Production, transportation, and material moving occupations:	3,125	21.7	1,891	15.0	-39.5
Production occupations	2,028	31.4	1,030	20.7	-49.2
Transportation and material moving occupations:	1,097	13.9	861	11.3	-21.5
• Motor vehicle operators including bus and truck	620	20.9	326	8.3	-47.4
• Material moving workers	477	15.8	431	14.8	-9.6

Source: U.S. Census Bureau. 2005 and 2007 American Community Survey. Orleans Parish. Tables C24010, "Sex by Occupation for the Civilian Employed Population 16 Years and Over." Includes part-time and full-time workers.

or female tends to perpetuate wage inequities between women and men. On average, occupations with the greatest number of women offer lower wages than occupations with a high percentage of men. For this reason, economists often recommend women pursue nontraditional training and employment in order to improve their earnings.

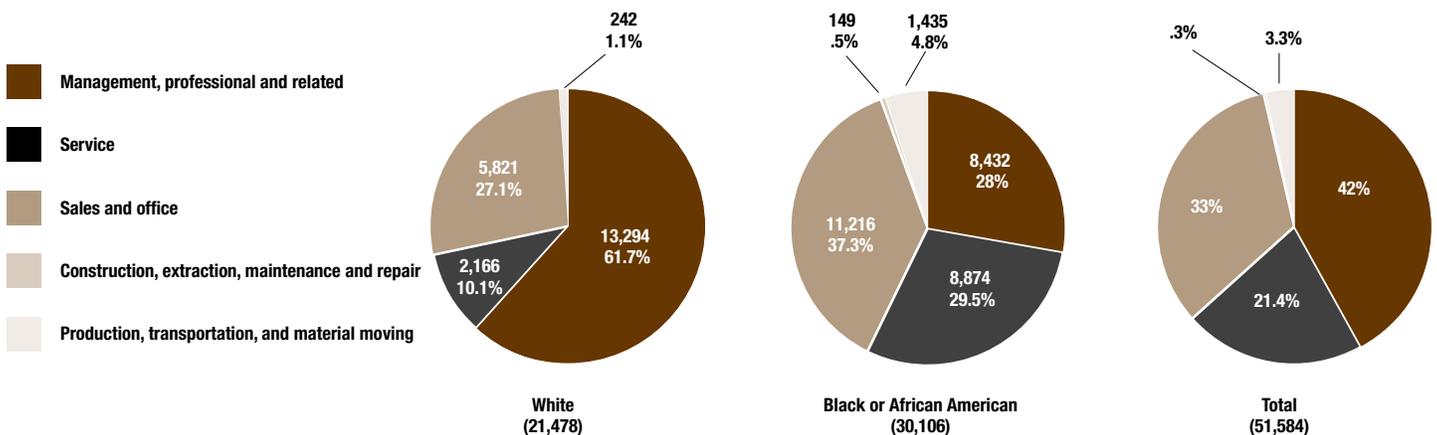
Disasters, such as hurricanes, often disrupt traditions by requiring everyone to pitch-in as needed, and provide opportunities for the development of new skills and interests. According to Table IV-5, in 2005, four occupational categories were comprised of approximately 75 percent or more women (defined as non-traditional occupations for men): “Community and social services” (83.3 percent); “Health technologist and technicians” (87.3 percent); “Healthcare support” (78.9 percent); and “Office and administrative support” (74.7 percent). Six occupational categories had approximately 25 percent or fewer female workers (non-traditional occupations for women): “Architecture and engineering” (23.5 percent); “Protective service” (25.5 percent), specifically “Law enforcement workers” (25.2 percent); “Construction and extraction” (1.8 percent); “Transportation and material moving” (13.9 percent); “Motor vehicle operators” (20.9

percent); and “Material moving workers” (15.8 percent).

By and large, the same occupational categories continued to be defined as non-traditional occupations for males or females following the storm with both women’s and men’s employment in non-traditional fields actually dropping. Between 2005 and 2007, women lost ground in the non-traditional occupations of “Architecture and engineering” (from 23.5 percent to 11.8 percent) and “Motor vehicle operators,” including bus and truck (from 20.9 percent to 8.3 percent), largely because of the decrease in school bus operators. On the other hand, women saw significant gains in “Protective service occupations” (up from 25.5 percent to 50 percent). However in 2007, the category “Education, training, and library occupations” experienced a greater decrease in the number of men than women workers and became predominately female (75.5 percent).

The greater specification in occupational groupings in Table IV-5 also reveals differences within the six major occupational fields. For example, while more than half of all “Management, professional, and related occupations,” are more than 50 percent female, there is a wide range of employment and earnings by women in the

Figure IV-6. Occupations for the Civilian Employed White and Black/African American Female Population 16 Years and Over: 2007



Source: U.S. Census Bureau, 2007 American Community Survey, Orleans Parish, Tables C2401A,B,I. “Sex by Occupation for the Civilian Employed Population 16 Years and Over.” Includes full-time, year round workers and workers who worked other than full-time, year-round. Calculated by the author.

occupational categories. As noted, women predominate in community service (median earnings for women in 2007, \$38,245) and education (median earnings in 2007, \$30,507); and are under-represented in computer and mathematical occupations (median earnings \$80,618), as well as in architecture and engineering (earnings data not available).¹⁷

Given the relatively stable boundaries of the occupational fields and categories following the storm, it would appear that a work force in which women and men share equally in the responsibilities and rewards of an occupation will be difficult to achieve in the near future. Because the non-traditional occupations for women remain so heavily populated by men, employment particularly in construction and production occupations will likely require additional incentives to attract and retain women workers.

Occupations and Race/Ethnicity

Figure IV-6 shows the distribution of women workers by occupational field and race/ethnicity. As can be seen, the one bright spot regarding the managerial and professional employment of more than a third of New Orleans' women differentially benefits White women. In 2007, approximately 62 percent of White women were employed in "Managerial and professional occupations" compared to just 28 percent of Black/African American women. Black/African American women were employed mainly in the traditionally female occupational fields of "Sales and office occupations" (37.3 percent) and "Service occupations" (29.5 percent).¹⁸

Black/African American women, although under-represented in the "Management and professional" occupational field, appear ready to work in jobs throughout the labor force, occupying positions traditionally held by

Table IV-6. Sex by Educational Attainment for the Orleans Parish Population 25 Years and Over: 2005 and 2007

Education	2005	2007	% Change
Males	123,665	72,626	- 58.7
• Less than high school graduate	18.6	21.5	+ 2.9
• High school graduate, includes equivalency	27.5	27.1	- .4
• Some college, no degree	18.7	19.9	+ 1.2
• Associate's degree	2.5	3.7	+ 1.2
• Bachelor's degree	18.0	17.0	- 1.0
• Master's degree	6.6	5.0	- 1.6
• Professional degree	5.2	3.8	- 1.4
• Doctorate degree	3.	2.1	- .9
Females	153,987	86,332	-56.1
• Less than high school graduate	17.0	15.6	- 1.4
• High school graduate, includes equivalency	26.4	29.9	+ 3.5
• Some college, no degree	22.7	20.3	- 2.4
• Associate's degree	3.6	4.2	+ .6
• Bachelor's degree	18.1	18.0	- .1
• Master's degree	7.5	8.0	+ .5
• Professional degree	3.3	2.7	- .6
• Doctorate degree	1.3	1.1	- .2

Source: U.S. Census Bureau. 2005 and 2007 American Community Survey. Orleans Parish. Tables B15002 "Sex by Educational Attainment for the Population 25 Years and Over." Calculated by the author.

men in “Production and transportation” (4.8 percent) and “Construction ...” (.5 percent) and accounting largely for the employment of women in those non-traditional sectors.

Figure IV-6 includes women employed full-time, year-round as well as women who work other than full-time, year-round. Comparing the total in each of the four main occupational fields in Figure IV-6 to those in Figure IV-5, it can be seen that when women employed part-time are included as in Figure IV-6, there is a slight shift in employment away from the “Managerial and professional” occupational grouping to the “Service” occupational sector.

Educational Attainment

Table IV-6 shows both the educational level of the New Orleans adult population 25 years old and older, and the change in the educational attainment of the population pre- and post-Katrina. As can be seen, there was very little change in the educational level of the New Orleans population following the storm. Thus, educational attainment appears to be largely unrelated to one’s decision to return or relocate to New Orleans post-Katrina. The small changes observed could be due to chance alone and should be interpreted cautiously. That said, it appears there may be some merit to the often expressed concern about the “brain-drain” of talent out of New Orleans, particularly among men. The 2007 data reveal almost a 5 percent decrease post-Katrina of men who have a Bachelor’s degree or higher. The same is not true for women.

In the past several decades, women nationally have achieved educational equity with men and in some instances have even surpassed the educational attainment of men. Women now enroll in and graduate from both secondary and post-secondary degree programs at higher rates than do men.¹⁹ In post-Katrina New Orleans, while the differences between the academic achievements of women and men are small, the trend appears to have been realized.

Data for 2007 reveal that more men than women concluded their education at the high school level or below (48.6 percent men vs. 45.5 percent women), while more women than men continued on to college earning an Associates degree (4.2 percent women vs. 3.7 percent men); a Bachelor’s degree (18.0 percent women vs. 17.0 men); and a graduate or professional degree (11.8 percent women vs. 10.9 percent men). Again, because the differences of achievement between women and men are so slight, the achievement of educational equity should be monitored closely and not taken for granted.

Education and Race/Ethnicity

Looking specifically at the educational attainment of New Orleans women based on race/ethnicity (Table IV-7), it can be observed that large differences exist in educational attainment among and between women. Approximately one-fifth of Black/African American women ended their education before graduating high school, and more than half of Black/African American women concluded their education at the high school level or below. In contrast, 55.2 percent of White women and 57.3 percent of Hispanic/Latinas aged 25 years and over in New Orleans completed four or more years of college compared to just 14 percent of Black/African American women.

Differences between and among women are not as pronounced either nationally or statewide as they are in New Orleans. In 2007, nationally, on average 26.7 percent of U.S. women had a four-year college degree or higher: 28 percent of White women, 18.5 percent of Black/African American women, and 13.4 percent of Hispanic/Latinas. Statewide in Louisiana, 23.3 percent of White women had a four-year college degree or more compared to 14.2 percent of Black/African American women, and 23.6 percent of Hispanic/Latinas for an overall average of 20.8

The women of New Orleans, particularly White women, had made significant educational, occupational, and economic gains prior to Hurricane Katrina. Those gains largely were washed away with the storm.

