

**Post Disaster Recovery and Prevention**  
from the Perspective of the  
Vietnamese Americans in New Orleans

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It seems that post-disaster recovery needs to go hand in hand with prevention so that a similar disaster in the future or its damages can be minimized if not avoided. This is a must not only in New Orleans but also all of the gulf coast States that are threatened by hurricanes yearly.

In the post-Katrina environment, looking from the view of the Vietnamese American community in New Orleans, post-disaster recovery and prevention have been a multi-level process at different stages:

1. Looking at the federal actions there were immediate efforts to assist the state and municipal government to fix as well as improve the damaged infrastructure (sewer, drainage, roads, water pumps, levees). There is funding available for homeowners to elevate their home so as to minimize flooding. There has also been funding to broaden Interstate Highways to facilitate future evacuations. In recent months President Obama created the taskforce for the ecological recovery of the whole of the gulf coast regions so as to improve protection for residents in the area, among other goals.
2. In view of the state's activities, one of the main focuses has been to create a better plan for evacuation. Specific sites to accommodate special needs individuals have been identified and negotiated. Public transportation to and from these sites have been devised. The contra-flow evacuation traffic, devised even before Katrina, has been improved. Contra-flow is that in which, at a certain determined point in time relative to the pending disaster (i.e. when a hurricane is expected to make landfall), interstate traffic into the predicted path of the disaster areas would be blocked and evacuation out of those areas would be on both sides of the interstates highway.

The state's upgraded preparation for disaster was put to the test in August 2008 when Hurricane Gustav was heading toward the New Orleans area. Public assisted evacuation and return were successful in that all those who needed assistance were able to be evacuated and to return in a timely fashion.

The contra-flow plan encountered problems when the State of Mississippi, which borders the State of Louisiana on the north and the east, refused to implement contra-flow traffic because it needed to evacuate its own residents. Consequently, a large number of evacuees in automobiles were trapped in traffic for more than 10 hours. There have been talks of better coordination with neighboring states as well as alternative evacuation routes.

The State of Louisiana has also been discussing/carrying out coastal recovery to stop and eventually to reverse coastal erosion. There are a number of competing theories on coastal recovery. With the Presidential Taskforce on Gulf Coast Ecological Recovery created, the

State of Louisiana coastal recovery effort will be required to coordinate with the Federal government and other States.

Despite recommendation from the EPA in 1984, the State of Louisiana has yet to devise a regional plan for disaster in regard to debris. Consequently, there was a prolonged struggle to handle debris after Katrina. This may be one of the issues that will need to be addressed in the near future so as to not repeat what happened in the clean up after Katrina.

3. At the municipal government level, after Katrina, the City of New Orleans had to deal with immediate infrastructure recovery, improving the evacuation plan, crime, education, medical services, public housing and blighted properties. All of these have been dependent on a Unified Plan for the rebuilding of New Orleans with participation at the grass root level by citizens who have returned as well as those still in diaspora. The Unified Plan was completed some 2-3 years after Katrina. How much of it is being implemented is not widely known.

Infrastructure recovery is still piecemeal because of the wrangling between the Federal, the State and City government concerning who is responsible to pay for which cost and how much. Furthermore, with the limited funds available, there is a constant question concerning which part of the city would needed immediate work.

A new and improved evacuation plan was quickly devised and proved to be successful with the evacuation for Gustav in August 2008. This involved more public transportation pickup points and language access for non-English native speakers.

The restructuring of the Police Department did not truly begin until the arrival of the new Mayor, Mitch Landrieu, in May 2010. Despite the ongoing assistance from the FBI and the US Justice Department, the new Police Chief had to face runaway crime immediately upon his hiring by the new Mayor. After one year in office by the new chief, New Orleans is still leading the nation in murder.

In the realm of education, the New Orleans Public School has long been a failing system of some 65,000 students. The State finally took over most of the operation of this system, leaving the Orleans Parish School Board in charge of a handful of schools. What will be the future of the New Orleans Public School system is yet to be determined.

