Disasters, Race, and Disability: [Un]Seen Through the Political Lens on Katrina

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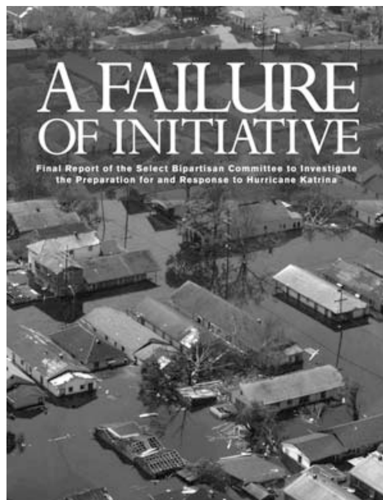
This paper uses critical disability theory to analyze the US House of Representatives' Katrina Report on media coverage that led to militarized responses in New Orleans. Delays in humanitarian relief caused preventable harm to primarily African American, disabled, elderly, and impoverished residents, as did evacuation plans designed for able-bodied people with resources. Media and political rhetoric locating blame for disastrous outcomes in the inabilities of the un-evacuated relies on the disability concept to justify social inequalities, particularly racism. The disproportionate harms that occur to individuals deemed part of "vulnerable populations" then become "expected losses" arising from their "impairments" and not the consequence of social barriers to inclusion. To contest the cultural familiarity of current policies and current over-vestment in the professional disaster industry, this paper calls for an inversion. Investing primarily in local expertise and community-based providers of accessible services everyday folds preparedness into a means to support and strengthen community services and local resources.



Katrina (Greek, Katharos): clear, pure; a. physically: purified by fire; in a similitude, like a vine cleansed by pruning and so fitted to bear fruit. b. ethically: free from corrupt desire; free from every admixture of what is false; sincere, genuine; blameless, innocent; unstained with the guilt of anything.

Introduction: Disasters as Epidemics of Signification

"Don't find fault. Find a solution." Henry Ford exhorts the reader in an opening epigraph to the U.S. House of Representatives' Katrina Report, "A Failure of Initiative" (February 15, 2006). However, the political fallout in a mid-election year from the flood of media images of deaths and cruel suffering, a dithering president, threatening, gun-toting National Guard, and

whole-scale mismanagement on the part of the Federal Emergency Management Agency (FEMA) and the American Red Cross, had to be countered by Republicans then in control of all three branches of government with the strong appearance of meting out responsibility. Everyone, it appears, was to blame, except Congress about which there is no mention. Needless to say, much ink is spilled in page-by-page iterations of the fatal errors of Blue State politicians in comparison with their Red State counterparts. Even the president as "commander in chief of disaster response," receives a one-paragraph hand-slap for relying on Department of Defense "documents that indicate an unusual reliance on news reports to obtain information on what was happening on the ground in the days immediately following landfall" (223) rather than experts in situ or satellite images.

Those media images and news reports that directed policy at the highest levels have been the subject of critical analyses and outcry since their inception—the shaping of "news" to fit pre-existing cultural stereotypes about African Americans living in poverty — "the shooters and looters," with their flip side, the "innocent victims." A southern city soaked in heat, bourbon, confetti, and corrupt politicians, a moral life-world away from the "high ground" on which non-involved commentators sought refuge and distance. Situated in machinations for political reckoning, the Katrina Report nonetheless thoroughly puts to rest any evidence of the widespread violence reported continuously in the days after the levees "failed" in New Orleans, and flooding swept over nine-tenths of the city up to six meters deep (Seed *et al.* 2006). At the same time, in its pages we learn the chronology of how media reportage led to the militarization of New Orleans and the devastating consequences for humanitarian relief and evacuations (247-249).

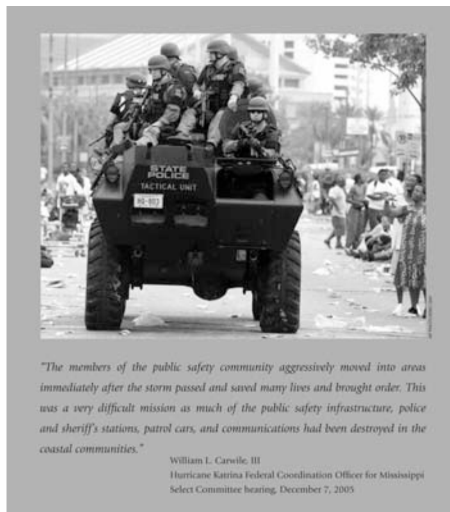
Paula Treichler, writing about the widening AIDS epidemic in 1987, pinpointed the dialogic relationship between media reportage, medical scientific rhetoric, and humanitarian delays in national responses to the growing crisis: "The AIDS epidemic — with its genuine potential for global devastation — is simultaneously an epidemic of transmissable lethal disease and an epidemic of meanings or significations" (32). "How to have theory in an epidemic," she rhetorically asks in the title of her later book (1999), concluding that to prevent further deaths one can and must use theory to identify the vectors that spread the epidemic of significations as well as the vectors that spread the virus. Writers and commentators about Hurricane Katrina face similar problems in a nation awash in significations about Katrina and its aftermath. What place has theory in the midst of such a catastrophe, when individuals and cities are still digging out from under, and residents just want to get on with rebuilding? Or, conversely, don't we already know what we need to know about the "failures" of Katrina? The embedded racism; the lack of whole-scale "initiative" the Congress catalogued in the Katrina Report?

