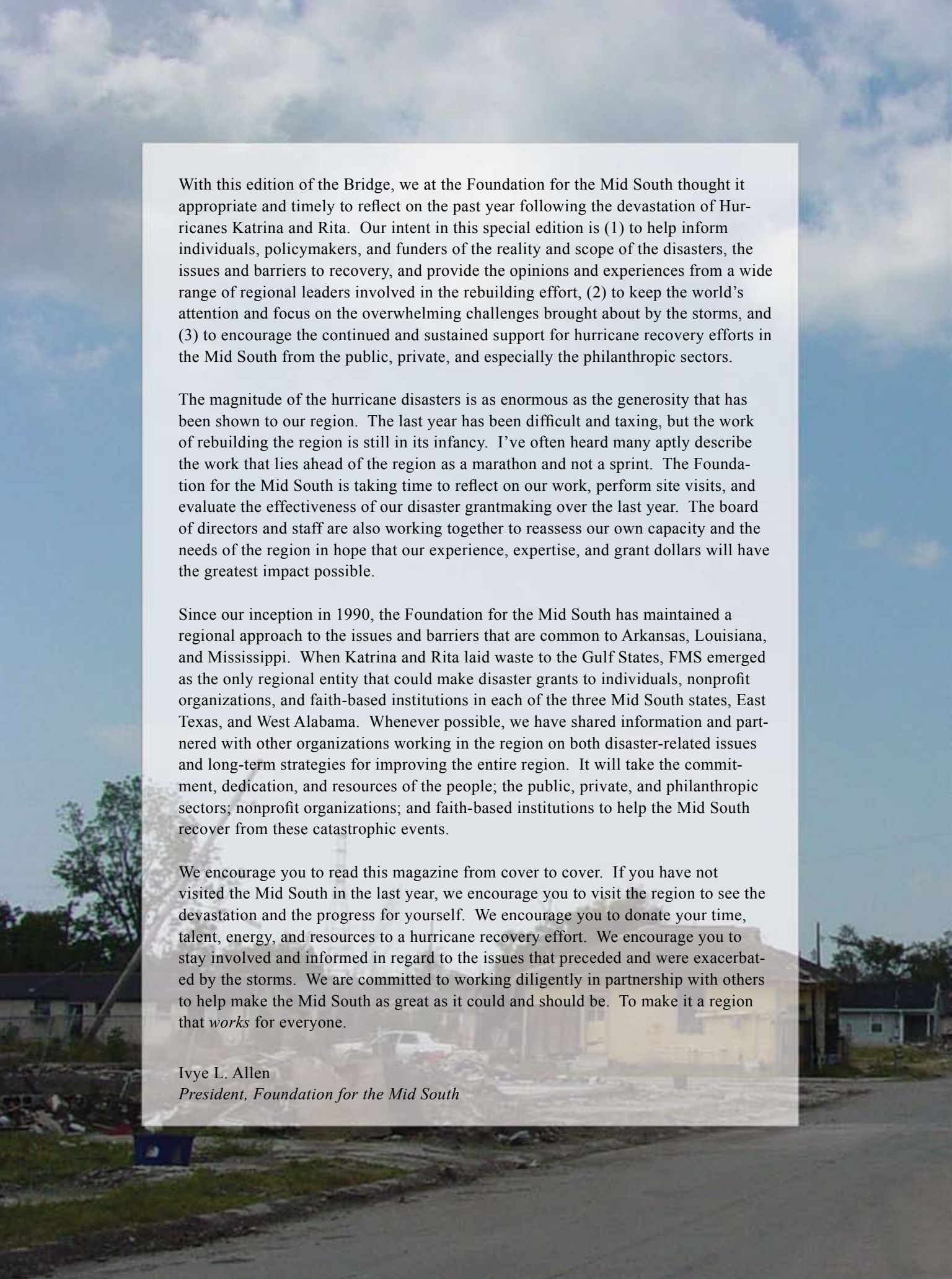


the Bridge

CONNECTING THE WORLD TO THE WORK OF THE FOUNDATION FOR THE MID SOUTH

SPECIAL EDITION: HURRICANES KATRINA AND RITA ONE-YEAR ANNIVERSARIES





With this edition of the Bridge, we at the Foundation for the Mid South thought it appropriate and timely to reflect on the past year following the devastation of Hurricanes Katrina and Rita. Our intent in this special edition is (1) to help inform individuals, policymakers, and funders of the reality and scope of the disasters, the issues and barriers to recovery, and provide the opinions and experiences from a wide range of regional leaders involved in the rebuilding effort, (2) to keep the world's attention and focus on the overwhelming challenges brought about by the storms, and (3) to encourage the continued and sustained support for hurricane recovery efforts in the Mid South from the public, private, and especially the philanthropic sectors.

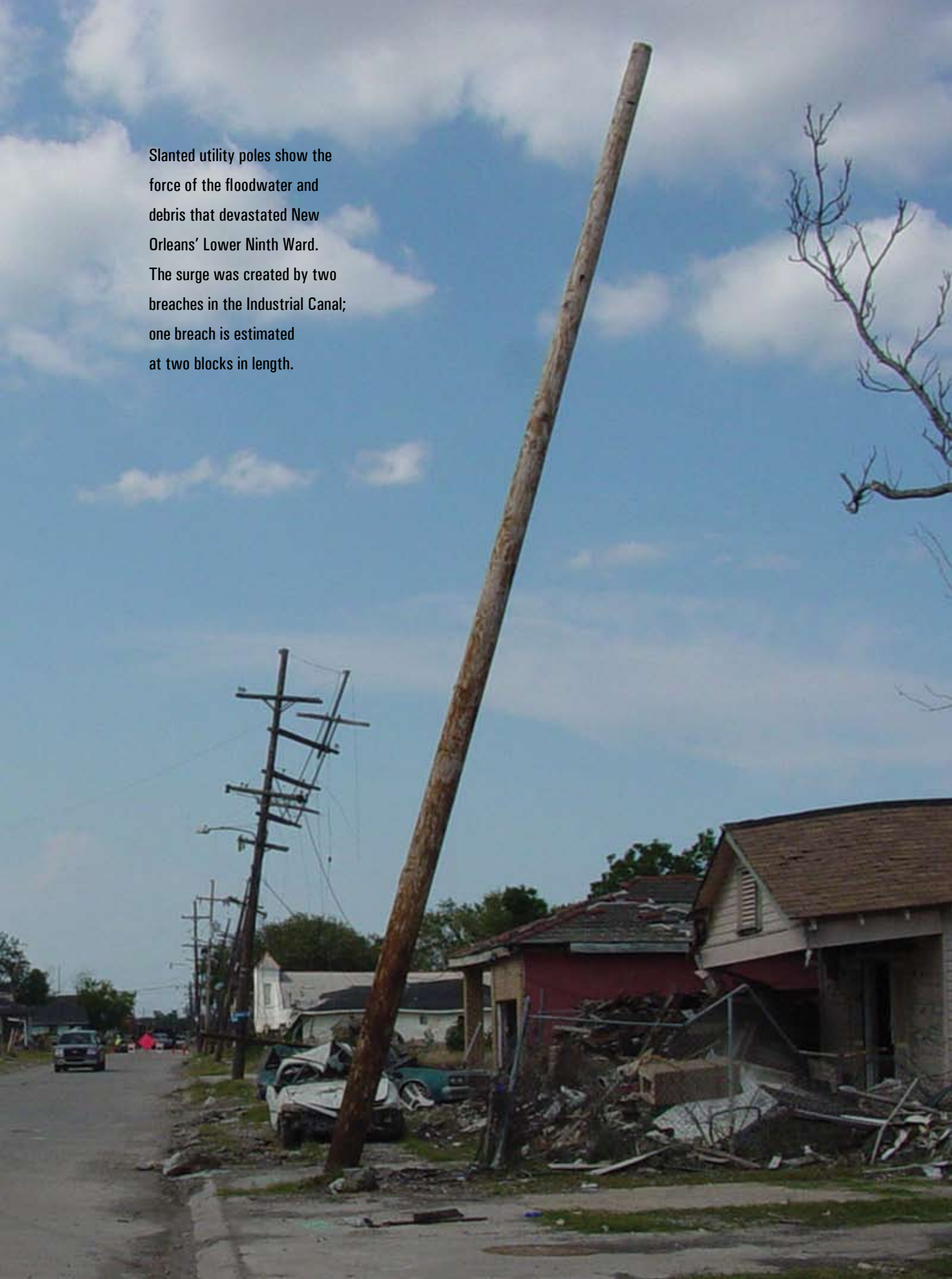
The magnitude of the hurricane disasters is as enormous as the generosity that has been shown to our region. The last year has been difficult and taxing, but the work of rebuilding the region is still in its infancy. I've often heard many aptly describe the work that lies ahead of the region as a marathon and not a sprint. The Foundation for the Mid South is taking time to reflect on our work, perform site visits, and evaluate the effectiveness of our disaster grantmaking over the last year. The board of directors and staff are also working together to reassess our own capacity and the needs of the region in hope that our experience, expertise, and grant dollars will have the greatest impact possible.

