

Hurricane Katrina Exacts Another Toll: Enduring Depression

Health Officials Cite Stresses of Rebuilding

By Peter Whoriskey
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NEW ORLEANS -- A gravel-voiced fire department captain, Michael Gowland says he had never been a big crier.

"I'm not a Neanderthal," he said last week, "but I wasn't much for tears."

Now, sometimes, he cries two or three hours at a stretch. Other times, his temper has exploded, prompting him one day to pick up a crescent wrench and chase an auto mechanic around a garage. Even more perplexing to him, the once devout Roman Catholic now wonders "if there's anything out there."

"If anyone had told me before that depression could bring me this low, I'd have said they were a phony," Gowland, 46, married and a father of three, said during a break from fixing his flooded home. "Everything bothers me."

More than two years after the storm, it is not Hurricane Katrina itself but the persistent frustrations of the delayed recovery that are exacting a high psychological toll on people who never before had such troubles, psychiatrists and a major study say. A burst of adrenaline and hope propelled many here through the first months but, with so many neighborhoods still semi-deserted, inspiration has ended.

Calls to a mental health hotline jumped after the storm and have remained high, organizers said. Psychiatrists report being overbooked, at least partly because demand has spiked. And the most thorough survey of the Gulf Coast's mental health recently showed that while signs of depression and other ills doubled after the hurricane, two years later, those levels have not subsided, they have risen.

"It's really stunning in juxtaposition to what these kinds of surveys have shown after other disasters, or after people have been raped or mugged," said Ronald C. Kessler, a professor of health-care policy at [Harvard Medical School](#), who led the study. Typically, "people have a lot of trouble the first night and the first month afterward. Then you see a lot of improvement."

But, in [New Orleans](#), the percentage of people reporting signs of severe mental illness, suicidal thoughts and post-traumatic stress disorder increased between March 2006 and the summer of 2007, the survey showed.

"A lot of people had this expectation in New Orleans that, 'Dammit, by next Mardi Gras, we're going to be back' . . . and then they weren't," Kessler said. "Then they said, 'By next year, we'll be back,' and they weren't. We're in this stage of where there are a lot of people just kind of giving up."

[Times-Picayune](#) columnist Chris Rose wrote about his own depression in a widely discussed newspaper article published in October and then in his recent book, "1 Dead in Attic." The article struck a chord.

"I probably amassed 3,000 e-mails from people who felt like me," Rose said. "Now they come up to me in the grocery store and tell me what meds they're on. I say, 'Congratulations.'"

Depression is often discussed in terms of chemical causes, but interviews with psychiatrists and patients here ascribed its appearance in post-Katrina New Orleans to the stresses of rebuilding.

Because of the hurricane, many have lost or changed jobs. Thousands are still living in cramped [FEMA](#) trailers and many are living in semi-deserted streets.

"If you've lost your job, you've lost your house and you've lost your friends -- well, you ought to be depressed, man, or else you're out of touch with reality," said psychiatrist Elmore Rigamer, the medical director for [Catholic Charities](#) in New Orleans, which runs five city mental health clinics.

"What we can do for these folks is to make them understand that they're not crazy," Rigamer said. "And then they can explain it to their wives and husbands."

Lyn Byrne, 58, a physical therapist, lost her Gentilly home to the flooding. Before the storm, she said recently: "I was a regular person. I had a house. I had friends, I had book clubs, I had Monday night chick flicks. I had a church."

Byrne was fine until she moved back to New Orleans more than a year after the storm to try to salvage her property.

Since then, she has lost more than 30 pounds. She often found herself crying on a whim, nervous about everything, and suddenly uninterested in socializing.

When the Tylenol PM stopped putting her to sleep, she sought out a psychiatrist and, while she had just expected to get sleeping pills, she wound up talking and crying for two hours. The psychiatrist put her on doses of [Zoloft](#) and other antidepressants -- then ratcheted up the dosages.

In telling her story, she asks: "How could I not end up anxious and depressed?"

Her troubles began with the FEMA trailer. Three times she flew down from [New York](#), where she was staying with her mother, for an appointment with the federal contractor who was supposed to deliver the trailer to her front yard.

The contractor missed each appointment.

Finally the trailer arrived. But with only one in four of her neighbors back, her old neighborhood is a forlorn and sometimes threatening place. Her car has been stolen twice from the driveway. Once, while she was sleeping in her trailer, burglars broke in and stole her purse and other personal items.