Following Treichler, I suggest that prevention of future harm from disasters includes theorizing how an epidemic of significations about the persons most affected by the levee failures delayed humanitarian responses to their plight, created further chaos, and simultaneously provided their justification. The image, below, of grim-faced National Guardsmen "taking back the streets" of New Orleans, arms at the ready, followed non-stop repetitions of images of residents "acting badly" during the crisis. And, underscored the need

for pacification first in order to make residents ready for medical attention, food, water, and evacuation. Having convinced a world audience of the volatility of the situation on the ground, the image of Guardsmen with arms empty except of guns evokes reassurance rather than outrage.

The Katrina Report 2006, 260

The basic premise of the article that introduced the New Orleans helicopter sniper to a global audience was dead wrong, just like so many other widely disseminated Katrina nightmares. No 7-year old rape victim with a slit throat was ever found, even though the atrocity was reported in scores of newspapers. The Convention Center freezer was not stacked with 30 or 40 dead bodies. . . Media reporting made the crowds in the Superdome anxious and scared away truck drivers carrying critical commodities (The Katrina Report 2006, 170).



The Katrina Report 2006, 240.

A focal question to be asked about Katrina, then, concerns the explanatory power of these media images and interpretive talk that justified delays of humanitarian responses and the necessity of armed ones. In social scientific data analysis, "power" concerns the ability to predict an outcome based on that variable when it is applied in a different context. In this essay, I explore the power of the disability concept as the variable whose "naturalness" is so implicitly understood that when it is deployed it is unquestioned as a "narrative prosthesis" (Mitchell and Snyder, 2001). Disability's power as a narrative prosthesis ensures its enduring capability to predict negative outcomes for those cast as disabled within their sociopolitical economies.[1] According to Mitchell and Snyder, a narrative prosthesis is a cultural familiar about an impairment that leads readers or viewers along a preferred plotline to an inevitable outcome tied to the impairment. It "materializes metaphors" such as blind, deaf, mute, dumb, insane, and crippled (2002, 17). Critical disability theory performs narrative disruptions by exposing the prosthetic for what it is, a shortcut that supposedly explains everything when, under this lens, what appear are social, political, and economic inequalities that the "disabled body" hides by its presence.

This work is an exploration of those presences and absences. In New Orleans, the flooding after Hurricane Katrina uncovered the architecture of the "race" concept and its epidemiological implications. I argue that the presence of disabled people in iconic images used to represent the whole of the horror of Katrina's aftermath in New Orleans, takes place in the absence of understanding how disablement in rhetorical and disaster planning strategies contributed to the disproportionate losses borne by African Americans and nursing home residents. The image below of an elderly, African American woman who died in her wheelchair outside the Superdome traversed the globe, unnamed, in the days, weeks, and months following Katrina. So iconic did Ethel Freeman's (as she is now identified) image become that she has stood for the whole of the tragedy of the un-evacuated residents of New Orleans. Much of the narrative work is performed by the wheelchair as a prosthetic for understandings about "natural victims" of disasters specifically and unexamined ideas about wheelchairs users' "tragic" lives in general.

AP Photo/Eric Gay, file

Critical Disability Theory and the "Race" Concept

Extending critical disability theory to race, I argue that media depictions of African Americans who did not leave New Orleans before Hurricane Katrina made landfall perform such narrative prostheses for their consumers. When we see a dark-skinned man wading waist deep in water, holding a plastic bucket full of beer, below, we are seeing a "person" familiar from a cast of characters in popular American cultural iconography: a "stupid" or "happy-go-lucky" man so interested in his own desires to drink that he doesn't even realize how endangered he is. He looted, but not for water or food. The "impairments" that this image substantiates for viewers are cognitive – "inabilities" to plan ahead or even to take care of one's basic needs. Whatever negative outcomes come to him, the frame leads us to suppose, are deserved. Echoing the discourse of slavery, such a man, if rescued, is lucky others with more discipline and intelligence took charge.

The Katrina Report 2006, 243

Other images are similarly prosthetic. When viewers gaze upon the scene in the store depicted below, facing them is a young black man riding a bicycle and holding a gun in the air. The viewer is left in no doubt: clearly he is looting the store, nonchalantly carrying off the very things that will convey his threatening presence more widely. Alternative readings of his actions, for instance, that without a car (or the deployment of buses), a bicycle would be a means to evacuate. Or, that having listened to media reports of the shootings, he too wishes to defend himself and his kin. But, these would require him to be cast for a different storyline. Meanwhile, his counterpart, the white man walking away from the camera lens, bag slung over his shoulder, poses no threat.

