

100 Days After: Katrina and Long Term Recovery

Executive Summary:

During the week of December 5, 2005 I visited New Orleans, Baton Rouge and Biloxi to assess need, as well as ICNA Relief USA's past and current capacity to provide services. Though traveling only by public transportation the whole way (Amtrak and Greyhound) I was able to speak to over 100 residents, including diverse Muslim community leaders.

In the weeks following the terrible twin disasters of hurricane and flood, ICNA Relief emergency services successfully provided relatively fast response for feeding and housing 55 Muslim families and a few others in need. ICNA Relief USA acquired a large warehouse and stocked it with \$100,000 worth of donated supplies, including 500 boxes for displaced families in four cities. ICNA has established a desk at FEMA and has been playing a role in its longer-term recovery committee. ICNA Relief local staff has also been trying to convince FEMA and SBA to provide interest free loans and has received help from the NAACP in advocating for this. Many community members have expressed to me a hope that insha'Allah this effort will be successful.

These successes are clearly detailed in a report by Brother Ahmad Maqsood of Baton Rouge. The attached report is only my perception and complementary to Brother Maqsood's report, and not intended to deflect attention from it in any way.

However, we are now faced with a very serious question: what is our future commitment? The recovery will certainly take years and will demand serious planning, fundraising and local partnership.

In this report I will describe individual and institutional needs as well as self-help initiatives. Categories of need include:

- Necessity of locating Services in New Orleans
- Mosque repair in diverse communities
- Case Management and Advocacy
- Direct Relief and more extensive Follow-up
- Advocacy Relating to Social Justice, and Immigrant Rights
- Continued Funding and Fundraising
- Plan for Diaspora services, including youth outreach

Some suggestions to be made in this report: 1) move from ad hoc response to clarification of program goals and commitment to paid staff; 2) clarification of total monies collected by our national office and disbursed locally; 3) consideration of projects which will enhance visibility, as per recommendation of local residents; ie Mobile Health van, etc.

4) Consideration of grassroots and advocacy models and fundraising strategies.

“It is With Deep Regret that we announce the death of Our Receptionist D. Saia, who drowned in the Aftermath of Hurricane Katrina. D’s cheerful presence will be missed by the many patients who knew her for over 20 years.” ---- Dr. Kenneth
(sign on window opposite Mona’s Lebanese Restaurant, Frenchman Street, New Orleans)

Overview: A million people have been displaced by this disaster. Now, over three months after the disaster, very large sections of New Orleans are without power and deserted; bus service is free but limited to one or two lines; the viability of the economy is in doubt. Economic disparities have clearly been reflected in the response, and there are many social and political factors complicating the recovery.

Even now, ninety nine days after the flood water rising, bodies continued to be found in dark abandoned rooms around the city. Masjid Yacine is gone, I have heard; Masjid Rahim is damaged; and Muslims of Masjid Al-Islam and Muhammad Mosque are dispersed across the fifty states. I visited Masjid Bilal and the Islamic Center of New Orleans. But of course the people of the Muslim communities are just as affected as anyone else, waiting for assistance.

Perception of Emergency Response: Much of the population is still outside the city. However, there has also been a statewide impact. Forty percent of Louisiana’s residents recently said that they or a family member suffered property damage or lost income due to the disaster. Over 31 percent said they or a family member had lost a job, and another 11 percent lost their business. (1) Among New Orleans and Gulf Coast residents these percentages would at least double; and probably we will see unemployment related hardship worsen significantly over the next six months.

During my visit I spoke with over 100 residents and heard widespread uncertainty both among those who stayed and those who have returned from temporary accommodations in Texas and Georgia, etc. Fewer than half of those I spoke to had received FEMA housing benefits and a substantial number had been turned down. In conversations in buses and at a rally against evictions, several African Americans expressed the opinion that developers wanted them out of the city. At least five Pakistani storeowners reported receiving no benefits at all; and two Arab merchants reported looting of their stores. Across a wide cultural spectrum of activists, community members and imams, Muslims, like their neighbors, questioned whether life would ever be viable in the ‘New New Orleans.’ However, despite challenges to pay rent, make repairs and maintain employment, all of those I spoke to did express some hope in the future, however troubled.