In regard to medical services, most of the hospitals in New Orleans were closed immediately after Katrina. Hospitals in close proximity to the Central Business District gradually reopened with the exception of Charity Hospital, which was the major health provider for the poorer population of New Orleans. Currently, with more than 100 thousand people who have not returned, there are more hospital beds available for the population than before Katrina. However, those who live in the outlying areas (like New Orleans East and beyond) would have to travel between 15 to 20 miles to get to a hospital. New Orleans is transforming itself from a hospital based medical services to that of community health center to provide primary care for its residents. While this seems to be a positive transformation, post Katrina funding for community health centers are drying up and these centers are in

need of being given Federally Qualified Health Center (FQHC) status. Otherwise, the fragile medical service system created after Katrina will be in disarray.

Before Katrina some 28% of New Orleans residents were in some form of subsidized housing program or another. Some of the more prominent programs were the run down public housing structures that were built between the early 1940s through the 1960s. These structures were not only dilapidated, they were also ridden with drugs and other crimes. After Katrina, the US Department of Housing and Urban Development decided to tear down most of these and replace them with mixed-income housing. Only a small portion of these housing units have been rebuilt to date due to the housing market downturn that prevented investors from taking advantage of the expanded tax-break credits available after Katrina. Consequently, a large number of the residents of these public housing complexes prior to Katrina still have not returned.

One of the issues that the government of the City of New Orleans had to face in the aftermath of Katrina is the question of the length of time afforded to former homeowners to fix their homes. At first there were attempts to pull down these structures some three years after Katrina. However, that proved to be very unpopular. Consequently, a large number of blighted homes remain standing. In the last few months, the new mayor pushed forward with the program to eliminate blighted homes. How long this program will last is unknown. However, once it is completed, New Orleans landscape will be drastically different from what it is now.

4. The Vietnamese American community itself, upon returning to New Orleans and beginning the process of recovery, had to come to face with the reality of having no schools for their children to attend, no prompt medical services in case of emergency, no grocery store within twenty miles of the community, and no place nearby to which the elderly who were living in subsidized housing could return.

In response, in addition to the immediate clean up and rebuilding, the community looked forward to the future for ways to armor itself. That is, finding ways to be self-sustaining and less dependent on external factors in the determination of its return and recovery. As such, the community created a community development corporation (CDC) and worked in tandem with the local church to assist the recovery and long term development efforts.

In view of the future, the CDC worked with Children's Hospital and Tulane Medical School to open two clinics – one for children and the other for adults – to provide for the immediate medical needs of the population. The CDC has gained full ownership of the adult clinic and is working toward bringing pediatric medical services under the same roof as well as gaining the FQHC status.

The community, almost from its beginning in 1975, had a spontaneous farmer's market wherein community members sold the excess food that they grew or caught. Due to the contaminated water source and the fact that the first and only super market did not return to the area until 2 years after Katrina, a plan for an urban farm and an expanded farmer's market was developed. In addition to economic development, the purpose of these two

entities is to create a safe and necessary food source for the people, especially in times of disaster like Katrina, rather than having to wait for some unknown entity to decide when it would be profitable enough to bring in a supermarket.

Taking advantage of the failed school system and the inability of the State to reopen a school immediately after the disaster, the CDC also chartered its own school with board members being also members of the community. The school is in its third year of operation and is looking at creating a high school for these children.

The CDC also endeavored to create a retirement community for the elderly and was successful in gaining the necessary tax break credits for this project. Unfortunately, it happened at the time when the housing market downturn was gaining momentum. Consequently, the CDC had to return the credits due to the lack of investors.

Overall, the idea is for community members to be in charge of institutions that are necessary for the survival of the community in case it faces another disaster like Katrina. As such, community members would be the ones who decide whether or not it would return and rebuild rather than relying on the mercy of some unknown entities.

5. There has also been recovery and disaster prevention on the individual level. Home owning community members took measures to facilitate an easier return should another flood happen. Two most common features in their rebuilt homes are hard surface floors instead of carpets and building an addition to their home to house their freezers, refrigerators, and cooking facilities. This is the result of returning home more than one month after Katrina and find unbearable odor due to rotted food. With food that can be rotted being housed apart from the living area, these residents can quickly return to inhabit their homes after a disaster.

With the experience of Katrina and the recovery from its damages, there is always a need for a multi-level and multi-faceted endeavor to deal first with satisfying the immediate basic needs. At the same time, all those involved must also be future oriented in devising ways to prevent similar disasters or minimizing their damages. Governmental authority at all levels needs to support the local community and value the experience and individual efforts to participate in this endeavor. Otherwise, history will repeat itself.