unattributed: “Katrina/looting”: Google images

The epidemic of significations about African Americans’ inabilities to plan ahead or to respond to the crisis except with violence and self-interest gave “evidence” to a plotline that not only delayed humanitarian aid, but proved so ubiquitous and compelling that residents of New Orleans themselves believed it, despite unfolding evidence to the contrary all around them. But, as we know from post 9/11 threats, the fear of threat is as instrumental to panic as a present danger. That residents of New Orleans internalized the subjectivity of these images is no surprise, as Fanon recognized in his psychoanalytic study of “negritude” ([1952]1967). Baynton extends post-colonial critical race theories to locate disablement in these practices of racism: “Not only has it been considered justifiable to treat disabled people unequally, but the concept of disability has been used to justify discrimination against other groups by attributing disability to them” (2001, 33). The discrimination that occurred because of the disablement of African Americans in the crisis post-Katrina cannot be overstated. The image below of Guardsmen moving house to house through the wards reconstitutes the threat that

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African Americans posed. So threatening to their own safety had the situation on the ground been made to seem that, once again, there are no relief or evacuation items in sight, only guns drawn and SWAT team stances made familiar by innumerable cop shows for the proper procedure to follow when entering the house of a suspect or a dangerous neighborhood. In the Katrina Report, we learn from a leader of that these threats were false:

> The reports of rampant lawlessness, especially the persistent urban legend of shooting at helicopters, definitely delayed some emergency and law enforcement responses. The National Guard refused to approach the Convention Center until September 2, 100 hours after the hurricane because "we waited until we had enough force in place to do an overwhelming force," Lieutenant General H. Steven Blum, Chief of the National Guard Bureau told reporters on September 5, 2005 (The Katrina Report 2006, 170).

> A lot of them [at the Superdome] had AM radios, and they would listen to news reports that talked about the dead bodies at the Superdome, and the murders in the bathrooms of the Superdome, and the babies being raped at the Superdome, and it would create terrible panic (Major Ed Bush, public affairs officer for the Louisiana Air National Guard, The Katrina Report, 2006, 171).

Disaster rhetoric and the disability concept equally depend upon ascriptions to cultural familiars about the workings of "Nature" and her manifestation in humans as biological traits and attributes. All powerful and uncontrollable forces of Nature wreaking havoc provide a backdrop for rhetoric to justify the havoc wrought by social injustice. The biogenetic "race" concept's enduring explanatory power allows ongoing social inequalities, including health disparities[2] and the withholding of critical national resources during catastrophic events, to disappear. This in turn causes disproportionate burdens of disease and injuries that disable people.

> One of my good friends, Col. Jacque Thibodeau, led that security effort. They said, 'Jacques, you gotta get down here and sweep this thing.' He says he was braced for anything. And he encountered nothing—other than a whole lot of people clapping and cheering and so glad they were there (Major Ed Bush, The Katrina Report 2006, 171).

To excavate the disability concept's narrative prosthetic power for race from within its familiar geography requires an epistemological archaeology. We must dig beneath the surface of our mythic tales: as children we learned how the camel "got its hump," and we learned how humps in humans are signs of people to pity or fear, such as Tiny Tim or Shakespeare's King Richard. The "crippling" of African American people occurs as a dialogic between ongoing media depictions and medical scientific discourse that interconnects "race" and disease burdens as attributions of whole-scale impairments (for the "impairments" of women to justify their disenfranchisement, see Ehrenreich and English, 1990). The ease with which unverified urban legends of African Americans enacting freakish forms of violence raced unchallenged through news editors' screening processes after the levees broke suggests their embedded cultural familiarity.

As such, these depictions sustain and reconstitute expectations about what will be seen in relation to whom, as well as to establish a gazing distance from the normative behaviors of viewers. The freak shows of the 19th century performed a similar media function in colonial and post-colonial settings. Thomson (1996) points out that the commodity on sale in carnival freak shows was a prosthetic: the "freakishness" on display supported biogenetic assurances that biology is indeed destiny. Those gazing upon the dramatically impaired people, with origins always located in some nonwhite, exotic land, could be assured of their own superiority as able-bodied European Americans whose hard work would lead to advancement; their "choice" vs. the primitives' lack of "choice" (Fjord, 2006). To use Thomson's term for this process, "enfreakment" enmeshes evolutionary biology and the "civilizing" forces of colonialism. The image, below, of African American women in uniforms loading up a cart in the aisle of a store while people are stranded on their rooftops can be examined for similar enfreakment. "Civilized" people "have" choices and "primitives" do not. "Stealing for salvation," the caption reads. Look what happens when cultural authority breaks down, such images and news-talk seem to say, when the veneer of civilization falls away, and African Americans are left to their own devices, even those in authority "steal" instead of rescuing others.

MSNBC - Looters at Walmart

The flip side of the narrative prosthesis that disability images offer as visual shorthand in post-Katrina coverage is of the dead, elderly people who so clearly were among the most vulnerable to dying during the crisis. They are the "expected" dead, whose infirmities and age are imagined as the cause of their deaths. Through a critical disability lens, these images narrate instead the epistemology of a disaster bioethic based on "one size fits all" disaster paradigms. That will leave out anyone who temporarily or permanently cannot see, hear, move, cognize, and cope during and after disasters, who has dependent kin, no cash or bank account, no where to go and no way to get there if they did. Thus, the horrifying double paradox: creating disaster plans that will disable people not included in "common good" paradigms. Then, will cast those "disabled" by this planning as the cause of their disablement. In the days following the flooding of New Orleans, images of un-evacuated residents were accompanied by commentary about people who "chose" to stay; who did not plan ahead