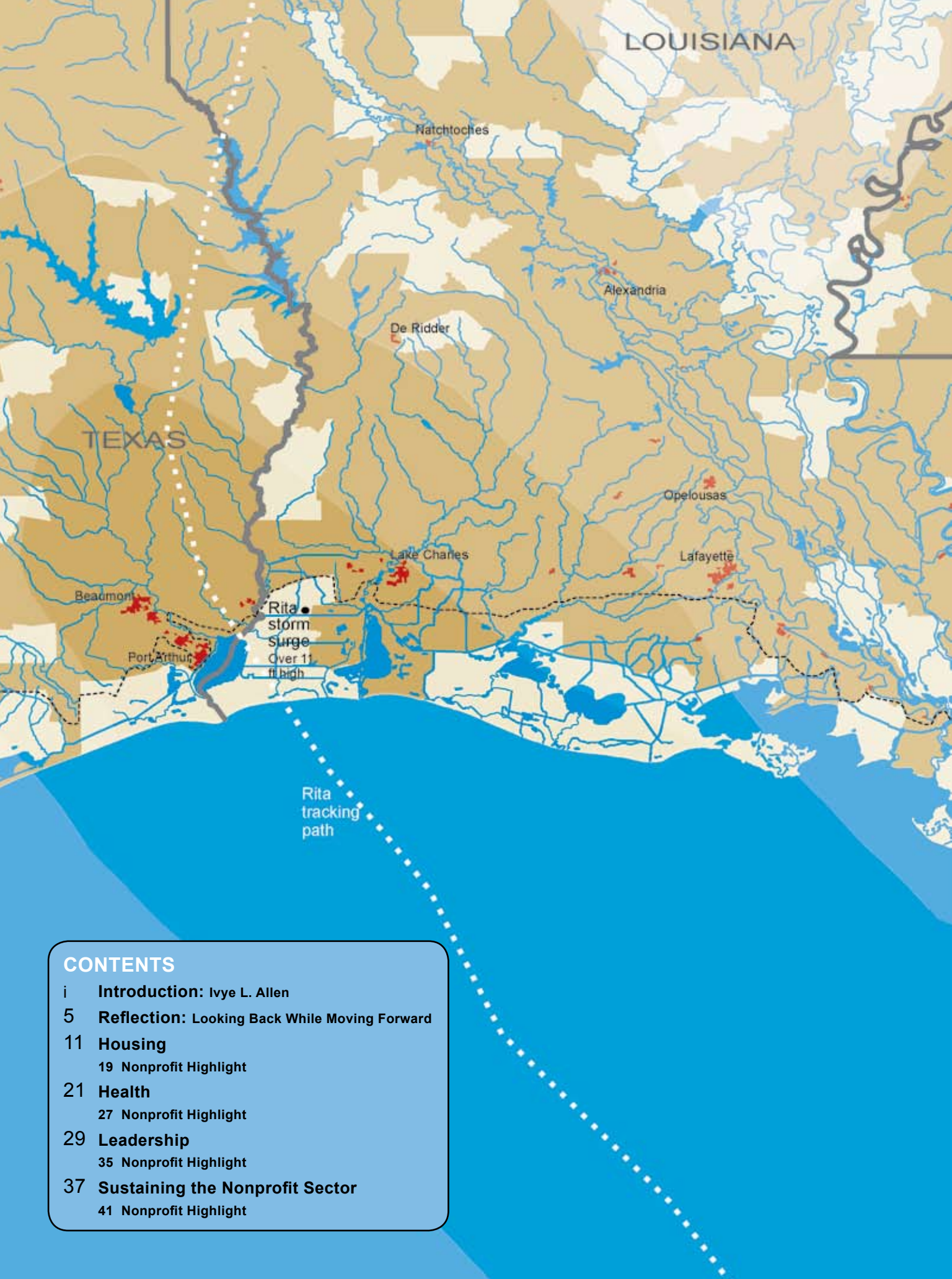
Since our inception in 1990, the Foundation for the Mid South has maintained a regional approach to the issues and barriers that are common to Arkansas, Louisiana, and Mississippi. When Katrina and Rita laid waste to the Gulf States, FMS emerged as the only regional entity that could make disaster grants to individuals, nonprofit organizations, and faith-based institutions in each of the three Mid South states, East Texas, and West Alabama. Whenever possible, we have shared information and partnered with other organizations working in the region on both disaster-related issues and long-term strategies for improving the entire region. It will take the commitment, dedication, and resources of the people; the public, private, and philanthropic sectors; nonprofit organizations; and faith-based institutions to help the Mid South recover from these catastrophic events.

We encourage you to read this magazine from cover to cover. If you have not visited the Mid South in the last year, we encourage you to visit the region to see the devastation and the progress for yourself. We encourage you to donate your time, talent, energy, and resources to a hurricane recovery effort. We encourage you to stay involved and informed in regard to the issues that preceded and were exacerbated by the storms. We are committed to working diligently in partnership with others to help make the Mid South as great as it could and should be. To make it a region that *works* for everyone.

Ivye L. Allen
President, Foundation for the Mid South

Slanted utility poles show the force of the floodwater and debris that devastated New Orleans' Lower Ninth Ward. The surge was created by two breaches in the Industrial Canal; one breach is estimated at two blocks in length.





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MAP KEY

Population Density

People per square mile

- Less than 8
- 8 to 2,590
- More than 2,590

Storm Paths

- Zone of Maximum Devastation
Sustained winds above 100 MPH
and velocities up to 125 MPH
- Hurricane Force Winds
Sustained winds above 75 MPH
- Tropical Storm Force Winds
Sustained winds above 50 MPH

..... Storm surge model

• • • Path of hurricanes



1000 Foundation
Atlanta, GA



*a Region
Changed
Forever*



REFLECTION

LOOKING BACK WHILE MOVING FORWARD

A year after Hurricanes Katrina and Rita hammered 90,000 square miles between East Texas and West Alabama, Mid South communities are attempting to move forward and recover from the disasters, but the task ahead is difficult and full of uncertainty. As the estimated 107.5 million cubic yards of debris is disappearing and thousands of miles of ravaged land has begun to emerge in Louisiana and Mississippi, hurricane victims are asking the question “How will I recover and rebuild?”¹

The visuals that emanated from the days following Hurricane Katrina were unforgettable and often haunting: the heroics and selflessness of the first responders who saved tens of thousands of lives; the multitude of hurricane victims who felt abandoned by the people they trusted to protect them; the elderly and the disabled who were not evacuated and left helpless; and the faces of people as they returned home only to find slabs where their homes once stood or to find them completely uninhabitable because of the damage caused by weeks of standing water.

Millions around the world watched in disbelief as these stories unfolded before their eyes. It was hard to fathom that these events occurred in the United States and not in some far off foreign land. And although the media's coverage of the disaster was, at times, neither accurate nor informed, they captured the pictures of the thousands of traumatized Mid Southerners that will bookmark yet another chapter in history when our country lost its innocence. In future conversations, people will recount where they were when Hurricane Katrina uncovered the best and the worst of the Mid South and the rest of the nation.

AN OPPORTUNITY FOR CHANGE

The same issues that shocked the world a year ago, today still lie silently just beneath the surface of everyday life in communities throughout the Mid South. Since Hurricane Katrina (Katrina) and Hurricane Rita (Rita), the issues of poverty, race, and economics have been analyzed and presented mainly in discussions focused on rebuilding the larger, metropolitan areas like New Orleans, Gulfport, and Biloxi. The problems of turfism, racism, and a multitude of other *isms* that are being discussed around recovery are also entrenched in the politics and business of small, rural communities throughout the Mid South.

Decades of following the “if it ain’t broke; don’t fix it” approach to education, business, employment, and race has widened the gap between the haves and the have-nots in some Mid South communities. The result is the establishment of a social and economic

structure that allows access to schools, business ownership, health care, and employment to some and denies or limits similar opportunities to others. Since the storms *literally* broke the infrastructure and systems in many communities, they have been given an opportunity to rebuild better than they were before. These communities have been given an unexpected opportunity to effect real and significant change. If leadership and residents choose to re-establish the systems and inequities that were present before the storms, they will have wasted a rare and precious opportunity to create healthy, vibrant, and inclusive communities at the expense of all who call them home.

It remains to be seen whether the disasters have served as a wake-up call to other Mid South communities to become more inclusive, equitable, and tolerant. Others in the rural Mid South located away from the impacted Gulf areas will be able to capitalize on and benefit from the resources, expertise, and learnings that will generate from the rebuilding process along the Gulf. Although garnering support for community-wide conversations on race, equity, and transformation can be difficult, these discussions can help residents to better understand and respect each other in new ways.² By committing to reduce the disparities that exist in their communities, residents can identify the barriers that exclude and alienate fellow community members and the strategies to overcome them. Otherwise, communities will continue to overlook and disenfranchise segments of its population. In many ways, communities that continue to passively marginalize the low-income, minority, or immigrant populations are, themselves, disasters waiting to happen.



“In her wake, Katrina left literally seventy thousand uninhabitable, often obliterated homes; thousands of small businesses in shambles; dozens of schools and public buildings ruined and unused; highways and ports and railroads, water and sewer systems, all destroyed. But in the last year I’ve learned that an awful disaster, with its myriad of tragedies for individuals and families, also brings out the best in most people.”

Haley Barbour, Governor, State of Mississippi

A COMPLEX TASK, RECOVERY

If you talk to ten people about the needs and priorities in rebuilding the region, you will likely receive ten different answers. The reality is that the need is overwhelming, the scope is beyond comprehension, and the complexity of the issues and how they inter-relate is mind numbing. It is difficult to move forward on one issue without it either hinging on the progress or the completion of another. Developing a plan to bring local economies back to pre-Katrina and Rita levels is a perfect example of this conundrum.

The Gulf Coast economy will be slow to improve unless business and employment continue to grow. Today, many businesses still remain closed as they repair damage, replace inventories and equipment, and settle insurance claims. Sadly, many others either cannot or will not re-open. Also, a shortage of minimum- to moderate-wage workers—those who make up a large percentage of the tourism and entertainment industries along the coasts of Louisiana and Mississippi—is creating hardships for businesses. The inability to adequately staff a business can impact its bottom-line and the services it provides in several ways including shorter operating hours, longer customer waits, and a reduction in overall service and quality.

Improving business and employment on the Gulf Coast is dependent upon many issues, but the lack of available housing is an important example of how different recovery issues can affect one another. How can a workforce return to work when there is little or no affordable housing available in their cities in which to reside? How can staff return to their homes when their former employer is out of business and there is—in the short-term—limited opportunity for employment that will pay a higher wage to compensate for the increased cost of living? The answer to these questions suggests that employment and housing are not mutually exclusive. For the economies to rebound on the Gulf Coasts of Louisiana and Mississippi, both areas must increase the number of employees returning to work and increase the number of affordable housing units to accommodate them.

Difficulties also lie far beyond the hurricane-affected areas. Displaced families and individuals who have relocated in small Delta towns throughout Arkansas, Louisiana, and Mississippi are finding shortages of available affordable housing and job opportunities. Many of these towns—historically low-income communities with higher poverty rates than the national average—are also being stretched to their limits socially and economically. These same issues

“As we were drying out, Hurricane Rita struck. Rita was one of the most devastating storms in our nation’s history. Rita did to Southwest Louisiana what Katrina did to Mississippi.

The combined devastation to our state is best described
‘as a catastrophe of Biblical proportions.’”