Table IV-7. Educational Attainment of Orleans Parish White, Black/African American, and Hispanic/Latina Women 25 Years and Over: 2007

Education	White	Black/ African-American	Hispanic/ Latina
Total (Percent)	31,378 (36.3%)	51,568 (59.7%)	3,376 (3.9%)
• Less than high school diploma	2,043 (6.5)	10,446 (20.3)	603 (17.9)
• High school graduate, includes equivalency	4,542 (14.5)	20,735 (40.2)	592 (17.5)
• Some college, no degree	6,182 (19.7)	10,790 (20.9)	120 (3.6)
• Associate's degree	1,280 (4.1)	2,337 (4.5)	127 (3.8)
• Bachelor's degree	10,732 (34.2)	4,399 (8.5)	1,701 (50.4)
• Graduate degree	6,599 (21.0)	2,861 (5.5)	233 (6.9)

Source: U.S. Census Bureau. 2007 American Community Survey. Orleans Parish. Tables B15002 A,B,I "Sex by Educational Attainment for the Population 25 Years and Over." Compiled by the author.

percent statewide.²⁰ Thus the educational attainment particularly of White and Hispanic/Latina women in New Orleans is substantially higher than their counterparts nationally or in the rest of the state, while the educational attainment of Black/African American women is somewhat below the state and national averages.

Although the educational attainment of women in New Orleans who have a Bachelor's degree or higher is greater than the rates for women nationally and in the state, we would expect no less for a metropolitan area that boasts seven four-year colleges and universities and several junior colleges. In particular, with three historically Black/African American colleges and universities in the city, we would anticipate New Orleans Black/African American women would have opportunities to exceed the national average for African American women by a wide margin. The fact that Black/African American women in New Orleans have educational attainment rates below Black/African American women nationally, and considerably below both White and Hispanic/Latina women in New Orleans, indicates that as with earnings and occupations, race continues to shape women's opportunities in the city.

Women Owned Businesses

In 2006, the New Orleans-Metairie-Kenner metropolitan area was ranked 46th among 50 metropolitan areas in the number, employment, and sales of majority women-owned businesses—meaning women owned 51 percent or more of the business.²¹ This ranking was based on an estimated 37,432 privately-held, majority women-owned firms in the area, generating approximately \$5.5 billion in sales and employing 37,287 people.²² Between 1997 and 2006, the number of majority women-owned firms increased by 70.6 percent in the New Orleans metropolitan area. However, employment in these firms decreased by 21.9 percent and sales declined by 1.7 percent in the same period.

Of the 37,287 majority women-owned firms in 2006, an estimated 5,076 were privately held, majority women-owned *employer* firms, that is, firms having paid employees. Thus the vast majority of women-owned firms in the New Orleans area had no paid employees, i.e., were owned and operated solely by the owner. This was true as well for women owned businesses nationally; 81 percent of women-owned firms in the U.S. (compared to 75 percent of all firms) do not have any employees (a total of 5.4 million firms).²³



(Photo courtesy of the Newcomb College Institute, Tulane University)

Conclusions

The hurricane season of 2005 did not have the same economic impact on women as it did on men, nor did it impact all women the same. The women of New Orleans, particularly White women, had made significant educational, occupational, and economic gains prior to Hurricane Katrina. Those gains largely were washed away with the storm.

New Orleans women have returned to help rebuild the city, comprising more than half the workforce in 2006 and 2007. Those efforts however, have not been rewarded. The income of Black/African American women, who make up the largest demographic group of workers, declined by 3 percent while the wages of White women dropped by 5 percent between 2005 and 2007. In contrast, the wages of men increased on average by 19 percent. The largest recorded increase in wages was not among construction workers, as might have been expected, but among White males in professional and managerial positions. And while the average earnings of men in managerial and professional occupations increased by 22 percent, the earnings of women in those occupations decreased by 5 percent.

This report documents the important labor force contributions made by Black/African American women to the New

Orleans economy as well as to the necessity and desire of Black/African American women to engage in full employment in a variety of occupations. This report also documents the double jeopardy of being Black/African American and female in New Orleans. Black/African American women predominate in the pink collar sales and service occupations earning on average less than men and White women in those occupations. Black/African American women have made substantial strides in educational achievement yet still fall far short of the educational achievement of White and Latina women. The high unemployment rates of Black/African American women point to the more difficult task faced by Black/African American women in finding and maintaining employment. Still, more than 75 percent of mothers work, and a large number of those women are Black/African American.

Hurricane Katrina dramatically disrupted all aspects of life in New Orleans. It failed, however, to disrupt longstanding inequities based on race and sex. The consequences of continuing this historical segregation and discrimination in the labor force are profoundly troubling for the economic growth of the city and for the well-being and welfare of thousands of women and children who are living in poverty.

Hurricane Katrina dramatically disrupted all aspects of life in New Orleans. It failed, however, to disrupt longstanding inequities based on race and sex. The consequences of continuing this historical segregation and discrimination in the labor force are profoundly troubling for the economic growth of the city and for the well-being and welfare of thousands of women and children who are living in poverty.

Endnotes

- 1 The author wishes to thank Alice Abel Kemp, Jim Calonico, Nancy Mock and Janna Knight for their comments on earlier drafts of this paper.

Methodological note: The analyses in this chapter are based largely on the Census Bureau's annual nationwide sample survey, the American Community Survey (ACS) for 2005, 2006, and 2007, available at <http://factfinder.census.gov/>. The 2005 ACS provides demographic data of the New Orleans area pre-storm. The 2006 ACS was released in September 2007 and represents the official demographic data on New Orleans approximately one year after Hurricane Katrina and the subsequent levee failures. ACS data for 2007 was released September 2008 and represents the most recent and complete demographic data on New Orleans approximately two years after the storm.

Use of ACS data for 2005, 2006, and 2007 allows consistency of measures over time and across categories of data. Nevertheless, there is considerable controversy about the accuracy of ACS data, particularly following a large scale disaster such as Hurricane Katrina. First, the ACS is based on a sample of the population, not the entire population, and the Census figures reported are subject to varying margins of error. Second, the ability to gather accurate information is greatly compromised following a disaster as traditional methods of gathering data—door-to-door, mail, telephone surveys, or employment data—are no longer possible or available. In addition, the instability and continuing change of a community following a disaster means that it is impossible for data collected at one point in time to reflect varying processes that include in- and out-migration. Finally, there is considerable lag time between the collection of ACS data and their release; numerous changes in a community can occur that are not represented in the data presented. The sometimes wide fluctuations in data between 2006 and 2007 speak to these various weaknesses.

“White,” “Black or African American” and “Hispanic or Latino” are categories of identity used by the U.S. Census Bureau and are used in this report for consistency. All race statistics are based on those reporting race alone. Hispanic or Latino is of any race. Detailed data for Asians is unavailable at the city level for New Orleans.

- 2 Institute for Women's Policy Research. The Status of Women in the States. 2004. “Table 4. How the States Measure Up: Women's Status on the Employment and Earnings Composite Index and Its Components.” <http://www.iwpr.org/States2004/SWS2004/national.htm>
- 3 Institute for Women's Policy Research. 2006. Briefing Paper. “The Best and Worst State Economies for Women.” . http://www.iwpr.org/pdf/R334_BWStateEconomies2006.pdf
- 4 Willinger, Beth. 2004. “Closing the Gender Wage Gap: How Are Louisiana Women Doing?” <http://newcomb.tulane.edu/article/closing-the-gender-wage-gap-how-are-louisiana-women-doing>
- 5 The labor force participation rate is the proportion of people who are either employed or unemployed and looking for work relative to the total civilian population aged 16 years old and older.
- 6 The unemployment rate is the percent of the workforce that is not working but has been looking for work in the last four weeks, **and** was available to work.
- 7 The unemployment rate for the state of Louisiana also has been quite high relative to the national average. In 2005, the unemployment rate for Louisiana was 13.2 percent compared to 6.9 percent for the U.S.; in 2006, the rates were 12.0 percent Louisiana vs. 6.4 percent U.S.; and in 2007, 11.5 percent Louisiana vs. 6.3 percent U.S.
- 8 According to the Greater New Orleans Community Data Center, only 117 childcare centers were open as of June 30, 2008 compared to 275 centers pre-Katrina. http://www.gnocdc.org/maps/orleans_child_care.pdf
- 9 An estimate of working mothers is important to understanding the impact of Hurricane Katrina on women and families, and for this reason we have determined to include the information in this report despite an ACS programming error. The ACS recently released a statement indicating that an error was found in the programming of the variable in 2005 and 2006 “that resulted in the inconsistent identification of women in subfamilies having a child, producing an underestimate of the number of women with own children usually in the 1 percent to 2 percent range for each of the states.” Because this error possibly underestimated the number of working mothers in both 2005 and 2006, the change between 2005 and 2006 would be relatively accurate, however data for 2007 is not directly comparable to data from 2005 and 2006 and change observed maybe other than that which is indicated by Table IV-2.

- 10 Bureau of Labor Statistics. Rate is based on the consumer price index. Generated by Beth Willinger. http://www.bls.gov/data/inflation_calculator.htm. Accessed November 4, 2008.
- 11 It should be emphasized that these earnings are for full-time, year-round workers. In 2005, approximately 53 percent of women in the New Orleans labor force worked full-time, year-round, while in 2006, only 42 percent of women did so. In 2007, the percent of women working full-time, year-round rose to 54.8 percent. The earnings of women who worked less than full-time, year-round are lower on average than for full time workers: \$19,313 in 2005; and \$18,206 in 2007.
- 12 U.S. Census Bureau. 2005 American Community Survey. United States. "Selected Economic Characteristics: 2005"
- 13 IWPR. 2006. Ibid.
- 14 U.S. Census Bureau. 2007 American Community Survey. Orleans Parish, Louisiana. Table B24012, "Sex by Occupation and Median Earnings in the Past 12 Months (in 2007 Inflation-Adjusted Dollars) for the Civilian Employed Population 16 Years and Over."
- 15 IWPR. 2006. Ibid.
- 16 Greater New Orleans Community Data Center. 2005. Louisiana Hurricane Impact Atlas. <<http://gnocdc.org/impact.html>>
- 17 For earnings data see: U.S. Census Bureau, 2007 American Community Survey. Orleans Parsh. Table B24022 "Sex by Occupation and Median Earnings in the Past 12 Months (in 2007 Inflation Adjusted Dollars) for the Full-Time, Year Round Civilian Employed Population 16 Years and Over."
- 18 Data for 2007 are unavailable for Hispanic/Latinas. However, in 2006, 37.4 percent of Hispanic/Latinas were employed in Management or Professional occupations; 15.2 percent in Service occupations; and 47.4 percent in Sales and office occupations. No Hispanic/Latinas were recorded employed in Farming, Construction, or Production occupations.
- 19 U.S. Census Bureau; Department of Commerce. "Young Women Surpass Young Men in Educational Attainment, Census Bureau Reports." CB98-105. 1998. <http://www.census.gov/>
- 20 U.S. Census Bureau, 2007 American Community Survey. United States and Louisiana. Tables B15002 A,B,I "Sex by Educational Attainment for the Population 25 Years and Over."
- 21 Center for Women's Business Research. 2006. "Women-Owned Businesses in New Orleans-Metairie-Kenner 2006: A Fact Sheet." <<http://www.cfwbr.org/metro/index.php>>
- 22 By way of contrast, in 2006, Nashville, TN was ranked 40th among the 50 metropolitan areas with 39,107 majority women-owned firms having 25,095 employees and \$9.35 billion in sales.
- 23 Center for Women's Business Research. 2006. Ibid.