Now before she goes to sleep at night, she hangs water jugs off the window latches and puts the trash can beside the front door in hopes of foiling the next intruder.

"Do you think I'm having mental issues yet? Wait -- it gets better," she said.

Her biggest problem is trying to finance her house repairs and escape the trailer: Like thousands of others in [Louisiana](#), Byrne did not have enough insurance.

She has received \$40,000 from her flood and homeowner's insurance policies, but a contractor told her the repairs would cost \$133,000.

The state's "Road Home" program is supposed to provide financial aid for people in her situation. Yet, although she was one of the first to apply, she still has not received a check.

Two years after the flooding, Byrne has no idea when she will ever get out of the trailer or stop driving around with laundry in the car in search of an open laundromat, and whether her friends and church, St. Raphael's Catholic, will return.

"People say, 'Oh, we're coming back -- look at the [French Quarter](#) or Magazine Street.' But I don't live there. Where I live, there's no church and no laundromat and no people. It's just so tragic, and it keeps getting sadder and sadder."

According to the [Harvard](#) survey, many people in New Orleans feel the same way.

Between March 2006 -- six months after the storm -- and summer 2007, the number of people reporting signs of serious mental illness rose from 11 percent to 14 percent. Before the storm it had been about 6 percent.

Similarly, the number of people who reported thoughts of suicide rose from 3 to 8 percent in New Orleans.

"There's more depression, more financial problems, more marital conflict, more thoughts of suicide," said Daphne Glindmeyer, a New Orleans psychiatrist who is president of the Louisiana Psychiatric Medicine Association. "And a lot of it is in people who never had any trouble before."

Interviews with psychiatrists turn up story after story of people with no history of depression plunged into mental anguish deep enough to require treatment.

A teenager living in a trailer turns homicidal. A woman whose mother died in the car during an evacuation -- and then could not be taken to funeral home -- suffers post-traumatic stress disorder. A firefighter involved in dozens of rescues seethes with anger at the region's inability to come back.

"These people don't necessarily need a good psychiatrist," Rigamer said. "They need a good contractor or someone to fix the 'Road Home' program and good leadership."

News assistant Jill F. Bartscht contributed to this report.

Hurricane Katrina was the most destructive natural disaster in U.S. history. It caused billions of dollars in damage and had a huge economic impact on the nation. Katrina did most of its damage after the National Hurricane Center reclassified down to a Category 3 hurricane. Like most hurricanes, it slowed down when it hit land. The Facts on Hurricane Katrina's Damage. Damage and Insurance: Hurricane Katrina cost a staggering \$125 billion. The Toll on Humans and Pets: Of more importance was the impact on people and animals. Katrina displaced 770,000 residents. That's more than the Dust Bowl migration during the Great Depression, by some estimates. Seventy-five thousand returned only to find their homes destroyed. Hurricane Katrina began as a "tropical depression" off the Bahamas coast on 23rd August, 2005. As the conditions in this region were favorable for tropical cyclogenesis i.e. the development and strengthening of tropical cyclone, this tropical depression intensified and became a tropical storm on 24th August. (This was the moment when it was named Hurricane Katrina.) On 25th August, the storm system grew into a full-fledged hurricane and made its first landfall in Florida at 2230 UTC with the winds blowing at the speed of 80 mph. Winds continued to blow at this speed as the system passed over Hurricane Katrina was not just a natural disaster it was a failure of man. Ten years later, more needs to be done to modernize the Army Corps of Engineers, promote natural flood protection, and reduce reliance on levees. Eileen Shader | August 25, 2015. As Hurricane Katrina rushed towards New Orleans the nation watched in horror as levees broke and water rushed in. We were even more outraged when we realized that this was no natural disaster- it was a failure of man. In 2006 American Rivers highlighted several of the ways man failed New Orleans and the Gulf in "Unnatural Disasters, Natural S Hurricane Katrina of August 2005 forced more than one million people to evacuate the Gulf Coast of the United States. This study examines the psychological health and well-being of a subset of evacuees to determine the prevalence of ongoing mental health problems. Interviews were conducted with 101 adults who evacuated to Louisville, Kentucky, and were living in the state at the one-year anniversary of the event or had recently returned to the Gulf Coast. The psychological health and well-being of respondents was evaluated using several well-validated measures. More than one-half met the crite