The entire Gulf Coast suffered, but Louisiana bore the brunt of this disaster. Katrina claimed over 1,100 lives in our state alone. Together, Katrina and Rita displaced more than 780,000 people and destroyed the homes of over 200,000 families. An estimated 81,000 businesses were stilled, and 18,000 of our businesses still have not reopened.

Kathleen Babineaux Blanco, Governor, State of Louisiana.
Testimony before the U.S. Senate Committee on Appropriations on March 7, 2006.

also affect the larger urban areas like Houston and Baton Rouge that received significant numbers of evacuees.³ The arrival of hurricane victims in these communities—in some cases—created tensions among the local low-income population who felt that they were, again, being overlooked and denied assistance.

WE ARE JUST GETTING STARTED

In the pages that follow, we hope to accomplish several things. We will present our current views and observations on the issues that the Foundation for the Mid South (FMS) believes is critical to the recovery and rebuilding efforts in our region: housing, health, leadership development, and sustaining the region's nonprofit sector. Our assertions are based on (1) interviews that we have conducted with recipients of disaster grants from the FMS Hurricane Recovery and Restoration Fund from across the region, and (2) the information provided by the wealth of outstanding resources that has been released over the last year concerning the disasters. We stress that our list is admittedly incomplete in regard to addressing the overall needs of the region.

Although these issues are presented from the perspective of FMS, we will also include opinions and insights gained through informal interviews with leaders from across the region. Mainly, we want to continue to keep attention on the devastating effects of Hurricanes Katrina and Rita on our region. We want to inform people of the great work that is being done in the Mid South, but also to remind them that it will take years for the region to recover. And even though the media's attention on the disasters has waned over the last several months and the issues that affect our recovery may not regularly appear on the world's radar screen, the issues are real; they are complicated; they are important; and they impact millions of people.

Hurricane Katrina was the most severe hurricane to strike the Louisiana/Mississippi Gulf Coast since Hurricanes Camille and Betsy in the 1960's. Like this apartment complex on Highway 90 in Gulfport, Mississippi, hundreds of thousands of buildings and residences were completely destroyed in Louisiana and Mississippi.









HOUSING

“You see people being helped around you, and you see contractors and casino building going on aggressively, and there you are in sight of that and nobody knows who you are. I just fell through the cracks.”

George Fondren

Gulfport, Mississippi

from Julie Goodman, *Clarion Ledger*

“Rebuilding should be carried out in a manner that treats the area’s poorest citizens with the same respect and dignity as the more affluent. High ground should be set aside for the poor and the rich—both black and white. Mixed-income neighborhoods are critical to a successful future. Without government intervention and assistance, the market will not be kind to the less fortunate.”

James R. Kelly, Chief Executive Officer, Catholic Charities Archdiocese of New Orleans.
Testimony before U.S. House of Representatives Committee on Financial Services Subcommittee on
Housing and Community Opportunity held on January 13, 2006.

FEMA reported that 426,773 Louisiana and 234,284 Mississippi residences received damage from Katrina. The totals include the 283,838 residences in Louisiana and the 68,729 in Mississippi that were completely destroyed.⁴ Attempting to recover from destruction of this magnitude, communities are finding difficulty in determining their long-term and extensive housing needs.⁵ Some of the hardest hit and most vulnerable areas experienced near-complete losses due to either strong winds, storm surge, or flooding. Residents and business owners in flooded neighborhoods like East New Orleans in Louisiana and decimated cities like Waveland, Mississippi, lost homes, rental property, and commercial property; basically, the entire community infrastructure. The housing challenge goes beyond simply rebuilding physical structures, it also encompasses the need to establish guiding principles outlining how communities will plan to rebuild in an inclusive, healthy, and safe way.

The Mid South’s stock of *affordable* housing had significant problems before the storms made landfall. By and large, these structures were old; in poor condition; located in low-lying, flood-prone areas; and constructed of inferior materials. The storms’ devastation of these properties added to the widespread destruction of quality, safe, and truly affordable housing have made it difficult for many low-income and low-wealth residents to return permanently.

Historically, people who live in low- to moderate-income neighborhoods in disaster communities experience a longer recovery period. Since many in low-income neighborhoods are renters, they are often faced with higher rents, more demand for fewer

units of affordable housing, and less assistance in recovery.⁶ As thousands of displaced citizens are still unable to return to their home towns because of either a lack of housing, a lack of money, a lack of employment, or a combination of the three, it is realistic to assume that it will be years before Mid South Gulf Coast communities will reach their pre-disaster populations. As communities develop plans for rebuilding, they need to look beyond the current conditions and demographics and include the number and make-up of the pre-disaster citizenry. Otherwise, they risk under-investing in affordable housing, which will make it impossible for previous residents to return to their neighborhoods.

In areas that contain high poverty neighborhoods like Iberia and Plaquemines parishes in Louisiana and Harrison and Hancock counties in Mississippi, the existing stock of affordable and low-income housing was particularly hard hit. Constrained by cost, these and many other affordable housing developments and government subsidized public housing developments are not built in higher-valued, higher-elevated areas. In actuality, these developments are usually relegated to being constructed in low-lying areas with a reduced capacity for drainage, which makes them vulnerable to flooding.

A devastated, low-income community well-known for the two breaches it sustained in its levee wall following Katrina, the Lower Ninth Ward in New Orleans boasts an above average number of residents who own their homes—approximately 62 percent. Of this high percentage, only 52 percent of these homeowners currently have a mortgage. The statistic suggests that a large number of homes are owner-occupied and it is likely—when looking at the history

of the area—that many homes may have been kept in families and passed down from one generation to the next. As a mortgage requires insurance on a dwelling, it is also likely, given the poverty rate and the values of the homes, that many homeowners may not have had any insurance or sufficient coverage on their properties when the levees failed.⁷ Unfortunately, it is likely that these homeowners who lost their homes will not be adequately compensated through insurance companies or the state and federal governments to meet the needs of replacing them.

The trend in government disaster assistance is to pay more to individuals who receive larger financial losses; usually, wealthy and insured households. While it is evident that the amount of private and public resources that affluent households are receiving is well below what is required to rebuild to pre-Katrina conditions, they ultimately have the option and ability to find other resources to fund the difference.

The elderly living on fixed incomes, the disabled, and the low-income populations who lost everything are especially at-risk after the hurricanes. Although these vulnerable populations suffered significant financial losses because of the storms, they are more likely to experience difficulty in acquiring the

financing necessary for rebuilding than those who possess the means to rebuild, are eligible to receive funding through lenders, and are eligible for the larger pools of federal assistance.⁸

Middle-income individuals and families also lost their possessions and the equity in their homes with little hope of full recovery. Additional hardships are placed on these people when they continue to pay mortgages on slabs in addition to the added costs associated with securing new residences. Many of the affected middle-income population are unable to recover from the losses they sustained from the hurricanes and have, essentially, become the *new* poor.

Hurricanes and other natural disasters do not discriminate. Everyone, regardless of income, is adversely affected when something as large and powerful as a hurricane blows into their communities. But until disaster assistance is expanded to include provisions that consider resource and fund availability in conjunction with financial loss, low- and even middle-income individuals and families will find it especially difficult to repair or rebuild their homes following a disaster.



BARRIERS TO REBUILDING EQUITABLY

Since the storms affected everyone—the rich, the poor, and people of all races and ethnicities, the success of the rebuilding process will largely be determined by the inclusiveness of all residents in the planning and rebuilding of their communities. At the very least, it is incumbent on local, state, and federal leadership to include provisions to protect the rights and property of homeowners and renters when developing their plans. If the plan is to rebuild in a way that makes a community healthier, more vibrant, more inclusive, more marketable, and just plain *better*, then it is critical that the development and design of a community's rebuilding plan be thoughtful, well-informed, and equitable in regard to the needs of its people.

Uninformed and Shortsighted Decision Making

Determining equitable strategies to rebuild the Gulf Coast—especially the affordable housing stock—requires knowledge of the pre-disaster conditions of the areas. Asking questions like “What were the factors involved in the creation of these poor neighborhoods?” and “What made the low-income neighborhoods especially vulnerable to these disasters?” can help influence a more effective and equitable approach to rebuilding.

The Brookings Institution suggests that many areas in the United States with similar demographics and economies to the low-income Mid South communities ravaged by the hurricanes have been created through politics and policies that concentrate the poor to segregated inner-city neighborhoods. Their findings include other factors that contribute to the creation of poor neighborhoods such as the subsidizing of metropolitan sprawl and the under-investment in affordable housing for low-income families and minorities in new, rapidly-developing suburbs.⁹ In another recent study, the RAND Gulf States Policy Institute suggests that the lack of information available to low-income populations about home financing and affordable housing options and programs has helped to perpetuate poverty in

these neighborhoods.¹⁰ Whatever the reason for the widespread disparity in the region, the ultimate goals in rebuilding an equitable Gulf Coast region should be progress and improvement—not simply re-establishing the *status quo*.

The Economics and Politics of Rebuilding

After Katrina, the cost of land and housing in many of the hurricane-affected areas increased substantially.¹¹ Some of the increase in costs are fueled by demand for housing while some inflated costs can be attributed to the possibility of redevelopment. Regardless of the reason for the increase, the widespread destruction of property on valuable coastal land is opening the door for discussion and action by private developers and community leadership to re-envision the use and look of some of these areas.

Interest among casinos and developers in rebuilding the Mississippi coastline is especially high at this time. New Orleans and other Louisiana communities are experiencing much of the same interest, but some developers are showing caution and a “let’s wait and see” attitude before investing heavily in these areas. Among the issues slowing the redevelopment process in New Orleans is the uncertainty of the levee and pump systems, local and state leadership, several hundred thousand absentee residents due to displacement, a new hurricane season, and the slow development of a deep and wide rebuilding plan.

The ability and decision for Gulf Coast homeowners to rebuild can depend on several external factors. Hurricane victims have to settle with insurance companies to determine the amount of money that they will receive to rebuild; understand how or if the plan for recovery in their area will affect their property or its zoning; find contractors and workers who can do the work; and ultimately follow the new regulations and requirements established for rebuilding. Unfortunately for those desperate to see progress now or to make a decision on whether or not to rebuild, the recovery process is slow and sometimes confusing.