A Status Report on Housing in New Orleans after Katrina: An Intersectional Analysis

Rachel E. Luft with Shana Griffin



Housing devastation in the Ninth Ward, New Orleans (photo by Paula Burch-Celentano, Tulane University Office of Publications)

“Staying” in New Orleans before the Storm

Even non-locals know New Orleans by its neighborhoods — the French Quarter, the Treme, the Garden District, and now the Ninth Ward. But for residents of New Orleans, identification with neighborhood likely exceeds that of any other city in the United States. Here, when inhabitants meet, the question “Where do you stay?” comes long before “What do you do?” New Orleanians exhibit a cultural allegiance to and historical knowledge of place that is exceptional in North America. It is both cause and effect of notoriously low levels of out-migration — New Orleanian families have been in the city for generations, and a striking number have never been out of the region. The blow Hurricane Katrina struck to the material landscape and housing, and to the residents’ psychological sense of belonging and identity, should be viewed in the light of this unique attachment to place.

Housing is a gendered phenomenon because women’s access to a safe home is mediated by men, children, a gendered labor market, and gendered housing and welfare policy. As women are overwhelmingly responsible for domestic caring for children, the disabled, and the elderly, women’s relationship to home is an indicator of the quality of life of other vulnerable groups as well. Women in New Orleans have long organized themselves politically around issues linked to housing, in groups like public housing development Resident Councils, the New Orleans Welfare Rights Organization, and the New Orleans Tenants Organization. Most of the data collected thus far on housing in New Orleans since Hurricane Katrina is not disaggregated by gender, and thus we must interpret race and poverty statistics through a gendered lens in order to understand the intersectional impact of housing on the lives of women and girls since the storm.

Pre-storm housing patterns were clearly determined by gender, race, and class. In some ways, New Orleans reflects correlations apparent in the rest of the country, only more so. Before the storm, Orleans parish was 65 percent Black¹, and

had a 28 percent poverty rate, compared to a 12 percent poverty rate nationwide. Renters constituted 54 percent of the city population, compared to 34 percent nationwide. The city also had twice the national rate of female-headed households, a figure impacted by the job discrimination and underemployment experienced by local Black/African American men. Relatedly, 55 percent of grandparents were responsible for dependent grandchildren, presumably in home-based care.

But there are other ways in which New Orleans’ historical exceptionalism as the continuous urban center of free people of color (*gens de couleur libre*) created exceptional housing patterns as well. Several middle class neighborhoods with a higher percentage of Black/African American residents than the rest of the city, such as Gentilly Terrace and Pontchartrain Park, also had a significantly higher owner occupancy rate. This correlation applied to the poor and working class Lower Ninth Ward as well, for despite the latter’s high poverty (34 percent) and female-headed household rates (25 percent), it too had a higher percentage of home ownership, at 59 percent. For many poor, working class,

and middle class Black/African Americans in New Orleans, home ownership was a hard-earned and life-sustaining asset.

Housing Demographic Changes since the Storm

The population of Orleans Parish was 452,170 in July 2005. The Metropolitan Statistical Area (MSA), which includes Orleans and six surrounding parishes, was 1,316,510. After a near total displacement of residents in September 2005, by November 2007, the U.S. Postal Service claimed that 139,744 out of 198,232 pre-storm households were receiving mail in New Orleans, which some local analysts have argued is the most accurate population indicator in a time of ongoing flux. By all estimates, this post-Katrina population is whiter and wealthier than its pre-Katrina inhabitants. The MSA has seen greater increases in population as some New Orleanians have moved to outlying parishes, and the MSH is now at 81 percent of its pre-Katrina household rate, or 452,733 out of 524,317. We still do not know what percentage of these households are returning residents, and what percentage are new inhabitants.

According to FEMA damage records, 134,564 (72 percent)² housing units in Orleans Parish were damaged by Katrina and Rita and the subsequent flooding, of which 78,918 (42 percent)³ were severely damaged or destroyed. In a city in which the majority of inhabitants were renters, it is estimated that 51,700 of the seriously damaged or destroyed units were rentals.⁴ In January 2008, in the middle of FEMA's campaign to vacate occupied trailers by June 2008, there were approximately 34,000 inhabited trailers in Louisiana, with more in Orleans Parish than other parishes.⁵ Meanwhile, the homeless population of New Orleans continues to grow, hovering now at 12,000,⁶ which is double the pre-storm number. In the Fall 2007, a homeless encampment swelled in the quad across from City Hall until it was driven out and a fence put around the area. Hundreds

then relocated to tents under the Claiborne Avenue overpass. The choice of this location was not lost on locals, some of whom remember this corridor—in the years before a federal highway was sited there—as being the heart of the Black/African American owned business and cultural arts district. City officials continue to threaten the imminent removal of the homeless, and have returned to controversial mission-model temporary sheltering.

The Impact of Federal Housing Policy: A Second Storm

While the floodwaters and failed levees significantly impacted the housing stock of the parish, affordable housing advocates point to local and federal housing policy response as the source of an ongoing secondary disaster. Due to occupational gender discrimination and other sources of gender inequity, women are disproportionately in need of low-income housing. Black/African American women's need for affordable housing is the result of the intersection of gender and race inequality as the wages of both Black/African American women and men are considerably lower than those of White women and men.

PolicyLink, a progressive think tank, recently released a report in which it calculates that “[f]ederal recovery programs are projected to restore only 43 percent of the city's total rental losses.”⁷ The rental housing shortage means rents have increased by 46 percent since the storm. James Perry, executive director of the Greater New Orleans Fair Housing Action Center has challenged federal neglect of renters in its multi-billion dollar allocation for homeowners through the Road Home program. While just half of the almost 200,000 home-owning applicants have received their awards, the fraction designated for rental units goes to landlords for renovation, and not to renters themselves.⁸ Into this shrunken housing landscape created by “passive policy”—the lack of federal disaster funds allocated for rental housing recovery—HUD (the Department

Most of the data collected thus far on housing in New Orleans since Hurricane Katrina is not disaggregated by gender, and thus we must interpret race and poverty statistics through a gendered lens in order to understand the intersectional impact of housing on the lives of women and girls since the storm.

PolicyLink notes that the total number of units available to extremely low-income renters will be a mere 37 percent of the pre-storm pool, while local housing advocates claim it will be even smaller. In this way, they argue, HUD and HANO are engineering policy as to who can and cannot return to New Orleans.

of Housing and Urban Development) and HANO (Housing Authority of New Orleans) have additionally taken a more aggressive approach when it comes to housing for the lowest income, disabled, and elderly renters by actively defunding subsidized housing. HUD has designated funds to rebuild just over a third (4,538 units)⁹ of the subsidized housing stock. Further, after a two year campaign to demolish four public housing developments (C.J. Peete, B.W. Cooper, Lafitte, and St. Bernard), HUD/HANO began the demolition process in December 2007. Overwhelmingly, public housing leaseholders are women, in this case Black/African American, who are largely heads of households with children.

The decision to demolish four of New Orleans' ten public housing developments during a time of housing crisis in the city was contested locally, nationally, and internationally. Despite the fact that generations of New Orleanians had sought shelter in the projects during hurricane warnings because of their low-rise, sturdy brick workmanship, residents were evacuated along with the rest of the city days after surviving the storm. When they returned to New Orleans they were not allowed back into the developments, and within a few months steel plates were placed over doors and windows. After ten months of limbo for over 4,500 public housing families, on June 2006, HUD Secretary Alphonso Jackson announced federal plans to demolish the four developments. This decision precipitated local, national, and international resistance. Civil Rights lawyers filed lawsuits on behalf of residents; Congresswoman Maxine Waters (D-CA) successfully passed House legislation (HR 1227) requiring further investigation and a freeze on demolitions, and Senators Christopher Dodd (D-Conn) and Mary Landrieu (D-LA) sponsored its sister initiative, SB 1668, which has been held up in committee ever since by Louisiana's Republican Senator Vitter; critical statements were issued by all three Democratic

Presidential candidates at the time; UN Rapporteurs on Internally Displaced People visited the city repeatedly and two UN advisers condemned the demolitions¹⁰; and a grassroots social movement has arisen in New Orleans that organizes residents and plans public demonstrations.

Despite the variety of concerns voiced by critics of HUD's decision, demolitions have begun on three of the four developments (final permits for Lafitte are pending). The number of units to be rebuilt is highly disputed. HUD/HANO intend to replace the housing developments with mixed-income units in line with broader federal housing policy under HOPE VI, and claim they will replace the pre-storm total number of 6,606 public housing units with 3,343 public housing units, and 5,518 subsidized units with 1,765 subsidized units.¹¹ Affordable housing advocates claim that while these figures indicate a dramatic reduction in net housing, they also under represent the more significant drop in rental units at what policy makers call deep affordability. Despite using the vague language of low-income housing, HUD has inflated the Area Median Income (AMI) levels, so that its "low-income" threshold is out of reach of the poorest sector. PolicyLink notes that the total number of units available to extremely low-income renters will be a mere 37 percent of the pre-storm pool, while local housing advocates claim it will be even smaller. In this way, they argue, HUD and HANO are engineering policy as to who can and cannot return to New Orleans.

Framing the Struggle for Affordable Housing: Finding Alternatives

The bleak affordable housing situation for returning New Orleanians has generated a variety of responses beyond the defense of public housing. These include the turn by locals to an international human right-to-housing framework, and a multifaceted grassroots exploration of affordable housing alternatives.