unattributed: "dead/wheelchair/Katrina": Google images

properly; who were not rational thinkers acting in their own best interests. They were, in short, to blame for what happened to them. The only people who were indicted as a result of post-Katrina investigations were two nursing home owners, a doctor and two nurses. The former did not evacuate their patients, the latter group, who stayed for five days with patients with no power to provide treatments, no food, water or medicines, may or may not have administered morphine to dying patients (*New York Times*, July 19, 2006). No indictments have occurred of FEMA officials who requisitioned vehicles sent by corporate headquarters to evacuate nursing home residents; of those who built substandard levees or used sand instead of clay; of those who stopped fleeing residents at gunpoint from evacuating across bridges; of the 1000 FEMA workers who refused to enter the city until the streets were "sweeped"; of the truck drivers who halted their transports of relief supplies into the city, falsely claiming to be hijacked in order to receive military escorts (Katrina Report 2006, 247-49). Only one political appointee lost his job, Michael Brown, who has become a professional disaster consultant; no mention of Congress's role in withholding levee funds occurred in this year's mid-term elections.

The social contract in the U.S. follows from an ethos based on the individual — what Ingstad and Whyte (1995) term an "egocentric" ethical system. Rights are individual, individuals are "born equal," and responsible for developing their abilities to integrate into the nation-state. "Common Good" disaster paradigms are built on this social contract. Not quite "everyone for herself," but almost, if you don't have extra money to buy disaster kits, to create and implement individual evacuation plans. Ana-Marie Jones, Director of Collaborating Agencies Responding to Disasters (CARD) points out the irony in the "common good" epistemology: "They're based on a military model, to ensure the survival of the greatest number of soldiers fit to fight another day. But, as I remind people in our trainings, it is a military code of honor not to leave your buddies behind" (Disasters and Vulnerable Populations, UC Berkeley School of Public Health, 2006). Yet, staying behind — with elderly bedridden relatives, infants in arms, pets, to protect their property, to rescue community members, to establish support networks —was exactly what was interpreted as evidence of

irrational and impaired disaster responses.

How different a story if the levees hadn't been built with sand; if Congress hadn't refused to fund their completion; and if the president hadn't ignored local eyewitness reports of their breaches. The absurdity of blaming individuals for not doing enough to protect themselves when whole-scale fraud and neglect, political in-fighting and jockeying brought this flood of waters and significations down upon them, as the independent report on the levees reveals,

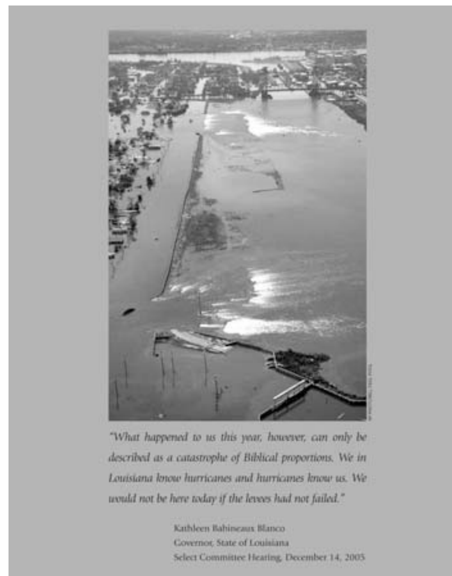
> The northeast flank of the St. Bernard/Ninth Ward basin's protecting "ring" of levees and floodwalls was incomplete at the time of Katrina's arrival. The critical 11 mile long levee section fronting "Lake" Borgne (which is actually a Bay connected directly to the Gulf of Mexico) was being constructed in stages, and funding appropriation for the final stage had long been requested by the U.S. Army Corps of Engineers, but this did not arrive before Katrina struck; as a result large portions of this critical levee frontage were several feet below final design grade (R.B. Seed et al, Final Report, Investigation of the Performance of the New Orleans Flood Protection Systems, July 31, 2006).

The photographic lens ranged unchecked during Katrina's aftermath, transmitting live footage into households worldwide that reconstituted racial stereotypes about cognitive "inabilities" and "uncivilized" rampaging people of color. And, like the Civil Rights demonstrations before it, gave evidence that the poor really are no one's constituents, that "living as black" *is* something you can die of in the U.S. Unfortunately, this has become old news already.

It would be the height of hubris to suggest that one avenue or approach will answer all our questions or address in full a national collective shame. What I place on the table is but one aspect of the multiple levels of analysis that are needed to dig through the underlying layers of historical racism, economic exploitation, and political lack of will that rebuild the social architectures of injustice every day. It is my predilection to suggest that a critical disability lens screens for familiar "noise" in media and political representations and points to the cause and effect relationship between disablement and disaster and vice versa; to foreground the underlying "biopolitical artifactual reproductions" (Butler, 1993) that ensure so-called "vulnerable persons" will continue to disproportionately bear the burden of losses from disasters. And, to expose disaster planning and response paradigms based on a fictive "common good" paradigm, calling instead for a radical paradigm shift towards inclusive design frameworks to ensure access for all persons.

"Pathologies of Power"[3]: Disability and the Justificatory Rhetoric of Nature

> Order is indeed the dream of man, but chaos, which is only another word
> for dumb, blind, witless chance, is still the law of nature
> (Wallace Stegner, quoted in U.S. House of Representatives, Katrina Report, 357, 2006).
>
> Nature, to be commanded, must be obeyed
> [Francis Bacon, quoted in U.S. House of Representatives, Katrina Report, 357, 2006).