Homeowners have waited for plans to be released for redevelopment so that they can make informed decisions based on the intentions of their local leadership. Some have decided not to wait on the plans and have stickered their property with outrageous price tags in hope that a developer or a casino will meet their asking price. Still other homeowners are waiting in fear that the city will acquire their land through the eminent domain process for development and offer a fraction of the land's future value, or if their bank will foreclose on their mortgage and seize the property.

With the loss of a large number of rental property in Louisiana and Mississippi, renters are waiting to see if their residences will be rebuilt for lease or sold by the owner for development. Some of the more fortunate who were able to return to their residences are now uncertain of what the future holds for them. They are waiting to see if they will be evicted or allowed to stay. In either case, the shortage of rental property is directly affecting the ability for the economies of these areas to rebound, as the low- to moderate-income employees that make up a large percentage of the affected area's workforce are unable to find affordable rental property in which to live.

The financial stability of residents continues to be compromised by the escalation in costs brought on by Katrina. Although jobs are currently plentiful, there is no evidence to suggest that pay has increased—other than that in the casino and gaming industry—in relation to the rising costs of housing, insurance premiums, and building materials. And although jobs are available, the sizable loss of the workforce through displacement and out migration has contributed to an increase in the unemployment rate in these areas.

Assistance Decided by Wind, Water, or Credit

As victims have turned to insurance companies or to lenders to help them rebuild their homes and businesses, many have been met by adversity and are uncertain about how or even if they will be able to find the resources they need to adequately cover their losses.

Insurance companies have been widely criticized about their service and performance following the storms. Many policyholders believe that their insurance companies have not provided adequate compensation in proportion to their covered losses. The debate was sparked by insurance companies' assertions that the flooding that occurred outside of New Orleans was not a wind-driven occurrence. This opinion shared by many insurance companies made people who were not required to purchase flood insurance unable to collect insurance money to cover their damages. By this standard, tens of thousands of insured homeowners in areas that sustained between 20-30 feet of storm surge would be ineligible to collect money on their claims.

A month ago in Mississippi, a federal judge set a precedent that might leave thousands of residents unable to collect billions in insurance money to cover the damages they received during Katrina, Rita, or both. The judge ruled that an insurance company's policy did not cover the \$130,000 in damage that a Gulfport, Mississippi home sustained from the incursion of water. The ruling provided the family \$1,228 over the previous settlement amount making the total paid for insured damages—proved to be caused by wind only—\$2,889.¹²

“Mississippians were really let down by the insurance industry as a whole. Too many people have unsettled claims, and they can't rebuild businesses and homes. The arbitration process has been weighted to the insurance industry's interest, seemingly just to wear down home owners until they give up claims or settle for drastically lower amounts.”

Trent Lott, Senator, State of Mississippi

On the other hand, some lenders, including the Small Business Association, are basing their decisions to provide loan assistance on such things as victims' current job status, credit scores, and credit histories.¹³ These qualifiers, especially unemployment, can exclude tens of thousands of people from accessing the funds that they will need to rebuild their homes and restart their lives.¹⁴

The approaches taken by many insurance companies and lenders can be viewed as absurd and debilitating responses to the crisis from a victim's perspective. Whether damage was caused by wind, storm surge, or the failure of the levee system, the fact remains that hundreds of thousands of homes were damaged or destroyed when the levees failed in New Orleans and the Mississippi Gulf Coast and Southwest Louisiana received direct hits by Hurricanes Katrina and Rita.

New Rules and Restrictions

New rules, restrictions, and zoning also impact construction in Louisiana and Mississippi. In Mississippi, Katrina damaged over 234,000 residences of which 68,729 were completely destroyed.¹⁵ Only 1,504 formal building permits for new construction and repair were issued in Hancock, Harrison, and Jackson counties—the three hardest hit counties—between Katrina's landfall and this past June.¹⁶ Concerned about future disasters, policymakers along with insurance companies, mortgage companies, and developers are working to change and add rules and regulations that will govern the rebuilding process. And to many desperately trying to put their lives back in order, the results will not only impact the designs and materials they use, it will greatly affect the cost of rebuilding.

In December 2005, FEMA updated the resource maps it provides to state and local officials to inform them

of new data on flood zones. The previous 20-year flood zones were re-calculated to reflect the effects of Katrina and Rita, which directly impacts building requirements and insurance coverage. Advisory Base Flood Elevation (ABFE) maps show surge inundation levels and sets the base flood elevation height that is used to recommend construction elevation. Additionally, Flood Insurance Rate Maps (FIRMs) are developed to provide data on special hazard areas and risk premium zones. The FEMA recommendations are of particular importance to insurance companies that use them to determine their premiums and to lenders that use them to determine whether flood insurance is required with a mortgage.

When FEMA released their Mississippi ABFE map with the new building elevations, many were shocked by their recommendations. In Biloxi for example, the base elevation—the starting point for construction—increased from 13 feet to 18 feet above the ground, and elevation requirements can reach as high as 27 feet depending on the location of the property.¹⁷ Essentially this means that if property sets 5 feet above sea-level and FEMA recommends a flood elevation of 20 feet in the area, the property is required to be elevated 15 feet above the ground. If an engineer is not retained to develop an elevation plan and design that meets the new specifications, residents can be denied building permits from the city in addition to being denied coverage from either private insurance companies or the federal government.

Communities will soon be required to build to the FEMA recommendations once the maps are formally adopted. But the people who are trying to rebuild are concerned about the cost and the practicality of the upcoming regulations. When estimates range from \$20,000-\$50,000 to elevate an 800-square-foot home by 12 feet, the cost of rebuilding a home increases

“But FEMA is close-minded when it comes to elevation. They don't care who they displace. It's just, raise it. So I don't care what they say.”

“We've got 150 homes rebuilt now. How many can we get in the coming months? A lot. I may not get all of them, but I'll get a lot of them.”

Bill Stallworth, Ward 2 councilman, Biloxi, Mississippi. “Battle for Biloxi” *The New York Times*.

dramatically and severely limits the number of people who can afford it.¹⁸ Another wrinkle that has emerged directly impacts the elderly and the disabled. By recommending these new elevation regulations and restrictions, is it realistic to assume that these people—many who live on a fixed-income—will be able to afford this construction? Also, is it practical to expect them to access houses that are raised 12 feet in the air? If property is required to be rebuilt to meet the new requirements, it is not far-fetched to assume that pre-disaster residents might not be able to afford to rebuild on their lot, leaving the option open to only those who *could* afford the cost of the new regulations to build.

Zoning regulations and building codes also affect the ability of disaster communities to rebuild in innovative and equitable ways. Existing zones and codes can greatly impact and limit the types of buildings that can be constructed, the use of surviving buildings and the land on which they

set, and other restrictions including the use of materials, design and architecture, and the density of redevelopment. As disaster communities attempt to replace their less expensive, multifamily-housing developments, finding quality locations could be difficult. Pre-established zoning restrictions can prohibit the construction of new complexes and can also be used by wealthy neighborhoods and developments to buffer themselves from those that they do not want “in their back yards.”¹⁹



Photograph: fema/illinoisphoto.com



This house on South Miro Street was previously renovated by TCNDC and then purchased by Charlotte Martin, a widowed public school aide. Flooded following Katrina, the house has been mucked-out and prepared for dry-wall.



In the Henderson Point area in Pass Christian, Mississippi, 448 of its 475 homes were destroyed (94%). The 27 that remained were unsuitable to live in. The entire community is uninhabited.

HENDERSON POINT BOAT LAUNCH
SPONSORED BY:
HARRISON COUNTY BOARD OF SUPERVISORS
FUNDED BY:
MISSISSIPPI DEPARTMENT OF MARINE RESOURCES
THROUGH A FEDERAL GRANT FROM:
DEPARTMENT OF THE INTERIOR,
U.S. FISH AND WILDLIFE SERVICE,
SPORT FISH RESTORATION ACT.

“Everyone’s in
a negative frame
of mind.
No negative
attitude is going
to get in
my head!”

Rachel Johnson
Tulane Canal resident

Following Katrina, Ms. Johnson, a 72-year old, long-time neighborhood resident, wanted to move back into her home, but had trouble finding someone who could do the work. So, she and her grandson, Christopher, mucked-out her home and replaced the sheetrock themselves. She considers herself “blessed” to be back in her home.

TULANE CANAL NEIGHBORHOOD DEVELOPMENT CORP.

501(c)(3) operating in New Orleans, Louisiana

Located in the historic St. Joseph’s Church on Tulane Avenue, the Tulane Canal Neighborhood Development Corporation (TCNDC) works to serve the homeless, renovate homes in the neighborhood, and prepare people to become mortgage-ready and first-time home buyers.

Before Katrina, TCNDC renovated 44 houses in the surrounding Tulane Canal neighborhood (the neighborhood has a 20% homeownership rate and an average annual income of \$7,000 because of the large number of residents on fixed incomes).

Following the storm, the neighborhood was submerged and the housing stock was heavily damaged including the TCNDC property renovations. Volunteers have worked to muck-out houses in many of these properties to allow people to return to rebuild.

TCNDC is planning to establish a resource and outreach facility of interconnected portable buildings to be placed in the parking area behind the church. To meet the increased needs in the area facing the new poor and homeless, the facility will provide showers, washers, dryers, mobile medicine, and food service. It will also be a one-stop-shop for restoring homes in the city and in their neighborhood by providing the resources and services that are helpful to begin the restoration of property. *(Sister Vera Butler interview on 6.27.06)*



“The reality is
that these people
don’t have any
hope of restoring
their homes with
the new building
requirements like
reinforced rebar
pilings. This kind
of work requires an
engineer and will
make the costs soar
way beyond what is
affordable for these
residents.”

Jim Sullenger
Restoration Point Foundation

RESTORATION POINT FOUNDATION

501(c)(3) operating in Pass Christian, Mississippi

Restoration Point Foundation (RPF) focuses on housing renewal and reconstruction in Pass Christian, Mississippi. RPF works to oversee restoration projects that qualify on an “emotional and spiritual need.” After completing case work, need assessments, schedules, and building plans for houses to restore, RPF prepares volunteers beforehand so that they can hit the ground running. Teams are put together to ensure that volunteers’ skills are well-matched to the needs of a particular site.