Local and national racial justice groups are increasingly using a human rights paradigm to attempt to hold the United States accountable to international standards of racial justice. Interestingly, similar measures have not been taken in the name of gender justice. Since Hurricane Katrina, local grassroots groups like The People’s Hurricane Relief Fund and Advocates for Environmental Human Rights, and national groups like The U.S. Human Rights Network, have invoked U.N. rights discourse to substantiate charges that Black/African Americans have been disparately impacted by Hurricane Katrina recovery efforts. These efforts have focused on housing and displacement. On March 8, 2008, the U.N. Committee on the Elimination of Racial Discrimination (CERD) issued its concluding observations on the recent U.S. status report to the committee, advising

that the U.S. “increase its efforts in order to facilitate the return of persons displaced by Hurricane Katrina to their homes, if feasible, or to guarantee access to adequate and affordable housing.”¹² U.N. experts on Internally Displaced People also have made numerous trips to New Orleans to gather evidence and encourage application of the IDP framework to Katrina evacuees. Federal initiatives to reduce affordable housing in New Orleans have also been met with grassroots efforts to explore alternative means to the development of low-income housing. Former public housing residents, together with local advocates, are exploring land trusts and other approaches to collective land ownership. As two local women organizers of color and an ally explain, “Community organizing and community-based accountability are the things we have left when the systems have collapsed.”¹³

Endnotes

- 1 Unless otherwise indicated, all statistics included in this report come from the Greater New Orleans Community Data Center. Accessed February-March 2008. <<http://www.gnocdc.org/index.html>>
- 2 U.S. Department of Housing and Urban Development’s Office of Policy Development and Research. February 12, 2006. “Current Housing Unit Damage Estimates: Hurricanes Katrina, Rita, and Wilma.” <http://www.huduser.org/publications/pdf/GulfCoast_HsngDmgEst.pdf>
- 3 Ibid.
- 4 PolicyLink. December 2007. “Fewer Homes for Katrina’s Poorest Victims: An Analysis of Subsidized Homes in Post-Katrina New Orleans.” <http://www.policylink.org/documents/nola_fewerhomes.pdf>
- 5 Metropolitan Policy Program at Brookings and Greater New Orleans Community Data Center. January 15, 2008. “The New Orleans Index: Tracking Recovery of New Orleans & the Metro Area.” :32.
- 6 Quigley, William P., Director, Loyola Law Clinic. Personal correspondence, March 2008.
- 7 PolicyLink, 2.
- 8 Metropolitan Policy Program at Brookings and Greater New Orleans Community Data Center. January 15, 2008. “The New Orleans Index: Tracking Recovery of New Orleans & the Metro Area.” :7
- 9 PolicyLink 1.
- 10 *Times-Picayune*. Thursday, March 6, 2008. “Housing Critics Never Visited N.O.” :1.
- 11 Housing and Urban Development. “Fact Sheet: New Housing to Benefit New Orleans.” December 2007. <<http://www.hud.gov/news/neworleansfact.cfm>>; PolicyLink 2.
- 12 United Nations. Committee on the Elimination of all Forms of Racial Discrimination. March 7, 2008. “Concluding Observations of the Committee on the Elimination of Racial Discrimination.” Seventy-second Session. <<http://www.ohchr.org/EN/countries/ENACARegion/Pages/USIndex.aspx>>
- 13 Bierria, Alisa, Mayaba Liebenthal, and INCITE! 2007. “To Render Ourselves Visible: Women of Color Organizing and Hurricane Katrina” in *What Lies Beneath: Katrina, Race, and the State of the Nation*. Boston: South End Press.

Health and Health Care

Nancy Mock



*Covenant House Clinic
(photo by Paula Burch-Celentano,
Tulane University Office of
Publications)*

Hurricane Katrina had a dramatic effect on the health status and health system of New Orleans' residents. Unfortunately, very little data is available to systematically document gender differentials in Katrina's health effects. However, this chapter will review the health impacts of Katrina through a gendered lens. The analysis particularly demonstrates indirectly, the significant impacts of Katrina on health care access for poor and low income women.

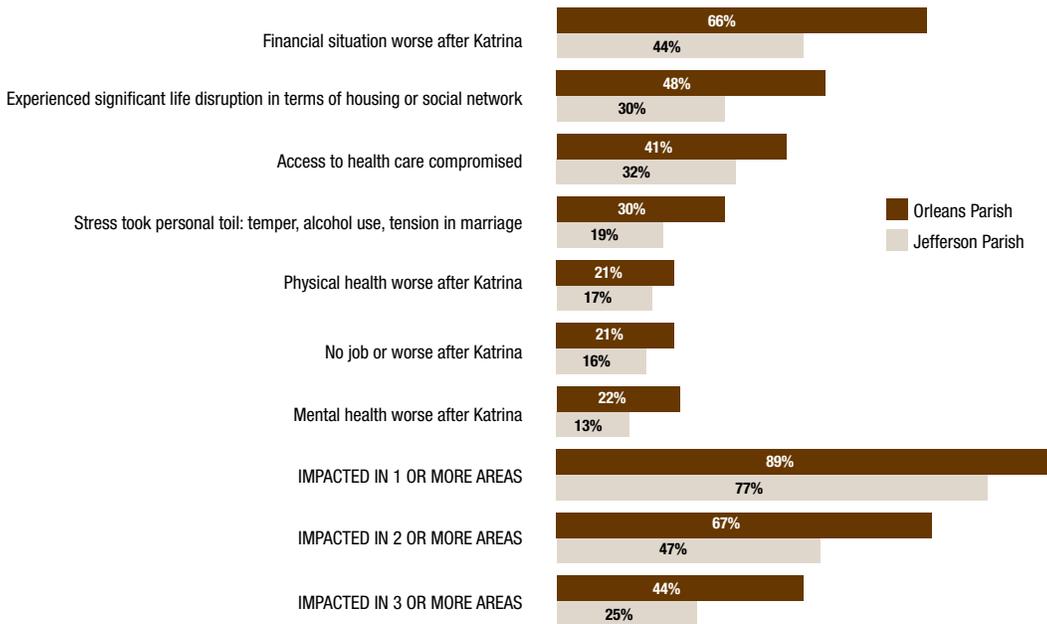
First, one of the most significant indicators of the health outcomes of any disaster is the mortality that a disaster causes. Mortality is one of the principal indicators used globally to measure the human toll of disasters. The official death count for Louisiana was 1464 individuals who died within the first few days of the storm's arrival from trauma or drowning, most of these reported in and around New Orleans. Yet the total excess mortality associated with the immediate and longer term effects of Katrina on health may never be known, and determining the count has spurred a heated debate among epidemiologists. For example, one study suggests that during the first six months of 2006, mortality may have been 47 percent higher than pre-Katrina levels,¹ while the Louisiana Department of Health and Hospitals suggests that this analysis over-estimates mortality.² These deaths that occur weeks and months after the storm are indirect effects of the storm due to suicides, stress-related deterioration in health status or lack of treatment for chronic health problems that occur when people do not have access to drugs and necessary medical procedures. While the magnitude of excess indirect mortality due to the storm may not be known, there is considerable support for the position that excess mortality was elevated.

While the gender ratio for the immediate mortality appears nearly equal between women and men (432 males and 421 females of those classified),³ there is evidence that women were at higher risk of dying from the sequela of the storm, though no definitive data are available to confirm this preliminary finding.⁴ However, the greater health vulnerability of women post-disaster is expected, and has been demonstrated elsewhere based upon the greater number of elderly women than elderly men, the higher poverty levels experienced by elderly women and female-headed households, and the greater burden of stress-related mental illness experienced by women.

Very little systematic information has been collected about the health status of New Orleans residents post-Katrina; of the data collected, no analysis has been done on the differential health status of women and men in New Orleans or Louisiana post-Katrina. However, the Kaiser Family Health Foundation conducted a probability survey of adults in Orleans and Jefferson parishes during the fall of 2006 to determine the population's perspective and self evaluation of health, health care and the obstacles they faced after the storm. The Kaiser Foundation published a report⁵ showing that self-reported chronic health conditions were higher post-Katrina than before the storm, particularly among the poor and low income, which made up approximately 50 percent of the pre-Katrina population of New Orleans.⁶ More than 40 percent of adults reported a diagnosed chronic condition; 22 percent reported that access to health care was worse at the time of the survey than before the storm. Importantly, there were large socio-economic and racial differentials in health status, health care and the impact of the

Figure VI-1. Perceived Impact of Hurricane Katrina on Residents in Orleans and Jefferson Parishes

Percent who reported having an impact in each of the following areas after Hurricane Katrina, by parish:



storm, with low income/poor and Black/African American residents of Orleans Parish the most dramatically affected (See Figures VI-1, VI-2, and VI-3).

This data, while not specific to gender, mirrors what is an undisputable fact: low income Black/African American women in New Orleans have poorer health status and access to health services than do their White counterparts and Black/African American peers nationally. It is well documented (Louisiana Tumor Registry, 2006) that Black/African American women in Louisiana and New Orleans die at a much higher rate than do White women in our state, or Black/African American women nationwide. For example, breast cancer mortality rates for Black/African American women are 60 percent higher than their White counterparts and 19 percent higher than their Black/African American counterparts nationwide. Analyses are not yet available for post-Katrina rates.

The explanation for these local and national disparities can be found in large part in the weakness of our local health care system, one that has traditionally focused on hospital care and a two-tiered system of health care (separate health care delivery for the poor and others).⁷ Perhaps the most important finding relative to health is the poor health care utilization patterns even before the storm, and the fact that the health care system that did exist was decimated during the storm. New Orleans and Louisiana generally are unique in that a large state public health care program existed for decades, providing free health care to the indigent population of the state. This system serviced the poor and economically disadvantaged and uninsured population, which, again, was among the highest levels in the country. The existence of this public system resulted in a complex and unique health care landscape in New Orleans, where the poor predominantly

used the public system and where the private providers serviced few uninsured. Low-income residents had particularly poor health care utilization practices, characterized by low use of preventive services and a high reliance on emergency room services. In fact, in 2004, Louisiana was ranked the fourth highest state in terms of emergency department use.⁸

Katrina resulted in an apparent increase in the number of uninsured residents,⁹ the closure of Charity Hospital and a large number of the state's health clinics. This was a dramatic shock to the poor who did not immediately have a clear path to health care after the storm.¹⁰ As the urban poor are disproportionately represented by female-headed households, this situation most acutely affects uninsured women.

While great strides have been made towards insuring low-income children through the Louisiana Children's Health Insurance Program, adults and especially the working poor, are under-insured. This results in late and sporadic treatment of health problems and excessive use of emergency room as opposed to primary care treatment facilities.