Though the Muslims I interviewed also expressed a resignation and acceptance of God’s Will, it seems likely that pressures of dislocation and uncertainty will greatly increase the need for family counseling. The recent Manship (LSU) study indicates that statewide 53% of residents have expressed psychological depression and 39 percent feels anger. These numbers will certainly increase. A number of suicides were noted in the local press during my visit.

Out of a possible score of ten, the Manship Study respondents rated FEMA a 5.3, and State and City government each 4.6. However, nonprofits received a score of 7.5 and religious organizations were rated 8.1. This result reflects the fact that nonprofits and faith-based organizations were able to provide a range of grassroots services relatively quickly, for emergency financial, emotional and spiritual support.

ICNA Relief USA was part of this fast response. ICNA efforts must also have been recognized, according to Brother Maqsood, since ICNA Relief was able to collect \$100,000 from the region for the Pakistan Earthquake only one month after the Katrina disaster; this amount is by far the largest amount of any charity in the area.

This shows that fast response is an important way to establish trust especially when “no one from FEMA or Red Cross came to help for two weeks.” (Sr. C. Cotter, Diocese of Houma, 12/10/05; others) However, for future need, it is not clear that faith communities can shoulder the burden of long-term recovery alone. Sister Celeste Cotter noted that even her church (the largest in social services—Catholic) is not designed or able to do this.

To maintain trust and goodwill it will be important to increase visibility of services as well as seek continued funding. Interfaith cooperation will help the Muslim community gain acceptance and funding to provide services. It will be important to insist that government do its part as well, without prejudice or pork politics.

Community members will want to help themselves as much as possible but it is becoming clear that they will not have the resources to do so. Therefore, close partnerships with local mosques and business groups are advisable.

There are several local groups that would be natural partners in advocacy and/or providing services; Catholic Charities and St Vincent De Paul; The Louisiana Bucket Brigade; “Just Faith”; “Bread for the World”; the People’s Hurricane Relief Fund; The Salvation Army; The Terrabone Readiness Assistance coalition (TRAC); Citizensfor1GreaterNeworleans.com; etc.

Current ICNA Relief Services:

The Baton Rouge office is in a student dormitory at Louisiana State University across the road from the Islamic Center of Baton Rouge. The location was excellent for previous needs, as over 150 families were being helped at the Center. The office is very basic but adequate; however the week I visited no one was staffing the office.

Due to the illness of Brother Omar’s mother, I was only able to speak with him by phone, but I met with Sister Khadija, a Nigerian nurse who has been providing case management and Brother Maqsood, supervising the operation. I also spoke with Sister Jane Alam several times. I was very impressed with their intelligence and commitment but am confused as to what ICNA Relief’s commitment is to paying them, and for how long. As Brother Maqsood has stated, it is not possible to run these services for long purely on a volunteer basis. In addition, sufficient staff is needed for proper record keeping and working to sustain services.

In addition, as families return to New Orleans, it is now becoming essential to have an office and/or services operating out of New Orleans, perhaps out of a local mosque. This may also allow greater access to Biloxi and Gulfport and the communities that have basically been erased from the map. Every effort should be made to reach across ethnic and class boundaries.

I have put Sister Khadija in touch with NYC case managers Sister Rasheeda and brother Hasan, and hope to encourage interaction and support between myself, brother Musa, and local Katrina Relief staff. However, ICNA Relief should clarify its goals and intentions regarding the program for 2006.