Time is a factor, as the city has established a deadline by which homes must be brought up to specifications or be torn down. RPF’s concern is that the deadline might exclude some from rebuilding on their property because of settling with insurance companies, finding contractors, and the inexplicable small number of building permits being given out by the city. Their goal is to renovate as many owner-occupied houses as possible so that they cannot be demolished.

A full renovation is planned and implemented that (1) takes into consideration the needs of the homeowner prior to the storm, (2) accommodates how the family lives before plans are drawn, and (3) includes new building technologies and energy-efficient materials and appliances. *(J. Sullenger and E. Potter interview on 6.26.06)*





Photograph: fema/illinoisphoto.com

HEALTH

“It’s like being in a Third World country. We’re trying to work without power. Everyone knows we’re all in this together. We’re just trying to stay alive.”

Mitch Handricha,
*Registered Nurse Manager at Charity Hospital
in New Orleans*
from the *Associated Press*

“The same things that lead to disparities in health in this country on a day-to-day basis led to disparities in the impact of Hurricane Katrina.”

David Satcher, interim president of the Morehouse School of Medicine in Atlanta and former U.S. surgeon general.
“At Risk Before the Storm Struck” *The Washington Post*.

Much has been documented about the dire conditions in which health care providers had to function and care for the sick or disabled during the hurricanes—Katrina especially. In the aftermath, the capacity and infrastructure of the health and human service sectors of the Mid South were dramatically impaired. Hospitals, health facilities and clinics, and a major regional trauma center were heavily damaged or destroyed leaving huge gaps in health care services in the region.

Before the pandemonium of evacuating thousands of patients, evacuees, and family members from heavily damaged or flooded hospitals occurred in New Orleans, hospital personnel experienced a crisis when generators flooded, failed, or ran out of fuel. Working with rapidly depleting supplies, no light, and little or no outside communication, medical staff continued working long shifts in 100-degree temperatures for up to four days before the evacuation efforts were completed.²⁰ In the meantime, valuable life-saving equipment and other items like vaccines, whole blood, platelets, plasma, and refrigerated medicines were either destroyed or ruined.

HEALTH CHALLENGES AFTER THE STORMS

Even before the storms, the region was plagued by several health care disparities including a high percentage of uninsured and underinsured residents; low state rankings in health care infrastructure; and poor health status due, in part, to poverty, deprivation, and low access to health care. Worsened by the storms, the health care systems along the Gulf Coasts of Louisiana and Mississippi are in crisis. Health care providers in the region are coping with a

dramatic increase in uninsured patients; a shortage of health care providers and facilities; and an increase in respiratory, mental, skin, and gastrointestinal health problems that may be attributed to the storms.²¹ The impact of the storms on the health care and human services sector in the Mid South is catastrophic.

Going, Going, Gone

Over the last year, the region has realized a drastic reduction in one of its most important health resources: its medical professionals. It was estimated that Hurricane Katrina displaced up to 6,000 patient care physicians.²² In addition, physicians, nurses, and other health care workers have left the region to seek employment citing any number of personal and professional reasons. Like many others, they lost their homes, lost the hospitals where they worked, and lost income both by the loss of the patients that they served and the extended length of time that volunteer-based, free medical care was available to their patients directly following the storm.

Although there was no system in place to track doctors before Katrina, websites have recently emerged to help reconnect doctors with their patients. It is estimated that only between 1,400 and 1,600 of the 3,200 pre-Katrina Orleans Parish Medical Society physicians in Orleans, Jefferson, and St. Bernard parishes remain.²³ Many who have returned to New Orleans are specialists and do not offer primary patient care.²⁴ The city is also experiencing a shortage in paramedics and emergency medical technicians, which results in slower emergency response times and over-worked personnel.²⁵ Similarly, a medical crisis is developing on the Mississippi Coast due to a shortage of surgeons—specifically in emergency room trauma care.²⁶

Systems Overload

The impact to the health and human service sectors over the last year has been felt far and away from disaster communities, as well—specifically in the areas where the estimated 759,031 displaced people from Louisiana and Mississippi now reside. Based on the number of FEMA applicants who have not

“There is a critical need for psychiatric services for adults, and hospitals are experiencing enormous strains in attempting to provide services for people with psychiatric needs showing up in emergency rooms.”

Shelby Price, administrator, New Orleans Adolescent Hospital. From *New Orleans City Business* website.

returned to their pre-Katrina addresses, roughly 409,370 of these people are displaced out of their home states.²⁷ Although the Diaspora may be spread throughout the United States, the cities of Houston, Texas; Baton Rouge, Louisiana; Atlanta, Georgia; and Jackson, Mississippi absorbed hundreds of thousands of hurricane victims—many who were in need of health services even before the storms occurred.

In Baton Rouge, approximately 200,000 New Orleans residents sought refuge from the storm increasing its population overnight by 50 percent.²⁸ Over the last year, the number of displaced hurricane victims has severely stretched the city’s civic, nonprofit, and health and human service capacities. This occurrence is not isolated to urban centers alone. Rural Delta towns throughout the Mid South that were already in dire straits in regard to job opportunities, housing, economy, and infrastructure are now overwhelmed and under-resourced when attempting to meet the needs of their residents.

Mental Health Crisis

A tremendous barrier impeding post-hurricane health recovery is the loss of mental health professionals and facilities needed to serve hurricane survivors along the Gulf Coast. People are coping with tremendous amounts of stress and frustration derived from putting their lives back together again. Survivors are coping with fear and depression stemming from the loss of relatives and friends, homes and businesses, jobs, income, personal property, and pets. Another after-effect of the storms is the anxiety people experience on a daily basis when living among tons of debris and devastation in their communities.

The need for mental health services also extends beyond the “typical” victim portrayed on the

television screen; it greatly impacts people on the front lines during a disaster and young children. First responders, emergency personnel, and health care providers—often an overlooked segment of the survivor population—remain over-stressed, over-worked, and unable to cope with the losses that they incurred during the storms. Young children are also at risk because they do not have the ability yet to describe the feelings of fear, confusion, and loss that they are experiencing. Unfortunately, the mental health needs of many of our region’s children will go undiagnosed and unmet.

A recent newspaper article reported that there are roughly 80 beds available for psychiatric patients in New Orleans, an 82 percent reduction in beds from pre-Katrina numbers.²⁹ The disproportionate number of practicing psychiatrists and psychologists to patients in the region caused by displacement and out migration is taking a devastating toll on the treatment of mental illnesses. The result is that patients who should be seen by mental health professionals are being treated by primary care physicians, cared for by emergency medical personnel, or—in extreme cases—end up in the charge of the police.³⁰

Plans are being developed across the Mid South to develop more comprehensive community mental health systems. By providing mental health screening in primary care settings, treating depression, and treating post-traumatic stress disorders, mental health professionals and facilities will at least have the tools at their disposal to address the pre-existing mental health needs of the Mid South, but also the crisis in mental health that was created by Hurricanes Katrina and Rita.

Disaster Preparedness

Preparation for disasters requires developing plans; and for these plans to be effective, they require

acceptance, integration, and assessment. Health care organizations in the Mid South should not only prepare new and better disaster preparedness plans informed by the experiences of the 2005 disasters, but also have the leadership in place to test and assess the readiness of the staff in response to a pandemic or disaster.³¹

To help insure that patient and victim needs are met during or preparing for a disaster, efforts need to be better coordinated between state and federal agencies, first-responders, and the health care organizations in the region. Since natural disasters are not necessarily isolated to one city, county or parish, or state, a *regional* coordinated approach could better serve victims and remove the guess work in disaster response by sharing data on hospital capacity during evacuations, patients' health information, and physicians' credentials.

Evacuation

In the past, hospitals have often been exempt from mandatory evacuations imposed preceding hurricanes. Recently, some have questioned why it has been *assumed* that hospitals would ride out a hurricane and could remain in a position to care for their existing patients, evacuees, and post-storm patients. Katrina and Rita proved the assumption wrong and revealed the vulnerability of hospitals, health care clinics, special needs facilities, and nursing homes in the region to a large natural disaster, or in New Orleans' case, a failure in the levee system that was created to protect the city from flooding.

Health care facilities and nursing homes face a complicated decision when considering evacuation. Most health care facilities are not required to evacuate during a hurricane, and many do not because of the cost and logistical concerns. Acquiring transportation, transporting high-risk patients, and finding facilities willing and able to accept evacuated patients in a short span of time complicate the decision to evacuate. During Katrina, St. Charles Parish Hospital in Luling, Louisiana, evacuated their patients and reported being stuck in

traffic for six hours for what is usually a one-hour trip. Other hospitals reported that their numbers increased dramatically prior to the storm because of the addition of hospital staff families, patient families, evacuees seeking shelter, and even pets, making the ability to evacuate even more difficult.³²

Access to Medical Information

A lack of patient information also plagued the physicians serving hurricane victims. As doctors and nurses treated patients, they did not have access to their medical records in order to verify illness, prescriptions, or pre-existing conditions. Later, it would be found that paper medical records were destroyed by floodwater, as many hospitals and clinics keep their medical records in the basements or on the first floors of the facility.³³

A seemingly favorable suggestion to this problem is the establishment of a regional system to update and house patients' medical records electronically. Electronic medical records would be secure and confidential, housed and protected off-site or elsewhere in the region, and accessible from remote locations via the world wide web.

In response to the humanitarian crisis, health care professionals poured into the region from all over the United States to volunteer their services to aid hurricane victims. The ability to register and validate the credentials of volunteer physicians and nurses is integral to any large-scale disaster or epidemic. In addition to electronic health records, many are calling for a national system that pre-registers medical professionals and provides their credentials for reference by those organizing medical assistance in disaster areas.

Critical Resources and Supplies

The destruction of critical resources played an enormous role in the deterioration of the services physicians were able to provide in the days following Katrina. Pre-established disaster plans did not widely include measures that detailed where supplies of equipment, personnel, food and water, medicines and vaccines, blood, and other supplies would come

from and when it could be expected.