In addition, the health care system has been recovering somewhat slowly, in part due to the controversy surrounding the nature of its reinvention. As of February 2006, there were an estimated 80 percent fewer hospital beds in New Orleans than before the storm¹². Only three of New Orleans' nine acute care hospitals had reopened by that date. While prior to Katrina 90 safety net clinics operated, by February 2006, only 19 clinics were opened and generally operating at less than 50 percent capacity. However, as of the writing of this report, the hospital capacity is nearly keeping pace with the repopulation of the city, though the clinic capacity is not. The problem remains one of access to health facilities and primary care facilities, particularly for the uninsured, who remain as high as 25 percent of the New Orleans population.

As shown in Figure VI-3, "Health care coverage and access problems" were considered the primary problems in the city for 72 percent of the African Americans surveyed. Specific services aimed at women's health issues were greatly deficient before the storm and have only become worse. For example, as of February 2008, there were only 19 primary health clinics in New Orleans that offered the spectrum of basic adult preventive health services.¹² Only one of these clinics included female reproductive health among the services offered. As noted in another section of this report, there is but one reproductive health clinic/service delivery point in the city. This is a striking situation that requires immediate attention.

The health care situation, while dire, largely revolves around coverage for the uninsured and widespread availability of primary care and ambulatory care for the poor and low income population. These are acute needs that should be addressed by decreasing Medicaid eligibility requirements and decentralizing health care to homes, neighborhoods and communities. As women are a disproportionate share of the poor/low-income who are underinsured, serve as the primary family caregiver, and comprise 65 percent or more of the healthcare support workers, health care is especially a woman's issue.

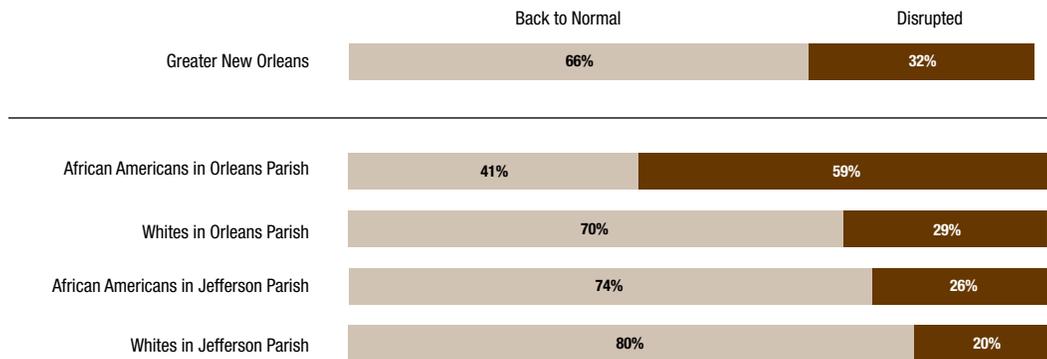
Some progress is being made towards a more equitable and progressive health system. In 2007, the creation of the Louisiana Health Care Quality Forum (LHCQF) was established by the Louisiana Legislature¹³ and it is well-viewed by national health leaders. However, progress is slow and health care access in neighborhoods remains a serious constraint to achieving health, especially among low income women.

This chapter mirrors the findings of most of this report. Poor and low-income women particularly bare the effects of a health system that was largely washed away with the storm. The dearth of gender disaggregated

Figure VI-2. Perceived Progress towards Recovery among a Probability Sample of Orleans and Jefferson Parish Residents

Recovering from Hurricane Katrina

Which of the following best describes your day to day life in terms of recovering from Hurricane Katrina—would you say that it is largely back to normal, almost back to normal, still somewhat disrupted, or still very disrupted?



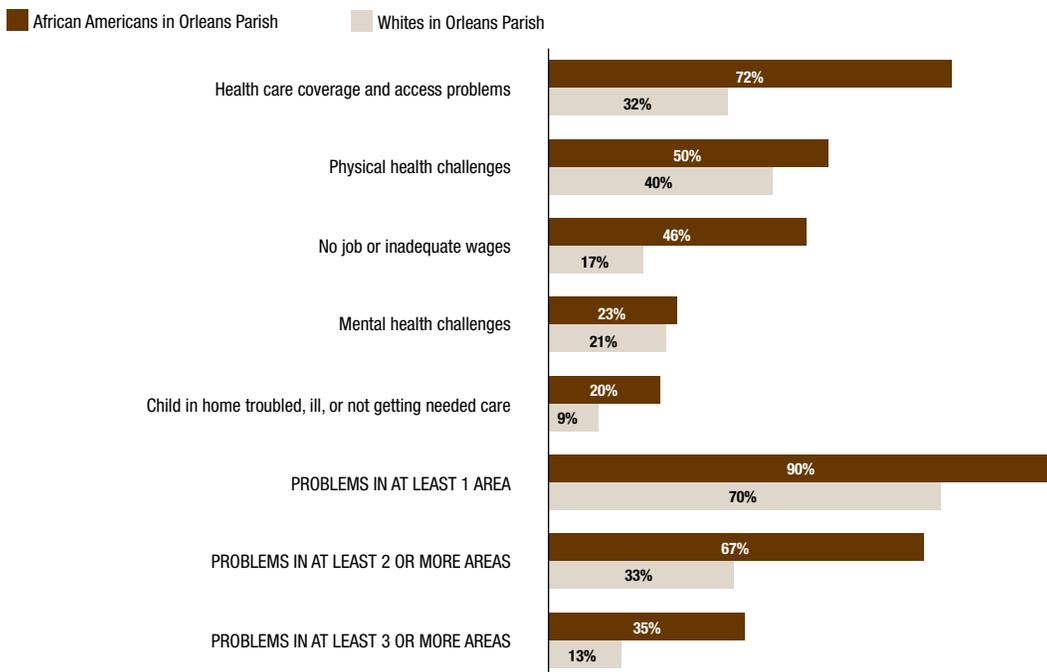
Note: The percentage who did not give an answer is not shown.

Source: Kaiser Family Health Foundation, 2007.

Figure VI-3. Perceived Problems among a Sample of Orleans Parish Residents

Orleans Parish: Portrait of Problems Faced by African Americans and Whites

Percent who reported a problem in each of the following areas:



Source: Kaiser Family Health Foundation, 2007.

data post-Katrina and also of systematic assessment of the health care needs of low income and poor women is a serious gap that affects policy and planning needs for rebuilding the health system. The absence of attention to understanding the gender

dimension of health and health systems in New Orleans is startling. There is an urgent need to better assess the differential effects of Katrina and its response on the women and girls of New Orleans.

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Mental Health Status of Women and Children Following Hurricane Katrina

Stacy Overstreet and Berre Burch

Findings from the scientific literature clearly demonstrate that the psychological effects of natural disasters can be quite serious, particularly for women and children.¹ Women who have lived through Hurricane Katrina and the levee failures in New Orleans are no exception to this rule.

Although the empirical data regarding the mental health of women who lived through Hurricane Katrina is just beginning to emerge, it is generally consistent with previous research documenting high rates of psychological distress among women exposed to disasters.² For example, Scheeringa et al. assessed the presence of psychiatric symptomatology among a sample of 70 mothers who lived in the New Orleans metropolitan area at the time of Hurricane Katrina. The majority of the women headed single-parent households. Six months after the storm, about half of the women met criteria for a psychiatric disorder, the most common of which was Posttraumatic Stress Disorder PTSD (35.6 percent).³ A study of Tulane University employees six months after the storm also revealed high rates of PTSD among women. In a sample of 1,542 employees, 21.9 percent of women reported clinically significant symptoms of PTSD, which was significantly higher than the 14.7 percent of men reporting a similar level of symptoms.⁴

Taking a more epidemiological approach to estimating the mental health sequelae of Hurricane Katrina, Ronald Kessler and his colleagues formed the Hurricane Katrina Community Advisory Group, which is a representative sample of 1,043 adults who resided in Alabama, Louisiana, and Mississippi prior to the storm.⁵ About six months after the storm, individuals were assessed to determine

the rate of anxiety and mood disorders, including PTSD. The rate of mental illness, generally, and PTSD, specifically, among study participants was high and particularly so for participants who lived in the New Orleans area. For example, 49.1 percent of participants living in New Orleans had a least one mood or anxiety disorder and 30.3 percent met criteria for PTSD, compared to 26.4 percent and 12.5 percent, respectively, of participants in the remainder of the sample. Women were at an even greater risk for mental illness. Specifically, women were 2.7 times more likely than men to have PTSD and 1.3 to 2 times more likely than men to have an anxiety or mood disorder other than PTSD.⁶

Previous research examining recovery after natural disasters has generally found that posttraumatic mental illness tends to resolve within one-to-two years following the disaster.⁷ This does not seem to be the case for those affected by Hurricane Katrina; rates of mental illness seem to be holding steady or actually increasing. For example, a follow-up study of the Hurricane Katrina Community Advisory Group one year after the storm found that the prevalence of serious anxiety/mood disorders and PTSD remained stable for participants from New Orleans and actually rose 4 percent and 8 percent, respectively, among the remainder of participants. Rates of suicidality significantly increased for all participants in the study sample; 6.4 percent of participants reported suicidal thoughts one year after the storm compared to 2.8 percent six months after.⁸

Abramson, Garfield, and Redlener found similarly troubling rates of mental illness one year after Hurricane Katrina based on a probability sample of households involving 576 Mississippi residents. In addition,

The persistence of mental health problems in survivors of Hurricane Katrina is likely due to the catastrophic nature of the disaster. Large scale disasters are followed by a myriad of secondary stressors that include, but are not limited to, a slow return of municipal infrastructure and services, obstacles to personal rebuilding efforts, and disruptions in social networks.

their findings indicate that women may be differentially vulnerable to the long-term psychological impact of the storm. Parents and caregivers, 75 percent of whom were women, reported high rates of parenting stress and mental health problems. For example, 44 percent of caregivers reported symptoms of mental illness consistent with clinically diagnosable anxiety and depression disorders, a prevalence rate significantly higher than that observed among Louisiana caregivers interviewed six months after Hurricane Katrina. Female caregivers tended to report higher rates of psychological disorders than men; 46.5 percent of women, compared to 37.5 percent of men, reported clinically significant psychological distress. In addition to mental health distress, caregivers also reported distress related to parenting. For example, 13.2 percent of caregivers reported that they were having significant difficulty coping with the daily demands of parenting, which is more than eight times higher than that reported by similar samples of parents living in Mississippi prior to Katrina. Once again, more female caregivers (14 percent) reported this as a problem than male caregivers (10.7 percent).⁹

The persistence of mental health problems in survivors of Hurricane Katrina is likely due to the catastrophic nature of the disaster. Large scale disasters are followed by a myriad of secondary stressors that include, but are not limited to, a slow return of municipal infrastructure and services, obstacles to personal rebuilding efforts, and disruptions in social networks. As the time since the disaster increases, secondary stressors become more important than initial exposure factors (e.g., life threat, acute loss and disruption) in predicting psychological outcomes.¹⁰ In fact, within the Hurricane Katrina Community Advisory Group, Kessler et al. found that the experience of ongoing, hurricane-related stress was associated with significant risk for mental health problems one year

after the storm. Specifically, the prevalence of PTSD among respondents who reported no ongoing stress was 1.4 percent, compared to 46.1 percent among those who reported severe ongoing stress.¹¹ Although the authors did not examine gender differences in ongoing stress levels, there is evidence to suggest that women in New Orleans and the Gulf Coast are more likely than men to face a wide range of secondary stressors, likely increasing their vulnerability to psychopathology.