The Katrina Report 2006

Beginning in 1976, a cadre of researchers who investigate disasters recognized that the causes for the increase in catastrophic disasters worldwide are neither natural nor unpredictable (O'Keefe, Westgate and Wisner, 1976). The collision of global and local environmental degradations, population growth, and greater numbers of people living in unstable environmental spaces because of economic and social marginalization disappear in political and media rhetoric about "natural disasters" and their consequences. I take up these researchers' challenge to the familiar hat trick — whereby the social and political infrastructures that ensure the burden of losses from disasters borne disproportionately by so-called "vulnerable" persons will disappear by sleight of hand; substituted by locating causality in all-powerful, controllable forces of "Nature" and the "natural" consequences of being a certain sort of person. Hurricane Katrina's aftermath, the flooding that wreaked such havoc on primarily poor, African American and disabled elderly people, exposed some elements of the hat trick. Exposed were previously unacknowledged hierarchies of citizenship linked with racial and economic typologies in a democracy; exposed were disaster-planning paradigms as planning for some, not all, persons. What remains hidden while in "plain sight" is the enduring cultural familiar of the biogenetic person, and its efficacy when used to justify social disparities.

Wittgenstein cautions, in a quotation that for me has become a methodology: "the aspect of things that are most important for us are hidden because of their simplicity and familiarity (one is unable to notice something because it is always right before one's eyes)" (quoted in Scheper-Hughes, 1992). Critical disability lenses seek to disrupt what Anglo-Americans think they already know about Nature and her biogenetic human beings. In *Reading National Geographic* (1993), Lutz and Collins examine the reproduction of expected knowledge about "non-western" peoples produced for the consumption of "western" readers in *Geographic*

photographs. They argue, "the photograph can be seen as a cultural artifact because its makers and readers look at the world with an eye that is not universal but tutored" (1993, *xiii*). Sorting the compendium of *Geographic* photos they find distinct differences in the framing, perspective, and content of photographs depending upon whether "light-," "brown-," or "black-skinned" people, men or women, are within the frame. Black-skinned people will most likely be seen in masses, performing manual labor and staring straight at the camera. In this way, the *Geographic* "tutors" readers about categories of persons and generalized attributes that are often interpreted as "race differences."

Rooted in colonialist discourse since the English conquest of Ireland in the 1300s (Orser, 1998), the "race" concept justifies the exploitation of other peoples and their resources. Notions of the inherent superiority of the English were historically based on interpretive, scientific readings of what tool-making abilities signal about cognitive abilities — the Comparative Method that demarcated Stone, Bronze, Iron, and Steel Age "peoples." The fences that English immigrant colonists built in the Americas to demarcate what was "theirs" from "Indians" who did not demarcate either bodies or land this way are analogous to the fictive fences the biological "race" concept allows to demarcate "racial," neurological differences. Medical science has often supplied the biogenetic "evidence," and whenever one means of locating impairment/blame is disproved, another displaces it. Thus, head-measuring gave way to disease burdens and genetics, that ignore reproductive contacts and more complex socio-environmental explanations. The Comparative Method that assessed cognitive abilities by the kinds of tools a "people" were capable of inventing now shows up in noncompliance measures of particular populations' [in]abilities to undertake drug regimens.

Critical race and feminist theorists and activists rightly dispute the whole-scale attributions of inferior cognitive abilities, the false homogenization of "race" and sex biogenetic typing. However, what these theories and their proponents do not dispute, according to Baynton (2001), is the "naturalness" of assigning inferior personhood to individuals with these contested attributes — people living *with* physical, cognitive, perceptual, and emotional impairments. This bioethic of inferiority informs genetic counseling, right to live and right to die decisions, yet depends upon subjective projections, something we are taught that "good science" should not do. These projections are those of able-bodied people about what it might be like to live without some once-loved ability or function, which are universalized as "expert knowledge" for bioethical decision-making.

In this imaginary, impairments become sources of conflict, tragic outcomes, and pity, rather than entry points to alternative phenomenological lifeworlds; impairments are assumed to be harbingers of conflict rather than embodied human difference and complementarity. The social and phenomenological expertise of people who live with these traits and attributes in relation to their societies and environments disappears into "special interest" group knowledge, not empirical expertise; as did the lifeways and knowledge of colonized peoples during conquest and nation-state formations. After Katrina, the subjective imaginings about African Americans living in poverty and under duress led to similar erasures of the enormous numbers of people helping each other, using small-scale technologies at hand. Images that would have depicted a far different reality, one closer to what eyewitnesses experienced, such

as Major Ed Bush:

> I certainly saw fights, but I saw worse at a Cubs game. The people never turned into these animals. They are being cheated out of being thought of as these tough people who looked out for each other. We had more babies born [at the Superdome] than we had deaths" (The Katrina Report 2006, 171).

Whose Nature, then, is being depicted in rumors with the power to displace actualities?

Wheelchairs.org

These "natural" processes are neither natural nor inevitable, in exactly the ways that disasters do not "naturally" have to disproportionately harm women, infants, elderly, disabled, and impoverished people.