In the Urban Institute's report *After Katrina: Hospitals in Hurricane Katrina*, interviews with medical professionals who either supported or served in hospitals during the hurricane tell of the miserable conditions and the heroic and tragic events that transpired during and after the storm. Several people who agreed to be interviewed only did so on the condition that they were assured anonymity. Some interviews recounted success stories of supply shipments and evacuations, but many of these instances only occurred because of responses from outside of the affected areas by either individual efforts or the efforts of the hospitals' parent organizations. Others tell their accounts of the breakdowns in disaster management and leadership—particularly in regard to FEMA's involvement—where supplies were either stopped from being delivered or confiscated; ambulances for evacuating patients were turned away from blockades; and a shipment of fuel for a hospital's generator was diverted. There were also allegations that hospital bracelets, a means by which hospitals were intending to track evacuated patients, were removed and replaced by FEMA ID bracelets.³⁵

Communications

As Katrina made landfall, communications were severed by the downing of power and telephone lines and cell towers. When many New Orleans hospitals and clinics had not heard from state and federal agencies in regard to rescue and evacuation plans, confusion, panic, and desperation set in. Physicians, nurses, and administrators trapped in the upper floors of their facilities felt isolated and abandoned, and yet showed resiliency and creativity in their attempts to communicate the need for supplies and the urgency of evacuating their patients. The outstanding efforts of the physicians, nurses, and medical staff in the region minimized a death toll that would surely have been much greater considering the circumstances.³⁶

Improving communications also includes the sharing of information and plans between hospital systems. This lack of communication and the reluctance to share information are by-products of competition in the health industry. The result of working in silos created confusion and a barrier to coordinating area hospitals' efforts.

The use of technology might be the answer to some of the woes facing communications disruption following a hurricane. Satellite telephones,

interoperable digital radios, and GPS tracking devices do not rely on the integrity of energy, telephone, television, radio tower, or cell tower infrastructure following a storm to function.³⁷ Another improvement that can be made is old-fashioned cooperation. By simply sharing information and developing systems and plans that intentionally cross organizational and geographical boundaries, efforts and information can be better shared and coordinated.

After the loss of electricity brought about by Hurricane Katrina, medical staff at Keesler Air Force Base in Biloxi, Mississippi, are forced to perform a Cesarean Section by flashlight.



Photograph: usaf/illinoisphoto.com



This trailer system serves as the St. Bernard Parish Health Center. The Center is the only health care facility in the parish and sees over 150 patients a day.

Photograph: courtesy of St. Bernard Parish Health Center



This Coastal Family Health Center clinic in Biloxi, Mississippi, was completely destroyed including its medical equipment, thousands of patient health records, and administrative records.

Photograph: courtesy of Coastal Family Health Center

“The residents of St. Bernard who are returning are brave, hardworking, blue-collar workers. Our community will not come back without them—and they cannot come back without access to health services.”

Dr. Bryan Bertucci
Physician
St. Bernard Parish Health Center

“They (federal disaster officials) were supposed to bring and put a mobile unit here. The person that was sent in... said it would take 12 days to put a modular health clinic in. They said it would take 12 to 18 days. That was in September, and it’s still not here, and it’s not coming.”

Joe Dawsey
Executive Director, CFHC
The Online Newshour website

ST. BERNARD PARISH HEALTH CENTER

501(c)(3) operating in Chalmette, Louisiana

Hurricane Katrina devastated St. Bernard Parish including its only hospital—the privately-owned Chalmette Medical Center. Nearly the entire population was displaced including the hospital’s medical staff of 150 physicians and more than 200 nurses.

After the destruction of the hospital, the corporate owners decided not to rebuild despite the urgent health care needs of the thousands of people who returned to the parish to work once the oil refineries and other production facilities came back on line. Almost all of the residents who returned had no place to live other than a FEMA trailer in a desolate and devastated community.

Only three doctors and eight nurses from the hospital returned to the parish to volunteer their services and established the St. Bernard Parish Health Center (SBHC). The Center is currently operating out of a triple-wide trailer left behind from FEMA in a Wal-Mart parking lot. SBHC is an urgent care facility containing seven examination rooms and provides its services without an emergency room, surgical facility, or overnight beds. Overwhelmed by being the only medical care facility in the parish, the Center sees up to 150 people a day, and in many cases, is not charging patients for its services.

(Dr. Bryan Bertucci interview on 8.9.06)

COASTAL FAMILY HEALTH CENTER

501(c)(3) serving the Gulf Coast of Mississippi

The Coastal Family Health Center (CFHC) is a health resource to over 30,000 Mississippi Gulf Coast residents—including the low-income population—by offering medical, dental, social services, optometry, and pharmaceutical services for over 27 years.

Pre-Katrina, the CFHC had 12 locations in Hancock, Harrison, and Jackson counties and two mobile medical units. After the storm, the clinics in Biloxi and Bay St. Louis, the administrative office, the pharmacy, and both of the mobile medical units were destroyed.

In addition to the losses to its physical infrastructure, the CFHC lost over 50 employees to displacement and out migration including the Nursing Director and 30% of their nursing staff. Over 60% of the administrative staff lost their homes.

The majority of those seen by the CFHC are uninsured or underinsured and are 200% below the national poverty level. The CFHC lost revenue for two months and did not charge for services, as free clinics emerged in the area after the storm. Every person who comes to CFHC is seen regardless of insurance status, and the fee for services is scaled to the patients income to allow greater access to their services.

(Cathy Dumas interview in March 2006)





Photograph: fema/illinoisphoto.com

LEADERSHIP

“The future role of churches and faith-based organizations is the same unique role of the Church’s 2000 year history which is to feed the hungry, clothe the naked, and shelter the homeless. We need to realize that our strength is in our unity. Katrina and Rita emphasized the need for stabilizing the Church in the community to help sustain community outreach.”

Bishop Stanley B. Searcy, Sr.
New Hope M.B. Church, The Vision Center
Natchez, Mississippi

“Instead of taking decisive actions, city, state, and federal officials argued with one another; communications broke down, and too many civil servants, from New Orleans police officers to Louisiana state officials to FEMA directors, did not have the urgency or the passion required.”

Yossi Sheffi, director, MIT Center for Transportation and Logistics. “Fixing Government after Katrina” *The Boston Globe*.

LEADERSHIP IN THE MIDST OF CRISIS

Although the rescue effort following Hurricane Katrina is marred by the missteps and lethargy of chief disaster management and response leadership, the overall effort was actually the largest rescue effort to occur in U.S. history. Within three days, approximately 100,000 military personnel; guardsmen; federal, state, and local responders; police and fire department personnel; national and international teams; and volunteers were on the ground in the region rescuing victims and providing relief. As the world focused on the crisis in New Orleans and the actions of FEMA and the Red Cross, the unprecedented rescue efforts of the disaster responders resulted in approximately 70,000 saved lives.³⁷

The fact remains that such a large number of people in harms way who either did not or could not evacuate from New Orleans coupled with the massive area devastated by the storms played a crucial role in the speed and difficulty of the recovery efforts. The actions of the individuals and teams and the *ad hoc* leadership that worked aggressively, yet thoughtfully, to save lives—with or without permission from those officially overseeing the rescue efforts—reflect the need to support the development of those who may not commonly be in a leadership role, but when faced with adversity might be called on to make important decisions. As the region recovers, an opportunity exists in not only building structures, but also in developing the leadership of people.

VOLUNTEERISM AND GRASSROOTS ORGANIZATIONS

Beyond the well-publicized breakdowns in top leadership and the confusion it spawned, it was the

people who cared and stepped forward to help—at whatever the cost—that rises above all of the debris and the finger pointing. The true success stories from the disasters involve the courage, the compassion, the generosity, and the leadership of everyday people and grassroots organizations who lent a hand. The role of churches, faith-based organizations, community organizations, and volunteers in the relief and recovery efforts cannot be over emphasized. Without the actions of these groups, countless thousands would have surely suffered and despaired.

Volunteers, community organizations, and churches—groups of people who responded on their own accord and with only their own resources, determination, and ingenuity—provided elements in their approach that the government and the large relief agencies were often lacking: equity, compassion, follow-through, and common sense. These groups proved to be especially effective at providing services in neighborhoods where the authorized relief agencies would not establish headquarters, refused to provide services after certain hours, or never showed a presence. These groups were also successful at both giving hurricane victims what they needed and developing thoughtful and organized ways to provide others with more of the same.

Tapping the Faith Community for Recovery

Churches and faith-based organizations are being increasingly included into the emergency response models in communities across the nation. So too, those who are responsible for developing large-scale disaster plans should recognize the willingness, value, and flexibility of churches and faith-based organizations in future relief efforts.

The faith community is still present and working hard along the Gulf Coast with more groups and volunteers arriving daily. Staying at churches and hostels along the way and anywhere they can once they reach their destination, these groups collect and distribute food and personal items for families; muck-out houses and clear debris; and rebuild homes, churches, and other devastated property.

The presence of these groups along the Gulf Coast helps people recover more than just their places and things—it reinforces the belief of hurricane victims that they will get through this disaster and that they are not alone. As volunteers listen to the people and their stories, they are helping their fellow human beings and these devastated communities heal. The emotional and spiritual contribution faith-based organizations have given to the recovery effort cannot be assigned a value as items like tools and building materials can; they, like so many other groups and volunteers, are giving of themselves and the benefit is beyond valuation.

Hurricanes Katrina and Rita showed that relief provided solely through disaster agencies and the government is not entirely adequate in response to a multi-state, catastrophic event. By organizing and mobilizing these groups, the overall effectiveness of

relief and recovery efforts will increase, thus insuring that more people will receive some form of help and attention in a shorter amount of time.

Leadership at the Community Level

The value and impact of faith-based and other grassroots organizations is typically realized on a local level. These groups historically highlight and address issues in their community that need improvement or reform. But one of the most valuable assets possessed by these groups is their ability to identify, tap, and develop leaders within their communities.

Local community organizations, in particular, are uniquely suited to help personally empower residents and provide the knowledge, confidence, and opportunities that allow them to fully participate in community decision-making. Simply put, these organizations provide residents—people often unheard and overlooked—tools that can help them become agents for change in their communities. In the case of the Gulf Coast communities, these organizations are playing an important role by reminding policy makers that the voices of the people must be heard and incorporated into how their communities are going to be rebuilt.

“We have before us the task of rebuilding lives, of rebuilding communities, of being as strong in mission as God has ever called us to be.”

United Methodist Church Bishop Hope Morgan Ward of Mississippi. Council of Bishops meeting November 2, 2005.