As noted elsewhere in this report, in the months after Hurricane Katrina, women's representation in the workforce decreased, as did their wages.¹² Women tended to be shut out of higher paying jobs in the booming construction industry, but even when jobs were available, women encountered serious obstacles to employment. For example, in New Orleans, more than half of the city's child care centers remained closed nearly three years after Hurricane Katrina.¹³ Women were cut off from extended family networks and community supports due to the massive population displacement following the storm.¹⁴ In a city where an unusually high number of multigenerational family members resided before the storm, many families from New Orleans remained separated.¹⁵ Like the 1995 earthquake in Colima, Mexico, the post-Katrina environment simultaneously magnified the responsibilities of women and impeded their opportunities, placing them at greater risk for serious and persistent mental health problems.¹⁶

The high rates of mental illness and parenting stress observed in women survivors of Hurricane Katrina is disconcerting and has serious implications for the mental health of children. In a sample of 70 mother-child dyads assessed six months after their exposure to Hurricane Katrina, one study found that the onset of new mental health problems in preschool children was significantly correlated with the onset of new mental health problems

in their mothers.¹⁷ Spell et al. obtained a similar finding among a sample of school aged children, in which overall maternal psychological distress served as a significant predictor of child mental health six months after Hurricane Katrina.¹⁸ Finally, in a probability sample of 665 families living in FEMA subsidized housing six months post-Katrina, children whose mothers had mental health problems were 2.5 times more likely to develop adverse mental health symptoms than children whose mothers did not have mental health problems.¹⁹ As noted by Scaramella et al., parental emotional distress and mental illness undermine parenting efficacy, resulting in increases in parental irritability and decreases in consistent discipline, both of which increase the risk for child mental health problems.²⁰

There are currently no published longitudinal studies documenting the impact of Hurricane Katrina on children's mental health over time. However, cross-sectional studies using similar samples and methodologies suggest that the findings related to mental health problems in children post-Katrina mirror those reported for adults in that the rates of mental illness in youth seem to be worsening over time. For example, a probability sample of 252 children living in FEMA subsidized housing in Louisiana six months after the storm found that 43.7 percent of those children were experiencing emotional or behavioral difficulties that were not present before the storm.²¹ One year after Hurricane Katrina, 55.3 percent of 337 children living in FEMA subsidized housing in Mississippi experienced emotional or behavioral difficulties not present before the storm.²² In addition, 22.2 percent of these children had received a diagnosis of depression, anxiety, or a behavior disorder since the storm. In a study conducted twenty-one months post-Katrina using a similar sample of children drawn from 1,247 displaced and heavily impacted households in Louisiana

and Mississippi, 25.4 percent of children in Mississippi and 37.1 percent of those in Louisiana had been diagnosed with depression, anxiety, or a behavior disorder since the storm.²³ These rates of clinically significant mental health problems are similar to those observed by Overstreet and her colleagues in a sample of 271 high school students who lived in New Orleans at the time of Katrina. Eighteen months after Hurricane Katrina, 25.4 percent of the students reported clinically significant PTSD symptoms and 24.6 percent reported clinically significant symptoms of depression.²⁴ Taken together, these results suggest that the rate of mental health problems in youth impacted by Hurricane Katrina are remaining stable or worsening over time.

Despite the high and seemingly stable rate of mental health disorders in women and children affected by Hurricane Katrina, only a small proportion has sought treatment.²⁵ One might certainly blame the widespread loss of mental health care facilities and personnel or a lack of financial resources and insurance for this phenomenon. Following Katrina, the number of mental health care professionals and agencies in the New Orleans area was significantly diminished to almost one-sixth of the pre-Katrina resources.²⁶ In addition, more than two years after the storm, just 57 percent of the medical facilities have reopened.²⁷

In a report commissioned by the Robert Wood Johnson Foundation to better understand funding needs for mental health services in post-Katrina New Orleans, mental health workforce shortages were identified as an area of critical need. Those especially needed are practitioners who work with children and adolescents and who have training in evidence-based trauma treatment.²⁸

Despite these very real obstacles to mental health care, the most frequently cited obstacle is one of perception—among individuals with mental health problems,

there is a low perceived need for help.²⁹ For example, among caregivers who reported that their children were experiencing new emotional or behavioral problems since the storm, only 29 percent sought professional help. Although one-third of those parents who did not seek help reported difficulties with access to care, almost half indicated that the reason they did not seek treatment was because they didn't feel the problem was serious enough to warrant professional attention.³⁰ Studies of adults exposed to Hurricane Katrina have reported similar findings. DeSalvo found that just 28.5 percent of adults with clinically significant PTSD symptoms in their study had talked to a mental health professional despite universal health care coverage and access to an employee assistance program.³¹ Only 18.5 percent of participants in the Hurricane Katrina Community Advisory Group who developed a mental health disorder following Katrina received treatment for the disorder. Among those living in the New Orleans area, 68.1 percent reported that they did not perceive a need for treatment and 28.2 percent cited access to care issues as the reason for not seeking treatment. Access to care was even less of an issue for residents who lived outside of New Orleans; just 11.1 percent reported difficulties accessing care, while 89.1 percent did not perceive a need for treatment.³²

The situation for women and children in the Gulf Coast is critical. Mental health disorders are prevalent and do not seem to be improving with time. Only a fraction of those with mental health problems are actively seeking treatment and even those most committed to treatment must overcome infrastructure problems and shortages of mental health personnel to gain access to treatment. But the most difficult barriers to overcome seem to be attitudinal in nature. As noted by Wang et al. mental disorders carry a heavy stigma in this country, particularly for ethnic minorities. The fear of being stigmatized, as well as the fear of

reliving painful memories in the course of treatment may prevent individuals from seeking the help they need.³³ These issues are compounded for women. Women tend to prioritize the needs of others over their own, pushing their personal needs aside, and thereby increasing the risk of mental health problems.³⁴ The need for increased access to mental health care should be addressed by creating systems of care that are readily available in the communities and settings that serve women and children and by providing services that are culturally and contextually sensitive to the unique needs that women face in a post-disaster environment.

The need for increased access to mental health care could be met by the implementation of the following recommendations:

Research

The emerging research agenda on disaster mental health should take into account the unique mental health needs of women and the unique roles that they play in society. Researchers need to examine specifically gender differences in reactions to disasters, responsiveness to treatment, and access to mental health care. It is also important to note that not all individuals who experience a disaster experience mental health problems, therefore this research agenda should also focus upon factors that promote resilience among women and children in the face of disaster.

Training and coordination of service provision

There are a number of evidence-based interventions designed to mitigate the negative psychological effects of disasters. It is strongly recommended that volunteers are offered training in these intervention practices before working in affected areas. It is also important that national efforts draw upon local resources and organizations familiar with the needs of the community to train volunteers on issues of cultural sensitivity and competence.

Integrated and comprehensive care

Given the many roles that women fill in society, their likelihood to see about the health needs of family members before their own, and the stigma associated with mental health care in lower income communities, it is recommended that mental health care services be integrated into a larger network of general healthcare provision in a post-disaster environment thereby removing barriers such as transportation and increasing opportunities for screening and intervention.

Sustainability

Many federal and private funding sources for mental health care services and research were directed toward the Gulf Coast region immediately following Hurricanes Katrina and Rita. Given the weak mental health services infrastructure before the storm and the substantial loss of providers experienced after the storm, it is essential that the sustainability of new programs be a primary consideration in future policy decisions.

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Domestic Violence and Hurricane Katrina

Pamela Jenkins and Brenda Phillips

The city of New Orleans is experiencing the long term aftermath of the most devastating natural and man-made disaster in the history of the United States.¹ Victims and survivors of domestic violence, as well as the personnel and infrastructure developed to protect them, have been seriously affected by this storm.

Domestic Violence and Disasters

The rate of domestic violence nationwide has been established in various research studies. A Bureau of Justice Statistics report of May 2000, using data from the National Violence Against Women Survey (NVAWS), predicts 7.5 per 1000 women are victimized by intimate partner violence, and 1.5 per 1000 men. However, the rates rise for urban areas to 10 per 1000 women.² A report issued by the National Institute of Justice (NIJ) and Centers for Disease Control and Prevention (CDC) based on the NVAW Survey of November 2000, finds a higher rate of victimization. Further, research from NIJ, “When Violence Hits Home: How Economics and Neighborhood Play a Role” indicates that intimate partner violence is more likely and more severe in households that are economically distressed—a circumstance more likely to be present in post-Katrina New Orleans neighborhoods as even the comfortably middle-class face new economic hardships.³ Generally, intimate violence victims with the least resources rely most consistently on community services and the justice system for assistance. These numbers reflect non-disaster conditions. However, research shows that an event the magnitude of Hurricane Katrina and its aftermath will increase the rate of violence over time. Specifically, disasters create conditions where violence may emerge as a strategy.⁴

Disasters produce widespread psychological distress, physical health problems, social disruptions among the general population, and psychological disorders among some individuals as reported by Overstreet and Burch in this report.⁵ Individuals who had trouble coping before a disaster are more susceptible to stress and maladaptive coping strategies in response to disaster. The pandemic quality of Katrina has the potential to affect a wide-range of individuals and families.⁶

Although the research on the relationship between disasters and domestic violence is limited, there is some indication that domestic violence increases during a disaster.⁷ For example, following the Missouri floods of 1993, the average state turn-away rate of domestic violence victims at shelters rose 111 percent over the preceding year. The final report notes that these programs eventually sheltered 400 percent more flood-impacted women and children than anticipated. After Hurricane Andrew in Miami, spousal abuse calls to the local community helpline increased by 50 percent, and over one-third of the 1400 surveyed residents reported that someone in their home had lost verbal or physical control in the two months since the hurricane. What is important to note about these events is that the displacement of individuals and families over a long period of time was limited. While people lost their homes and livelihoods, none of these disasters resulted in the complete displacement of the population or total destruction of an area.