Health Needs: With the closing of Charity Hospital, low cost health care remains a major need. Some local staff of ICNA Relief suggested that we step up our efforts to provide medical services. Our colleague agency Islamic Relief has indeed provided at least one mobile van in Biloxi as well as vehicles to assist transportation of emergency supplies in New Orleans. Though ICNA Relief offered to house the Islamic Relief team in Baton Rouge, Islamic Relief did not coordinate extensively with ICNA Relief. According to New Orleans mosque staff, ISNA donated \$2,000 to each of the local mosques. It is not known if doctors and other professional societies have made donations; to be fair, most of the local mosques cannot easily be contacted as phone service to the mosques is destroyed or only now are enough mosque staff in the city to interact with would be donors.

ICNA Relief staff in Baton Rouge wrote a proposal to fund a mobile health van but this was not granted, in part due to lack of budget. While a mobile van would fill a range of important needs including inoculations for tetanus, it would be important to identify a network of local doctors to provide such services. Staff suggested that a New Orleans Mosque might host this. I recommend that ICNA pursue this option seriously, and that a budget be clarified as soon as possible.

Another possible partner for medical services is the Common Ground Clinic currently located at the Bilal Mosque in the neighborhood of Algiers. This free health clinic has provided over 7,000 clients with a great range of health services, with volunteer doctors in the clinic as well as a mobile van and outreach to the Latino community currently being exploited at many construction sites (I have heard many terrible stories about their treatment).

I recommend that ICNA Relief explore a partnership with Common Ground. They will need to leave Masjid Bilal very soon, as the congregation is returning. It would be meaningful to maintain this relationship with the Muslim community, it is good for many reasons including visibility; this project has been featured in many newspaper articles and has provided the Muslims the greatest visibility in American media even though our role was limited. It may be that Masjid Rahim or the Islamic Center would be willing and ready to host this collective medical program; I suggest that local staff be empowered to implement this if local partners agree. I was very impressed with the clinic and its commitment to social justice (see pictures attached).

Visibility:

So far only BBC World Service has interviewed ICNA Relief in Baton Rouge. To overcome media disinterest, it will be important to adopt programs that add to visibility. While staff should renew their earlier feeding programs, such events would need special “hooks” to gain newspapers’ attention. Currently not enough is being done to merit such attention.

I understand that Amanul Hoque from New Jersey visited and took videos and pictures. These would be important tools in getting support from Muslims, media, and funders. However, it is not clear where these pictures are, and nothing has been shared with brother Maqsood, supervising the services at Baton Rouge. These tools need to be used to give hope to residents and also used as widely as possible, so I recommend that this issue be clarified.

I will also share pictures I have taken and will be adding a display to a Katrina Program in New York City on December 15, 2005.

In the New Orleans area, Sister Khadija and Sister Jane have been visible as part of FEMA; and have been almost alone in advocating for the rights of the undocumented, who are not eligible for federal benefits. The vast majority of applicants for SBA loans are not being granted monies; this is a disaster in itself. In addition, for Muslims wanting interest free loans, eh sisters are working with local NAACP to attempt to provide them. Several Muslims I spoke to indicated they wanted such loans. The need for advocacy/case management is clear. It is even intimidating to enter the FEMA Center. I visited two; one in a Jewish Community Center in New Orleans, with Black Water Guards from Baghdad demanding ID to enter; and the Biloxi Center, whose FEMA Director used to work at Rikers Island Jail in New York!

According to Muslims in Biloxi, FEMA did send one Muslim from Chicago to advise the community about applying for benefits. However, his position was terminated.

At FEMA, our Sisters work in a clearly dysfunctional system that is NOT helping the majority of cases. However they may increasingly refer to alternative sources of help. We should help all who come in need. And as for Muslims, it is important that we do not become an “invisible community” in the Stress of Post Katrina uncertainty.