Students from the Academy of the Sacred Heart rally in Jackson Square during President Bush’s visit to New Orleans in January. Over 230 students, some with life jackets and masking tape on their foreheads that read ‘water line’, gathered to demonstrate for improved levees and coastal restoration in New Orleans.

“New Orleans School Girls Have a Message for the President” *The New York Times*



Photograph: fema/illinoisphoto.com

“A strategy of ‘down-to-the-closest-local-community’ distribution of resources creates the national infrastructure to respond in a more timely manner. Having such pre-disaster strategy in each region in America allows needed resources closest to an affected area to be diverted most quickly.”

Lorna Bourg, Executive Director, Southern Mutual Help Association in New Iberia, Louisiana.
Statement presented before the U.S. Senate Committee on Health, Education, Labor and Pension in Washington D.C. on March 7, 2006.

The leverage and impact that small grassroots efforts and organizations generate can be immense. While government programs and agencies are not often intended to impact the social and moral issues facing communities, these organizations have been successful at addressing racial and social disparities, advocating for local policy reform, acting as a “watchdog” over policymakers and the decisions they make, and creating the environment and opportunities for collaboration to occur across the boundaries that oftentimes separate parallel efforts.

ROLE OF PHILANTHROPY

The charitable and philanthropic sector raised nearly \$3.3 billion dollars in donations after the storms. Approximately two-thirds of this money has been spent assisting hurricane victims and providing capital to communities to seek assistance in developing their own plans for recovery.³⁸ Following the hurricanes, philanthropic leaders committed an unprecedented amount of resources from their organizations and volunteered themselves or their staff to work in the region to help Mid South foundations and nonprofits get back on their feet. Today, foundations at both the regional and national levels continue to play an integral role in supporting recovery efforts. These organizations are uniquely positioned to bring both considerable resources and

a diverse and integral number of stakeholders to the table to either jump-start or compliment ongoing plans for recovery.

Over the last twelve months, foundations have brought leadership from the corporate, governmental, and nonprofit sectors together to discuss issues and formulate strategies to aid recovery efforts.³⁹ Acting as a bridge to join or cross sectors, foundations possess the ability to effect change in public policy, to raise awareness, and to move the public to action by either using their resources or working and partnering with other philanthropic, nonprofit, and grassroots organizations.⁴⁰



“There were two hurricanes Rita and Katrina. Funders need to be aware of the needs of the poor rural areas of Louisiana that were hit by both hurricanes. Katrina battered the Louisiana coastline and Rita with its wind, rain, and storm surge wiped out whole communities. There are parts of rural Louisiana that look like the Ninth Ward of New Orleans. Some parishes lost close to 60% of their housing stock. Unfortunately, those communities have not received the attention and support from funders that they need to rebuild.”

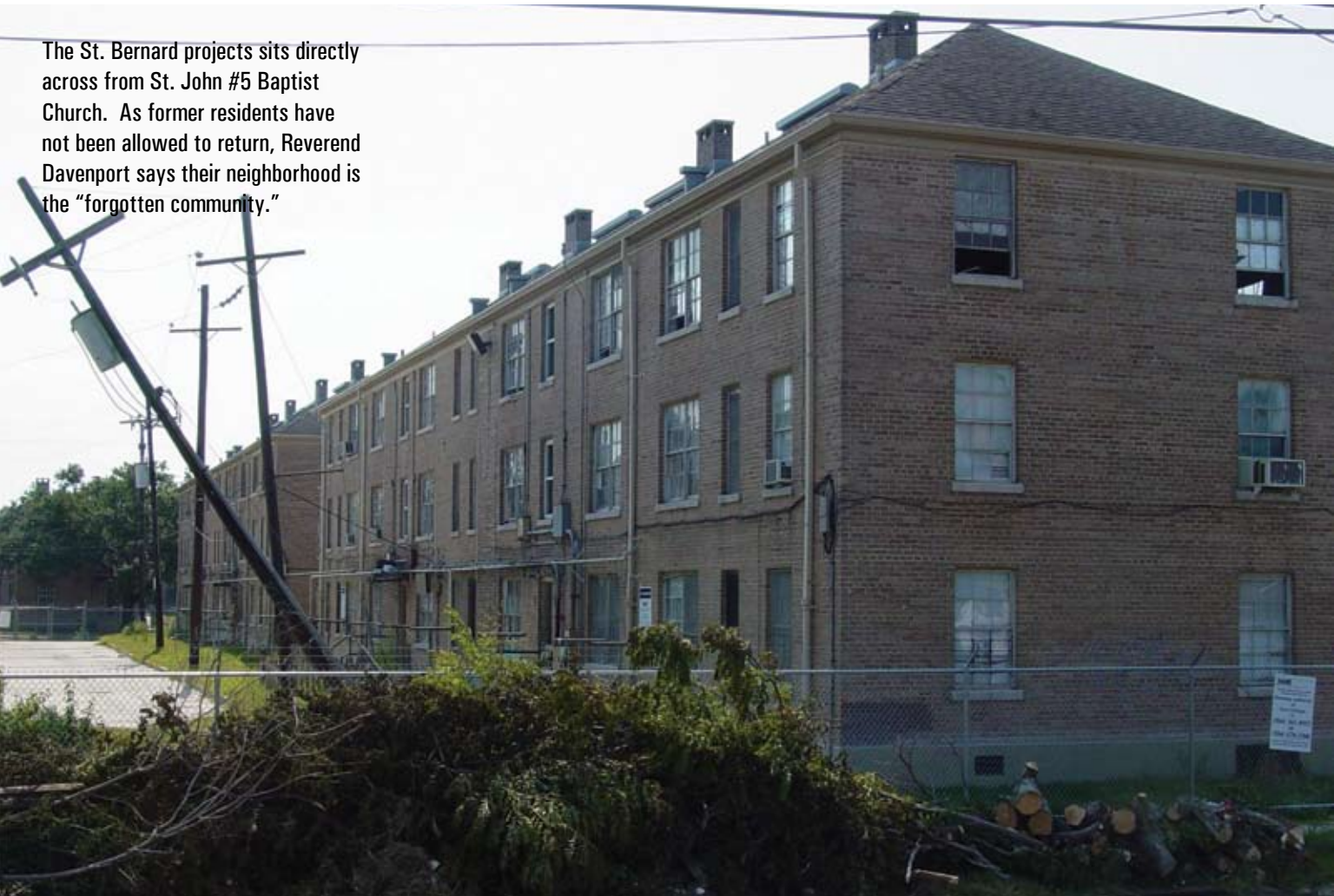
Sherece Y. West, Chief Executive Officer, Louisiana Disaster Recovery Foundation

"The Little Church in the Projects" across the street from the St. Bernard Housing Development in New Orleans sheltered homeless people in its basement after the storm, as well as provided outreach to people with substance abuse problems and those affected by HIV/AIDS.





Second Harvest Food Bank volunteers separate items and prepare boxes of food for partner agencies to distribute to families living in poverty and hurricane victims in New Orleans and Acadiana.



The St. Bernard projects sits directly across from St. John #5 Baptist Church. As former residents have not been allowed to return, Reverend Davenport says their neighborhood is the "forgotten community."

“We understood that the needs of survivors would far surpass anything that we had experienced before. Hundreds of thousands of people were suddenly desperately in need of the most basic necessities—food and shelter.”

Vicki Escarra
President and CEO
America’s Second Harvest-
The Nation’s Food Bank Network
2005 Hurricane Relief Fund
Stewardship Report

“When they (city officials) said ‘get out of town’, everyone evacuated to higher ground, or so they thought. There must have been 10,000 or more people crammed in the St. Bernard projects during Katrina.”

Rev. John Davenport
Pastor, St. John #5 Baptist Church

SECOND HARVEST FOOD BANK OF GREATER N.O. AND ACADIANA

501(c)(3) operating in New Orleans, Louisiana

Second Harvest Food Bank (SHFB) works to alleviate the problem of hunger caused by extreme poverty. For twenty years prior to Hurricane Katrina, SHFB has distributed over 14 million pounds of donated and surplus food annually from the food industry and government commodities to 350 social service agencies throughout southern Louisiana. These nonprofit and faith-based organizations include senior care centers, day care centers, homeless shelters, soup kitchens, church pantries and drug rehabilitation programs. SHFB’s intention is to provide these agencies the food and resources to serve low-income individuals and families who are without food or funds and experience hunger daily.

Since Katrina landed last August, SHFB has distributed an unprecedented 51 million pounds of food. There are approximately 90 regular member agencies in Second Harvest’s 23-parish service territory in Southern Louisiana. Second Harvest Food Bank is committed to ending hunger while helping New Orleans and Acadiana rebuild after the storms.

SHFB played an integral role in providing relief during Katrina. It provided pre-staged product to the Superdome and also supplied the National Guard with food and water to provide relief to the people who evacuated to the New Orleans Convention Center.

(Terry Utterback interview on 6.27.06)

ST. JOHN #5 BAPTIST CHURCH

501(c)(3) operating in New Orleans, Louisiana

St. John #5 Baptist Church (SJBC) works to reach out to and educate the children, youth, and adults who live in and around the St. Bernard Housing Development. They offer a variety of educational, cultural, and social services including academic achievement assistance, counseling, and financial literacy programs to make people mortgage-ready. SJBC also maintains centers that provides access to computers and training, substance abuse counseling and housing, and HIV/AIDS education and housing to victims of HIV/AIDS.

Immediately following the storm, Pastor Davenport worked out of his church—appropriately nick-named the “Little Church in the Projects” because of its close resemblance to the church on *Little House on the Prairie*—to provide food and shelter to local residents.

Over the last year, he and his wife, Deborah, have advocated for resident rights, gutted and restored houses in their neighborhood, educated residents on loss mitigation and foreclosure prevention, and continue to stress the importance that low-income residents need to move from government-subsidized housing to owning their own homes by building assets and saving.

(Bruce and Deborah Davenport interview on 6.27.06)





Photograph: courtesy of Coastal Family Health Center

SUSTAINING THE NONPROFIT SECTOR

“Grantmakers need to look for organizations that have a sound understanding of the people, the communities and conditions of the Gulf Coast. Nonprofit groups along the Gulf have not had the strength of standing in the public debate that they do elsewhere, so grantmakers must work with them to use their own credibility, influence, and leverage to make sure that the voices of everyone are heard, that the needs of the whole community are met, and that concerns about equity and fairness are considered in every step in the rebuilding process.”