Before the Storm

Before Hurricane Katrina, domestic violence programs and services in New Orleans were enhanced by nearly a decade of federal funding and local organizing

Immediately after the storm, victims of domestic violence faced the same issues as many others in the community, including: shortage of housing and transportation; limited access to health care; loss of neighborhood and community; loss of jobs; loss of informal support systems; isolation in some neighborhoods and crowding in other living situations. But all those concerns were intensified by the threat, and experience of violence.

made possible through the Violence Against Women Act (VAWA) and the supporting Grants to Encourage Arrest Policies and Enforcement of Protective Orders Program. With this support, the community of domestic violence scholars, activists, responders, and providers made significant progress in making social services available for victims and developing a criminal/civil legal system responsive to domestic violence.⁸

Some significant markers included creation of a domestic violence detective unit that placed officers in each of New Orleans' eight police districts. This contributed to a decrease in the number of domestic violence homicides from 27 in 1997 to 8 in 2003; an increase in the percent of domestic violence arrests resulting from the domestic violence calls for service from 14.7 percent in 1997 to 31.8 percent in the first half of 2005; and to an increase in the number of arrests for violations of protective orders from 4 in 1997 to 150 in 2004. Other efforts led to the successful development, and continuing involvement, of the Domestic Violence Monitoring Court in the magistrate Section of Criminal District Court. In the first six months of 2005, 97 new cases were opened. Finally, there was an increase in Protective Orders across Orleans Parish as the courts worked more closely together. A total of 2,656 orders were sent to the state's Protective Order Registry in the first six months of 2005.⁹

After the Storm and Changes in Domestic Violence Services

In post-Katrina New Orleans, women's safety has taken on complex dimensions. Immediately after the storm, victims of domestic violence faced the same issues as many others in the community, including: shortage of housing, and transportation; limited access to health care; loss of neighborhood and community; loss of jobs; loss of informal support systems; isolation in some neighborhoods and crowding in other living situations. But all those

concerns were intensified by the threat, and experience of violence. Relief monies, either through federal or other agency sources, often complicated the picture for victims of domestic violence. For some, the funds allowed them to leave their abusive partner and find a new home, away from New Orleans. Others have remained with their partners because they were not considered eligible for funds on their own. Many of the resources were designated for the "head of household," and assumed the head to be male, thereby placing control and decision-making over funds in men's hands. As the storm evacuation occurred on a week-end, regularly scheduled week-end visitations of children with non-custodial parents sometimes interfered with custody arrangements. In these instances, victims of domestic violence have had to re-engage communication with their former partners and take part in a complicated legal process to regain custody of their children. These and other factors impacting the lives of domestic violence victims post-Katrina bring focused meaning to Pagelow's model on women's safety. Pagelow's model emphasizes that it is not a woman acting alone that produces her safety, but rather her social context that increases or decreases her safety.¹⁰

Community Response

At a time when women's freedom from domestic violence depended most heavily on legal and social services, every aspect of the New Orleans criminal/civil legal system was disrupted and slowed by the displacement of personnel and by damage to the physical structures, courtrooms and offices.¹¹ Many offices of the criminal justice system were destroyed or temporarily re-located to other buildings, or even other cities. Three years later, some of the physical damage remains and estimates of the time to repair vary greatly. The rebuilding of this system continues as personnel return, courts reopen and police stations undergo repair.

The status of social service agencies reflects much the same pattern. Physical structures were damaged and in some cases destroyed. The Young Women's Christian Association (YWCA) in New Orleans was completely flooded. The YWCA's Battered Women's Program has failed to reopen, and there are no immediate plans for its reestablishment, leaving a tremendous void in services. Catholic Charities' Crescent House, a domestic violence shelter located in Orleans Parish, lost one building to fire after the flood. Domestic violence service providers as well as survivors evacuated to locations throughout the state and the country. As staff members began to return and programs began to stabilize, new models for contacting and supporting victims were put in place. Throughout the state, domestic violence programs used this opportunity to re-think services and to engage in a different kind of outreach: visiting public emergency shelters, networking with local public resources, and making service information available through a broad array of venues. Crescent House is one of the programs that did extensive outreach into the community. In the early months, FEMA set up a service center at the local FEMA facility and Crescent House staff members were available every day that the facility was open.

Almost immediately after the storm, the New Orleans Mayor's Domestic Violence Advisory Council (DVAC) resumed meeting. This group of individuals and agency representatives—who had met together for more than 14 years—initiated a needs assessment. At each meeting, reports by members illuminated the changing landscape for survivors of domestic violence. Summaries of those reports attest to the community's commitment to the restoration of personnel and services; and point to a continuing need for additional services despite a reduction in the population of the city.¹²

Below is a summary of some of the important work carried out by the non-profit organizations in New Orleans as well as by the city and state governmental offices to assist victims of domestic violence pre- and post- Katrina. Evident in these accounts is the serious disruption in services following the storm at the same time the need for services continued to increase. Also evident is the strong commitment to maintain and further develop resources to reduce the incidence of domestic violence in New Orleans.

Domestic Violence Detective Unit:

In August 2005, there were eight domestic violence detectives in the New Orleans Police Department; one housed at each of the police districts. After the storm, the detective unit was reduced to three domestic violence detectives but increased to six in 2007. All were operating out of travel trailers behind Crescent House until early 2008 when they moved to the recently established New Orleans Family Justice Center.

Protective Orders:

In 2004, the total number of protective orders issued statewide was at an all time high with 23,255 registered with the Louisiana Protective Order Registry. In 2006, protective orders were down statewide to 18,544. A decrease in the criminal protective order category (mostly in Orleans Parish) from 5,865 to 2,475 was largely accountable for the drop. In 2006-7, Orleans Parish had 3,611 and Jefferson Parish had 3,467 domestic abuse protective orders issued by civil, criminal and juvenile courts received by the Louisiana Protective Order Registry (LPOR).

Crisis-Lines:

Crescent House received a total of 1,491 crisis-line calls in fiscal years 2006 and 2007. The Metropolitan Center for Women and Children, located in Jefferson Parish, received 4,570 calls for service in 2007.

Family Justice Center:

In the midst of the ongoing crisis of recovery, a collaborative effort involving DVAC, Crescent House, and other local advocates working with the national Office on Violence Against Women, opened a unique Family Justice Center (FJC), a one stop community program for referral and protection of victims and survivors. A FJC had never before been opened in the midst of a disaster. The advocates working together developed and implemented this concept through a series of remarkable collaborative decisions. Now, three years after Katrina, the New Orleans Family Justice Center celebrated its one year anniversary on August 29, 2008.

The Continuing Need for Services

In many disasters, a community will move into a recovery phase relatively quickly. In the aftermath of Katrina, some are beginning to speak of the “long term response and recovery” of New Orleans. As most experts refer to the recovery in years, not months, frustration levels rise and coping strategies diminish. Battered women face difficult conditions: legal issues of custody, separation, and divorce that will become more salient at every juncture of the criminal/civil legal system, and these issues are worsened by the shortage of social services.

There is concern about the tight living conditions in FEMA trailers and other temporary housing in relation to the rates of intimate partner violence. In some cases, this may lead to increased violence. In other situations, the increased surveillance

due to closer living quarters and more people present may mean more opportunities for observation and intervention. Often, third parties will call law enforcement because they are more aware of this situation. Other concerns focus on what will happen when the emergency monies have run out and families move out of temporary housing and attempt to start over either in New Orleans or in a new location. Over time, the influx of workers (both immigrants and U.S. citizens) will require services. Many of the immigrants are Spanish-speaking; therefore, bi-lingual services will have to be provided. The longer response and recovery monies take to reach individuals, the greater the opportunity for a variety of reactions, including domestic violence.

Conclusions

In the aftermath of Hurricane Katrina, domestic violence survivors and advocates, ranging from shelter workers to law enforcement personnel, talked and listened to each other. Listening to the voices of victims in a catastrophic, post-disaster context provides new insights into how to make all women safer during and after a disaster.¹³ What does safety mean in a post-disaster world? While the patterns of violence may not have changed, the social context has. Both advocates for survivors and the survivors of domestic violence have experienced living and working in crisis. This unique knowledge should be included in any evacuation, shelter, and long term recovery planning.

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Sexual Health of Young Women

Meghan Greeley and Planned Parenthood of Louisiana and the Mississippi Delta

In the years leading up to Hurricane Katrina, the young women of New Orleans and Louisiana experienced some of the highest rates of sexually transmitted infection, HIV/AIDS infection and unintended pregnancy in the country. This report will provide a snapshot of the sexual health of the young women of New Orleans and Louisiana in the years just prior to Hurricane Katrina and after. Results from a national survey are examined, as are trends in teen pregnancy, sexually transmitted infection and HIV/AIDS among the young women of Louisiana.

New Orleans Teens and the National Youth Risk Behavior Survey

Every two years, students in grades 9 through 12 in New Orleans public high schools, along with students in other schools around the country, participate in the National Youth Risk Behavior Survey, developed and conducted by the Centers for Disease Control and Prevention.¹ The 2005 survey responses from New Orleans teens about sexual risk-taking point to the need for greater awareness and education about pregnancy and disease prevention methods. New Orleans teens were more than twice as likely as teens nationally to report having sexual intercourse before age 13 (15.5 percent in New Orleans vs. 6.2 percent in the U.S.), and twice as likely to have had four or more sexual partners (28.1 percent New Orleans; 14.3 percent U.S.). Although New Orleans teens were more likely to use a condom to prevent pregnancy at last intercourse than the average teen nationally (79.2 percent New Orleans vs. 62.8 percent U.S.); they were much less likely to have used birth control pills (7.4 percent in New Orleans vs. 17.6 percent

U.S.). Finally, students in New Orleans' public schools were less likely to have been given any information in school about AIDS or HIV infection (78.6 percent New Orleans vs. 87.9 percent nationally).