Victimhood: The Making of "Vulnerable Persons."

> As Philippe Bourgois notes, paraphrasing a warning issued by Laura Nader years ago: 'Don't study the poor and the powerless, because everything you say about them will be used against them' (Farmer 2005, 26).

The concept of "vulnerability" emerged in public health and disaster research and discourse as a necessary corrective. The trajectory of AIDS through geographic areas and populations took place in a discursive moral landscape originating in U.S. medical and political rhetoric about victims who were to "blame" for their disease and those who were "innocent" (the so-called 4 Hs) (Treichler, 1988). In many ways, media and social practices about "impaired persons" and worthy and unworthy recipients of national resources after Katrina had their dress rehearsal in the discriminatory practices in the U.S. around AIDS and PWAs (people with AIDS). Uncontrollable Nature acting on humans in the form of viruses can be imagined in many ways, but the strategic deployment of "inferior" personhood to "homosexuals, Haitians, and heroin users" was politically and economically driven. Locating causation in individuals from stigmatized groups delayed the testing of blood supplies, which could have contained one vector of the spread of AIDS. Such delays benefited huge medical industries including the blood companies and agencies such as the Red Cross, which send blood supplies worldwide.

The Katrina Report 2006, 318

Attributing blame to the residents of New Orleans erased enormous levels of malfeasance and misdirection. When, in the Katrina Report (2006, 318), we see the quotation above from Michael Brown (then head of FEMA) about supplies that went missing placed underneath a 2/3 page image of young black men opening boxes of – water – readers are being taken in; led by the eye to consider them as agents of those missing items. The water in the image becomes not a survival item, but a stolen one. On March 24, 2006, CBS News and the *New York Times* reported on allegations by Red Cross volunteers about "widespread evidence of theft and fraud — including a veritable black market of disaster relief goods operating out of New Orleans with the knowledge of some Red Cross supervisors. . . What could be called rogue operators — including warehouses with millions of dollars worth of off-the-books Red Cross inventory." The American Red Cross, a *de facto* national governmental agency, received nearly 2 billion dollars, over 60% of all monies for Katrina disaster relief. With the exception of 49 call center volunteers in Bakersfield, CA said to have taken over $200,000, no Red Cross personnel have been indicted. The story of the missing inventory in New Orleans has been given very little media coverage, and has in no way dislodged the images of African American "looters" in the collective imagination.

For several decades, critical disaster theorists have attempted to disentangle disaster outcomes for groups of people from their pre-disaster social statuses using social ecological models. O'Keefe, Westgate and Wisner wrote in 1976, "the time is ripe for some sort of precautionary planning which considers vulnerability of the population as the real cause of disaster — a vulnerability that is induced by socioeconomic conditions that can be modified by man, and is not just an act of God" (1976, 567). Wisner's (2002) research on disaster and disability analyzes the "disability paradox" (although he does not call it that): while disasters cause disproportionate harm to those deemed "vulnerable populations," disasters themselves

cause temporary and permanent injuries. Claims that inclusive disaster preparedness plans are too expensive tot up the costs to retrofit buildings, widen stairwells, install multiple warning systems, etc., rather than to tally up the social costs in morbidity and mortality when we do not – the unnecessary deaths during 9/11 and Katrina. Wisner and others call for disabled people's "local knowledge" to make disaster planning more accessible and inclusive.

After studying disaster epidemiology in the wake of Hurricane Katrina, I am becoming concerned that the concept of "vulnerability" as it is used in disaster rhetoric may inadvertently reconstitute categories of persons for whom "expected losses" will occur (as Nader cautions in the epigraph above). Intended to foreground the relationship between pre-existing sociopolitical and economic inequalities and disproportionate losses after disasters, the vulnerability concept now fuels a hermeneutics of expectancy quite familiar to critical disability theorists. Unfortunately, instead of leading to social change for even disaster preparedness and emergency management, vulnerability has come to be conflated with the social or physical conditions of individuals. Vulnerable people are "special needs" people — shorthand for people who "lack" some considered vital social or physical functioning capability — whether it is English fluency or a bank account in the U.S. or use of their legs, eyes, ears, speech, or certain thinking processes. Thus, blind, deaf, and elderly people, wheelchair users, those who need oxygen or daily medications, who are on dialysis, and so on, are placed on lists of special populations whom emergency workers will encounter during disaster evacuations and in treatment centers.

While no one disputes the wisdom of preparing for the needs of disabled people of all sorts, the social darwinist assumptions that underlie the frameworks of disaster preparedness, responses, and recovery must be disputed and vigorously. Bracketing out "special needs" persons as having characteristics that are different from those found throughout their societies endangers those deemed to "have" special needs and also fails to prevent harm to everyone else; just as delays in testing blood supplies endangered the general population on the pretext that only certain people were "vulnerable" to HIV infection.