Ambassador James A. Joseph
*Philanthropy and the Lessons of New Orleans: Challenges and
Opportunities for Small Foundations*
September 19, 2005

The role of the nonprofit and philanthropic sector is important in that it can provide resources and expertise to help improve the capacity and functionality of a community and the quality of life for its residents. Nonprofits, foundations, and charities possess integral knowledge of their communities' history and understand the nuances and the terrain in navigating their political landscapes. More importantly, these organizations know how to reach out to and work with the vulnerable populations in their community who are often overlooked and disenfranchised. The work of local nonprofits and charities is larger than the dollars they provide, it is inexorably tied to the health and the well being of communities.

DEVASTATED YET DETERMINED TO SURVIVE

Like others, the nonprofit sector was dealt a crippling blow a year ago. Organizations that previously worked to better the quality of life for citizens and provide integral resources to their communities found themselves desperate and in need. If there was ever a time that the Gulf Coast needed its nonprofit organizations and charities, it was the months directly following the hurricanes. Unfortunately, the vast majority of these organizations located in the paths of the storms could barely function as they struggled for months to locate staff, board, volunteers, new offices, and new equipment. Even if they were able to reopen, the need was such that many nonprofits were unable to function as they did before the storms and adapted to provide direct relief to people in their communities.

Although their ability to serve after the storms was greatly diminished, people in Gulf Coast communities looked to their local nonprofits for information, guidance, and assistance. As many of these organizations have moved from relief to recovery over the last twelve months, their responsibilities have grown in proportion to the number of distressed people who seek their services. To no surprise during this time of need, communities are expecting more from their local nonprofit organizations although the capacities of these groups have been greatly reduced. The nonprofits and foundations in the region have a tall order to fill considering that they possessed the smallest amount of philanthropic resources in the nation and very limited capacity before the hurricanes hit.

It goes without saying that the nonprofits in the Mid South were negatively impacted financially as a result of the storms. While the region's nonprofit and foundation sectors did benefit from a short-term increase in donations directly after the storms, the local and regional sources of funding that these groups depend upon annually were not available and are not expected to pick up again for several years. The money that was provided to these organizations from the government, nonprofits, and foundations has not been—in many cases—either sufficient in regard to their overwhelming needs or timely in their arrival. The losses or short-falls realized by these nonprofits over the last twelve months have resulted in staff cutbacks or hiring freezes, staff members going unpaid, the inability to repair building damage and replace lost equipment, and a reduction of services. Essentially, many of the small- to mid-sized nonprofits are at risk of dying on the vine.

“The magnitude of Hurricane Katrina and then Rita overwhelmed all governmental systems to respond. The nonprofits, volunteers and faith based groups all became first responders to help alleviate human suffering. In the aftermath and in the recovery, it is the passion and hope of the nonprofit community that is driving any positive response. Now more than ever, the nonprofit community will be important in the rebuilding of New Orleans and the Gulf Coast. We're the boots on the ground providing services, leadership and compassion.”

Melissa Flournoy, CEO and president of the Louisiana Association of Nonprofit Organizations

OPPORTUNITIES AND CHALLENGES FACING NONPROFITS

The health and vitality of Mid South nonprofits is paramount to the recovery efforts along the Gulf Coasts of Louisiana and Mississippi. The road of recovery that lies ahead will be long and full of uncertainty for nonprofit organizations, and, assuredly, there will both be opportunities for these groups to succeed and pitfalls that can render them ineffective.

Nonprofits, by their very nature, can address complex issues and invest in people, organizations, and initiatives that are working to better communities and the quality of life for their residents. As a neutral entity, they can oftentimes be successful at bringing people together across the barriers that divide them such as race, economics, politics, and geography. Most importantly, nonprofit organizations can tackle social problems that might remain overlooked or unaddressed; take a long-term perspective and approach on community issues; and represent a

flexible and informed resource to help develop solutions and offer assistance in the creation of equitable and healthy communities.⁴¹

While nonprofits can fortify the fabric of community life, they also have to avoid the traps and missteps that can lead to ineffective results—no matter how good or noble the intention. Nonprofits can provide valuable expertise and resources during the rebuilding process, but they should be wary **not to** (1) be viewed as a substitute for government or its programs, (2) work in isolation, but engage and enlist the private and public sectors and its leadership, (3) replace citizen initiative in developing plans for recovery, and (4) ignore the wishes of the residents in the community and work in ways that either produces unwanted or unintended results. Nonprofits might also benefit from a suggestion made to foundations in the Mid South by author Mark Constantine when he recommended that they walk “the fine line between inspiring and empowering communities and dictating to and deciding for communities.”⁴²

“If we had a stronger [nonprofit] sector and more nonprofit leaders who were interconnected, the mitigation of the disaster would have been much easier and more organized.

Building nonprofit capacity through training and support will help develop interconnectivity and coordination that was there for Katrina. Although this is something learned, we need to build their capacity for future disasters.”

Excerpts from the South Mississippi Alliance of Service Organizations (SMASO)
Tuesday, July 25, 2006, meeting minutes as reported by the Mississippi Center for Nonprofits.

Steps—a coalition of nonprofit organization advocates in coastal Mississippi—members James Crowell of the Biloxi, Mississippi chapter of the NAACP and Reilly Morse of the Mississippi Center for Justice share their experiences, needs, and frustrations with national funders on the one-year anniversary of Hurricane Katrina.





The Center is the first children's museum in Mississippi and sustained heavy damage during Katrina. The Center's second floor opened in June and its first floor exhibit area opened on August 1, 2006.



The Blood Center lost vital equipment like these table top centrifuges when their lab received 4 feet of floodwater. Without this equipment, crossmatch blood can not be tested for compatibility to use in transfusions.

“The Board and Staff of the Lynn Meadows Discovery Center are committed to providing these resilient and wonderful South Mississippi families with a place to relax and play as they meet the challenges of post Katrina.”

Betsy Grant
Director
Lynn Meadows Discovery Center

LYNN MEADOWS DISCOVERY CENTER

501(c)(3) operating in Gulfport, Mississippi

Initial funded in 1991 by the Gulfport Junior Auxiliary, the Lynn Meadows Discovery Center (LMDC) was established in the Mississippi City Elementary School—constructed in 1915. The Center offers 15,000 square feet of indoor exhibit space, six acres of outdoor play space including a tree house village, an organic garden, an outdoor Performing Pavilion, and meeting rooms for workshops

The Lynn Meadows Discovery Center is the first children’s museum in Mississippi. One of 400 children’s museums throughout the United States, the Center encourages visitors to touch items, talk, have fun, and learn. The exhibits that they maintain are intended to be catalysts for questions, exploration and discovery. The entire experience is a playground for the mind.

After Katrina, the first floor exhibitions, the Artist Studio and the staff office were heavily damaged. In an adjacent building, their multi-purpose rooms, business office, and old gymnasium and cafeteria were damaged beyond repair. Insurance has paid for the repairs and renovations of the main museum building. While support from across the country has made it possible for LMDC to continue services this past year, the ‘Katrina window’ will close and then they will depend on the local community to sustain operations.

(Betsy Grant interview on 6.26.06)



“They said, ‘Suzy Potter you have to raise \$10 million to draw down another \$100 million; get to it.’ I’d never written a proposal before, but what could we do? We have to help ourselves; we can’t wait on somebody else to do it.”

Suzie (Potter) Strouse
Community Development Director,
The Blood Center

THE BLOOD CENTER

501(c)(3) operating in New Orleans, Louisiana

The Blood Center (BC) is the primary provider of blood and blood components (including plasma and platelets) to 43 hospitals in Southern Louisiana and Mississippi. They collect blood through blood drives and perform tests, as well as component processing on each unit of blood that they make available to hospitals in the Mid South.

After Katrina, the BC lab flooded and employees were denied access to the facilities until September 2005. A downsized staff began minimal operations in early October, but it was not until December that adequate supplies of blood and blood components were reaching their contract hospitals. Until they were able to acquire the funds to purchase lab equipment and until their electric service was restored in February 2006, the BC had to suspend the testing services that they previously provided to outpatient clinics, hospitals, and other blood centers.

After the BC had been denied FEMA funding three consecutive times and sustained \$2 million in uninsured losses, they developed a plan to acquire money through financing and grants to subsidize the restoration of their facilities, their equipment, and to develop additional satellite locations in case of future disasters. As a first-responder, the BC is working to ensure that a continuous blood supply will not be impeded or interrupted again. *(Suzie [Potter] Strouse interview on 6.27.06)*

The Foundation for the Mid South invests in people and strategies that build philanthropy and promote racial, social, and economic equity in Arkansas, Louisiana, and Mississippi.

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Thanks to all who have contributed their time, insight, and images to help make this report possible. Although we were unable to quote all of the material that we received, the insights and experiences that were provided proved invaluable in helping to inform our thinking and guiding the direction, the tone, and the information presented in this document. Special thanks goes to (listed alphabetically):

Rev. Carolyn Abrams, Faith in Community Ministries / HA Brown Memorial United Methodist Church
Governor Haley Barbour, State of Mississippi
Lorna Bourg, Southern Mutual Help Association
Senator Thad Cochran, State of Mississippi
John Davies, Baton Rouge Area Foundation
Melissa Flournoy, Louisiana Association of Nonprofit Organizations
Pat Lile, Arkansas Community Foundation
Senator Trent Lott, State of Mississippi
Mark McCrary, Mississippi Center for Nonprofits
Mayor Frank Melton, City of Jackson, Mississippi
Sammye Owen, Neighbor to Neighbor
Mayor Rusty Quave, City of D'Iberville, Mississippi
William Richardson, Jr., Mississippi Hurricane Recovery Fund
Bishop Stanley Searcy, Jr., New Hope Missionary Baptist Church
Sherece Y. West, Louisiana Disaster Recovery Foundation



134 East Amite Street
Jackson, MS 39201
PH 601.355.8167
FX 601.355.6499
www.fndmidsouth.org

CHRIS CROTHERS
COMMUNICATIONS DIRECTOR

AUTHOR
DESIGN AND LAYOUT
ORIGINAL ARTWORK
PHOTOGRAPHY UNLESS OTHERWISE NOTED

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