Responses to other survey questions point to some disturbing trends in sexual violence among New Orleans students. Teens from New Orleans were more than twice as likely as their peers to report being hit, slapped or physically hurt on purpose by their boyfriend or girlfriend during the past year (20.8 percent in New Orleans vs. 9.2 percent United States). In addition, 11.6 percent of New Orleans teens reported that they had been forced to have sexual intercourse when they did not want to; this percentage is demonstrably higher than that of their peers nationally (7.5 percent).²

Teen Pregnancy and Birth Rate

Teen pregnancy is a serious problem in Louisiana; over 3 in 10 young women become pregnant before the age of 20. In 2000, Louisiana had the 19th highest teen pregnancy rate in the country with 87 pregnancies per 1000 teen females; in 2005, Louisiana had the 11th highest teen birth rate at 49.1 births per 1000 teen females.³ While the teen pregnancy rate decreased in New Orleans following Hurricane Katrina as indicated in Table III-3, there is still reason for concern. Nationally, research has shown that parenthood is the leading cause of school drop-out among teen girls. Of the young women who have a child before 18 years of age, only 40 percent ever graduate from high school compared to 75 percent of young women who delay child bearing until age 20 or 21.⁴

Louisiana Women are Disproportionately Affected by the STI Public Health Crisis

Louisiana continues to record some of the highest rates of sexually transmitted infection in the United States, and the women of Louisiana—particularly our young women—are disproportionately affected by this public health crisis. In 2005, Louisiana women experienced nearly twice the national rate, and the 3rd highest rate, of gonorrhea infection in the country (576.9 cases vs. 119.1 cases per 100,000 females nationally). Also in 2005, Louisiana reported the 13th highest rate of chlamydia infection among women in the country. The brunt of Louisiana's chlamydia and gonorrhea outbreaks falls on young women ages 15 to 24. In 2005, young women in this age range accounted for 78 percent of all chlamydia cases and 73 percent of all gonorrhea cases.⁵

The 2008 Louisiana legislature approved a bill requiring school boards that provide information relative to immunizations to include information on the human papillomavirus (HPV) to the parents of students in grades six through twelve. While the bill did not provide funding for a HPV vaccination program, the dissemination of information about HPV is an important first step in educating the public about health risks of sexually transmitted infections.⁶

HIV/AIDS and Louisiana Women

In recent years, the rate of new HIV/AIDS infection among the women of Louisiana has risen. In 1995, 26 percent of all newly-diagnosed HIV/AIDS cases were women, but by 2004 that number had increased to 31 percent of all new cases. The increase has been particularly acute among young women between the ages of 13 and 24. In 2004, 58 percent of those diagnosed with HIV were female. In 2005, Louisiana reported the 7th highest rate of new AIDS cases among young adult and adolescent females in the country, at 15.7 cases per 100,000 teen females; this was nearly twice the national average of 8.6 new cases

per 100,000 teen females.⁷ Clearly, HIV/AIDS is now affecting the young women of Louisiana, particularly those living in New Orleans where, in 2006, 29 percent of all new HIV cases were diagnosed. Of the women currently living with HIV/AIDS in the New Orleans metropolitan area, 81 percent are African American.

Programs of Sex-Education

It is well documented that education is the key to successful public health initiatives. There is a clear need to better educate and inform Louisiana's young adults about the prevention of sexually transmitted diseases and unwanted pregnancies in order to improve health and overall well-being.

The need for high quality comprehensive sex education in public schools is not unique to the post-Katrina era of New Orleans history. In Louisiana, schools are not required to teach sex education and data is not available to show which New Orleans schools provided pregnancy and disease prevention programs pre-Katrina. For over 10 years, Louisiana has received Federal funding for abstinence-only sex-education programs. Made available through the 1996 Title V Welfare Reform Act, these funds are granted to states, and used to fund education programs that teach abstinence as the only effective method of pregnancy and disease prevention. Unlike comprehensive sex education programs, abstinence-only programs omit information about the effectiveness of other contraceptive methods, like condoms and birth control pills, which may be valuable to young women throughout their reproductive years. A number of studies, including an extensive national study funded by the United States Department of Health and Human Services, have demonstrated that abstinence-only programs do not help teens delay sexual intercourse.⁸ Despite these findings, in 2006, Louisiana received over \$1 million in Federal Title V Abstinence-only money,

and matched this grant with \$1 million in state funds. This money has been used to fund abstinence-only programs in public and private schools in New Orleans and throughout the state.⁹

Researchers have compiled a list of sex-education programs that produce positive results with regard to helping teens delay sexual activity, and use contraceptives effectively if they do have sex.¹⁰ Some of these programs, including, *Making Proud Choices*, *Becoming a Responsible Teen* and *Safer Choices* are part of the Louisiana Department of Education's HIV/AIDS Prevention Education Program. The Department's Cadre of Trainers provides training for school personnel and community-based organization staff

in these evidence-based programs so that the programs can be implemented in the school environment.¹¹ The transformation of New Orleans' public school system in the aftermath of Hurricane Katrina opens opportunities for re-imagining the educational mission and responsibility of educators. One of these opportunities can be to provide students with accurate information to enable them to make informed decisions about their present behavior and future lives, particularly concerning reproductive health. Effective sex education in schools, including practical information about abstinence and contraception will be a vital part of helping the young women of New Orleans complete their education and become empowered members of society.

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The Power to Influence

Beth Willinger

Many recall the image of two Louisiana women, Governor Kathleen Blanco and U.S. Senator Mary Landrieu, along with New Orleans Mayor Ray Nagin, riding in an open truck surveying the damage caused by Hurricane Katrina and the failed levee system. Seeing this picture, an outsider might have formed the idea that Louisiana women were well represented in the state and federal government. Such is not the case. Pre- and post-Katrina, Mary Landrieu, a Democrat from New Orleans, is the only woman to serve in Louisiana's nine member congressional delegation.¹

August 2005, Kathleen Blanco was the only woman to hold a statewide elective office. Choosing not to seek re-election, Blanco has been succeeded by Bobby Jindal. Thus in 2008, Louisiana has no female statewide elected executives. Jindal has appointed a woman, Angele Davis, as Commissioner of Administration, the state's Chief Administrative Officer, and two other women serve in his 17 member cabinet, Kristy Nichols as Interim Secretary of the Department of Social Services, and Cynthia Bridges as Secretary of the Department of Revenue.²

The picture is equally bleak in the state legislature where term limits have resulted in fewer women overall. In 2005, 24 women served in Louisiana's 144 member state legislature; 7 in the 39 member senate and 18 in the 105 member house for a total of 17.4 percent female. However, in 2008, women comprise just 14.6 percent of the legislature with 8 women in the senate and 13 in the house of representatives. Although no woman has served as senate president or speaker of the house, a bright spot is found in the election of Sharon Weston Broome (D-15) as Senate President Pro Tempore, and the election of Karen Carter Peterson

(D-93) as Speaker Pro Tempore.³

At the local level, women have been in the majority on the New Orleans City Council for several years. In 2005, four of seven members were women and currently, five of seven members are female. In addition, four of the six members of the Mayor's Executive staff are women, including Dr. Brenda Hatfield who serves as Chief Administrative Officer.

While the needs of women post-Katrina are ignored or remain buried under political indifference and infighting, it is critical for women's voices to be heard. The importance of having women in high level appointed and elective positions cannot be overestimated at this stage of rebuilding and for the development of long-term plans that include attention to women's physical, psychological, social and economic vulnerabilities and strengths. Women can and do make a difference. The findings of researchers provide evidence that women elected to office feel they serve a dual role, first serving both women and men of their districts and then representing women outside their districts.⁴ Moreover, women legislators are more likely than men to sponsor and vote for legislation dealing with issues such as child care and health-care reform, concerns more critical than ever to Louisiana women.⁵ There is strong evidence to suggest that Louisiana women have been aided in the post-Katrina era by the work in the U.S. Senate of Senator Mary Landrieu, particularly in the areas of housing and federal assistance.

Government Accountability

Louisiana women have several resources at the state level that should be held accountable for representing the needs and concerns of women and called upon

to monitor the state's efforts to address the long-term needs of women for housing, health care, education, employment, child care and safety. Chief among these resources is the Governor's Office on Women's Policy (OWP). The OWP is the primary point of contact on all issues related to women in Louisiana and advises the Governor directly on policy issues for women. One of OWP's goals is to continue to strengthen the role of the Office on Women's Policy in the State of Louisiana by increased funding for the Office.⁶

A second resource is the Louisiana Women's Policy and Research Commission, which works closely with the Governor's Office on Women's Policy. The primary mission of the Commission is to identify and analyze trends regarding the health and prosperity of women, and to monitor the status of women in Louisiana in order to evaluate economic, educational, and health concerns, needs and hardships. Under the administration of Governor "Mike" Foster (1996-2000, 2000-2004), the Commission was actively involved in collecting and analyzing data and working with the legislators, particularly the Louisiana Legislative Women's Caucus, to introduce legislation benefiting women's employment opportunities and health.⁷ It is recommended that funding for the Louisiana Office of Women's Policy be increased to enable extensive Louisiana-based research that draws upon the findings of this report and the "Louisiana Women Leaders" initiative with regard to pay equity, women-owned businesses, women's safety and security, statewide child care, care-related training programs, expanded employment opportunities, and other issues impacting the health and well-being of women of the state. These research findings will form the basis for policy recommendations for implementation at the administrative as well as the legislative level within the state.

The Louisiana Legislative Women's Caucus, comprised of all women legislators, has as a central part of its

mission to "serve as the premiere voice and leading monitor of issues, legislation and policies, which impact women." The Caucus has four primary areas of interest: education and training; women's health advocacy; youth development/civic involvement; and serving as a resource center for information and networking.⁸

Previous New Orleans mayors, notably Dutch Morial, sponsored a Women's Office as an important department in their administrations. While mayors in recent years have sponsored conferences for women, a unit devoted to the concerns and welfare of women has not been funded for at least the past ten years. The need for such a unit is obvious. Therefore it is recommended that a department reporting to the New Orleans city mayor be reestablished to serve and represent the interests and concerns of all women of the city with regard to health, education, employment, earnings and safety. The overall objective of this department will be to improve the socio-economic status of women in the city. In addition, this department will serve as a liaison to the Office of Homeland Security & Public Safety in disaster planning, preparations, and recovery to represent the needs of women, particularly those who are most often invisible such as the elderly, low-income, disabled, and lesbian, bisexual and transgender women.

For the well-being of women, families, neighborhoods and communities, it is essential for women to be full participants in disaster planning processes and policy development to ensure that gender considerations are mainstreamed into the disaster management system. Women need to be at the policy table to develop short- and long-term goals that prioritize the social, economic, health, education, and safety of the entire community in disaster planning and management. Special efforts need to be made to recognize and encourage women's leadership at the community, city and state levels and include women in each phase of disaster management.

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