Emergency training exercises address the notion of "special needs" persons that response teams may encounter during a disaster by engaging in "practice" — asking an able-bodied participant to be the "blind person" by placing a blindfold over their eyes. Another able-bodied individual is put into a wheelchair to train the others in how to evacuate this special needs person. By this "practice," we know that disaster management and responses are based, like biomedicine, on the so-called "standard body." Under critical scrutiny in medicine, the "standard body" of long duration has been a white, adult, able-bodied, heterosexual male. Other forms of embodiment become non-standard, hence "special." The standard person of one-size fits all disaster planning was identifiable in the media coverage of the evacuation of Houston, Texas, before Hurricane Rita made landfall. Viewers were informed that an "orderly" evacuation had taken place, in contrast to the chaos of its neighbor Louisiana in the previous hurricane. That Texas enacted a "common good" model of disaster planning became obvious from images of the choked interstates leading out of Houston. Cars packed with evacuees had run out of gas with nowhere to go. No congratulations are in order for the evacuation of Houston when one shift of the hurricane could have sent it careening through these stranded

masses. The residents of Houston had fortunately taken "a miss": the only deaths were from a bus explosion caused by a rider's use of an oxygen tank.

In the Katrina Report, Louisiana receives special censure for not having a "registry of special needs people," when not even the home of the disability rights movement, Berkeley, California has one. Disabled people do not meet the imposition of such registries with unalloyed favor, nor do thoughtful emergency managers. Despite pinning their hopes on such registries to "take care" of the problem of "nonstandard bodies," most municipalities do not have funds to maintain these lists. Nor do they stockpile the supplies these persons need. Thus, they create false expectations that listed people will be taken care of, and that "special needs" are being adequately addressed (Elizabeth Davis, managing director, EAD & associates, personal communication, 2006). Similarly to African Americans in the US, disabled people's historical experiences of everyday oppression show up in concerns about authorities acting paternalistically and with a lack of respect. Responding to the call by emergency managers and government to create special needs registries, some disabled people tell me, "why not just put a big X on my door, so they'll know who to pass over?"

The production of what counts as expertise about the inclusion of "special needs" persons is once again based on the subjective imaginings of able-bodied people about what "being blind" constitutes, for example. That is, what happens to a sighted person when he or she puts on a blindfold. The phenomenologically whole blind person whom rescuers will find in place has been negated: the only significant thing to know about them is that they do not see. As the Deaf poet, Clayton Valli signs, "To doctors, I'm just one big ear with an X through it" (personal communication, 1994). Thus, if we are not carefully reflective, ablist (a term used similarly to racist and sexist) thinking leads to the conclusion that there is something preordained or natural about disabled people as victims of disasters. And, not something that points to a social ecology of disparities, of obstacles in built environments, with the potential to disable any member of that society. On the contrary, the expertise of persons living as blind, or deaf, or non-English speaking, offers distinctive expertise and creative perspectives for disaster planning and policies.

Georgina Kleege, blind since her teens, wryly comments, "If you want directions ask a blind person," for blind people moving through space do so in constant dialogic relationship with time, place, texture, sound, and temperature. Blind peoples' abilities to locate themselves in catastrophic landscapes were recognized as vital knowledge for sighted people during the London Blitz of WWII. The obvious flaw with using an able-bodied "one size fits all model" instead of inclusive design models that harness "vulnerable people's" knowledge is that disasters themselves cause environmental access problems and communication barriers for all people that mirror those faced by disabled people everyday. Not only are previously able-bodied individuals permanently disabled from injuries and psychologically traumatized by their losses, but environmental effects such as dense smoke, explosions, even helicopter rotor noise, and flooding cause situational inabilities to see, hear, communicate and move in familiar ways for the able-bodied (as seen below).

AP Photo/Dave Martin, Katrina Report, 115

Towards Local Inclusive Disaster Design Paradigms of Scale.

In the chaos that resulted from a militarized model of disaster response, the "fog of war" descended (Katrina Report, 2006, 38), ensuring a total lack of coordination, collaboration and intercommunication, 1400 deaths, 70,000 people stranded who had to be evacuated, over 17,000 injuries, and thousands of nursing home and hospital patients unable to be sheltered in place as is most preferable for those on life-saving machines, medications, and treatments (Centers for Disease Control MMR Reports, 2006). I have pointed to the irony in considering disabled or elderly or poor people as "special needs" individuals when the obstacles they face in social and built environments contain the promise of disablement for all members of a society in a disaster, or during the life course. While the local expertise of long-term disabled people, communities of people of color, and undocumented workers, and the service agencies and providers who work in dialogue with them everyday, offer valuable forms of expert knowledge to design inclusive disaster policies.

Public health scholars and ethicists now recognize that the greater the disparities between the health and resources of people within a nation, the poorer the overall health outcomes are for the whole of that nation. With his concept "the preferential option for the poor," Paul Farmer (2005) proposes that if societies design healthcare systems to meet the needs of their poorest citizens, systems will be in place to meet the needs of everyone. Similarly, disaster preparedness designs that use the local knowledge of those who would be left behind because warning systems are designed for those who can hear or read English, have a television or radio, would go a long way further in ensuring that most categories of persons will not be. Organizations such as local Centers for Independent Living have made decades-long studies of how to care for people with impairments in their homes. Vesting local architecturally accessible social institutions such as libraries, public nursing homes, and schools to take on local aspects of disaster preparedness by using the vast amounts of disaster monies invested

now in huge bureaucratic disaster organizations and governmental agencies, would benefit local communities everyday.[4] Disaster preparedness would not be a separate political economy, but folded into everyday, inclusive practices, using technologies of scale: small-scale, common strategies accessible to everyone, and large-scale interventions of national and international resources when needed. Instead of thinking that only certain individuals are "dependent" and everyone else is independent, inclusive design policies recognize that all people live in interdependent kin and larger social networks; that no one is truly independent, while for some the strings are more transparent than for others.