In Conclusion: It is very important to maintain case management and advocacy services into the longer term. A basic budget for a very small program would require 45,000 for personnel, 10,000 for transportation costs and OTPS, and 40,000 for direct assistance. Of course, a larger investment would yield larger returns and help more people. There are many who urgently need help and are not getting it! Fundraising is needed from the Muslim community, including special outreach to the African American communities; close partnership in delivery of services; and improved grant writing. In addition to Federal and State grants, the UMCOR and Clinton funds have millions to provide to faith groups. I have also contacted a colleague at the Saint Vincent De Paul Society—they received 2 million from the Saudi government.

What Commitment will ICNA Relief USA make to its program and staff for 2006? This must be known at the outset. While I suggest transfer to facilities to New Orleans, it might be advisable to maintain a staff member for 6 months in Baton Rouge as well; 10 to 15,000 could be earmarked for that person for 6 months, and an additional \$25,000 could be paid to the New Orleans staff member, in addition to transportation costs. Volunteer teams could be brought in from YM and other communities for special events but cannot remain accountable as staff. However the above are the absolute minimum; if more money is put in we will get a better program. And why not have a better program?

One serious issue is that FEMA has failed to reimburse ICNA Relief for any of its expenses despite the expectation that it would. I will work to see if there is any possibility that this can be fixed; it is a matter of tens of thousands of dollars. However, I know that so far FEMA has insisted it cannot reimburse us. It is unfortunate that we did not follow the model of our disaster services in Houston, which does allow for reimbursement. At what point should we have known this would be the case? Was FEMA itself misleading?

Finally, I recommend that a fundraising and grant writing plan be adopted in coordination with local as well as national staff. We can offer a grassroots approach; cultural competency which other agencies do not have; and local relationships to affected communities. I do hope that our record of service will make such funding possible. We will need to fill out grant applications carefully and to manage our community partnerships with attention and respect.

NOTES:

Visits and Interviews included: Common Ground/Masjid Bilal Dec 5; FEMA St Charles Dec 6; Baton Rouge Offices Dec 7 and 8; Biloxi Islamic Center and FEMA Dec. 9; Sister Celeste Cotter and Congo Park Rally Dec 10; French Market merchants, Arab stores and Islamic Center of New Orleans Dec 11; Interviews with immigrant Labor rights groups Dec 12.

SOME CASE PROFILES:

1. Shadi is a young Palestinian who runs the Frenchman Street branch of Mona's Lebanese Restaurant and Store. He told me that 3 of their restaurant/stores were flooded; In Calhoun, Elysian Field, and Bank Street; also the Bakery is closed. Another branch on Magazine Street was flooded but was set to reopen. Up to now NO SBA or FEMA assistance had helped the repairs. His Uncle Karim Taha is working on this. They may need help. Two men in the kitchen lost their homes and just received 17,000 each for FEAM trailers; however they have yet to arrive. They have no insurance to help beyond this amount.

I urged Shadi to not give up and I will contact his Uncle and put him in touch with Jane and Khadija to start. He has my card, and I have already heard back from some Palestinian workers of the French Market who are also in need- ie Stall 81.

2. Islamic Center of New Orleans has not yet received help. They cannot find the paperwork as it was damaged or lost in the flood. I told them to keep receipts for basic repairs and that the information they need to apply for benefits may exist online. I would like to follow up with them. They have extensive ground floor and roof damage.

3. Islamic Center of Biloxi has collected \$27,000 towards its own repairs; the water filled its lower story, which will essentially need to be rebuilt. Another 25,000 needs to be collected for this mosque, the only one to serve the town along the Gulf coast, mostly a diverse group of African Americans and South Asians.

Various Biloxi and New Orleans residents told of fast rising waters; fear of heights on the rooftop; evacuation by helicopter after long waits; flares lighting the sky at night; night vision goggles of the military; an imam fleeing the water to a firehouse in Biloxi; nuns evacuated by boat, leaving the city for the first time since the Order was established, when they arrived by boat in 1782; people floating on spinning roofs caught in the trees and saved from downing; Mexican workers not being treated when burned to the bone; everyone is in shock and will remain affected for a long time. May Allah guide us to help all those in need.