Conclusion: The Interdependence of Critical Race, Feminist, and Disability Lenses

Unpacking the homogenizing derogations of "race" from media images taken during and after Hurricane Katrina requires ongoing, publicly reflective practices and contestations. On August 23, 2006, in *The Independent*, Reckdahl reported that misconceptions about New Orleans framed in those early hours after the levees failed continue to retain the power to harm its people, despite the fact that the media have packed up and moved on. Tourists who call the New Orleans Convention and Visitors Bureau ask, "whether they're coming to the Wild Wild West, where people are gunning each other down in the streets." Displaced residents in new locations face job and housing discrimination, according to Beth Butler quoted by *The Independent*, "I kept saying we should print up t-shirts saying 'Ninth Ward Marauders.' People saw the exaggerated news accounts and viewed people from New Orleans as criminals" (5). One of the shocking things about the Katrina coverage was that even African Americans from outside New Orleans became convinced that what they were seeing in the news reports was accurate (2).

The interdependence of the social categories and cultural understandings about "race," sex, and disability in post-colonial societies retain their justificatory power despite activism and legislative remedies. A staying power derived in part from their relationship with larger cultural imaginaries about Nature in the form of biogenetic causes and effects and their endless repetition in popular culture and media. Even medical science plays its part in the political economy of whole-scale attributions of impairment. The fraudulent longitudinal scientific study conducted for decades by Dr. Eric Poehlman about how menopause raises "bad" LDL cholesterol levels were not peer reviewed carefully, scientific witnesses report, because, "he published results that confirmed our predisposed hypotheses" (*The New York Times*, October 22, 2006). Presumed "pathological," menopause more often in the uncooked data lowered LDL levels. The presence of aging women and menopause in his published reports conjured a narrative prosthesis: no need for close statistical analysis by peers, the fault lies, by commonsense, in the impaired bodies of older women; a pathology that requires medical care, pharmaceuticals, and huge NIH grants to forestall expected disease burdens.

Thus, justifications for discrimination in emergency and disaster policies all too often base their cultural understandings on biogenetic familiars about what "impairments" wreak on persons and their societies to cover for the cost benefits to those who provide professional emergency and disaster services. At the same time, "race" and sex discrimination cause enormous social costs, disproportionate poverty and burdens of disease with an accompanying

higher rate of disabilities — the health disparities of current concern to American healthcare.[5]

In the year following Katrina, discussions filled our television screens, newspapers, magazines, chat rooms, academic seminars and fora, Homeland Security conferences, as a nation and as individuals, we have sought to find beneath the rubble of New Orleans and her sister communities, a Holy Grail to prevent a recurrence. I ask: what if we replace our disaster paradigms, with their bioethical dependence on concepts of "vulnerable persons," their dependence on the Red Cross funded by federal and private disaster monies, and repack a different preparedness go-kit? A go-kit that contests the current political economy of disasters, and re-locates a bioethical "standard body" for disaster and healthcare planning in a continuum of complementary forms of embodied and cultural difference. That locates individuals within their social and environmental ecologies and plans accordingly using the expertise of local forms of knowledge. That opens out the moral contract of national citizenship beyond the individual to a truly common good; in the knowledge that we are bound together by ties to those we love, those we become caught with by disasters—those we would never leave behind.

Wheelchair foundation.org accessed September 2, 2005

NOTES

1. July, 2005, Orleans Parish (the core of New Orleans) had a population of 437,186; at that time about 23% of New Orleans residents were living in poverty ($16,090) for a family of three in 2005). 48% of Orleans Parish and 32% of the adjacent Jefferson Parish were low-income (family incomes before 200% of the federal poverty level. Along with 1 I follow Kasnitz and Shuttleworth's (2001) distinctions between "impairment" and "disability" in this work: impairment, a physical, mental, cognitive, perceptual or social "lack" of desired functioning capability, and disability the negative social outcomes for those persons who "have" those conditions in their society. That these vary, Ingstad and Whyte (1995) offer ethnographic evidence in their edited volume, Disability and Culture.
2. In these high rates of poverty, Louisiana had some of the poorest health statistics in the country, with high rates

of infant mortality, chronic diseases, such as heart disease and diabetes, and AIDS cases. Two-thirds of all residents in New Orleans were African American (Rudowitz, Rowland, and Shartzer, 2006).

[3] I borrow Farmer's book title (2005) because his premise for "health, human rights, and the war on the poor," underlies my thesis in this essay.

[4] For my thinking about policy changes to invest local community organization with everyday preparedness, I am indebted to Ana-Marie Jones.

[5] Findings from Census 2000 for rates of disability and income levels in the US: "Respondents ages 55 to 64 with annual incomes less than the federal poverty level—in 2000, $8,259 for an individual—were six times more likely to have disabilities that limited activities than those in the same age group with incomes of $60,000 or more." In the general population, 51.2 million Americans have some level of disability and there are 32.5 million with severe disabilities, of which 11% are children ages 6 – 14 (US Census, July 2006).

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