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**Displaced Single Mothers in the Aftermath of Hurricane Katrina:
Resource Needs and Resource Acquisition**

Jennifer Tobin-Gurley

Lori Peek

Department of Sociology and
Center for Disaster and Risk Analysis
Colorado State University
Fort Collins, CO USA

Jennifer Loomis

Department of Sociology
Portland State University
Portland, OR USA

Email: Jennifer.Tobin-Gurley@colostate.edu

This research, which was conducted in the aftermath of Hurricane Katrina, draws on 50 in-depth interviews with displaced single mothers and disaster relief providers in Colorado. Government agencies and charitable organizations offered various resources and services to Katrina evacuees, including food, clothing, emergency shelter, temporary housing, transportation, employment assistance, temporary childcare, school enrollment assistance, and health care. This study illustrates that there was close alignment between resources provided by disaster response organizations and resources needed by displaced single mothers. Yet, despite the considerable overlap, the single mothers in this study experienced many recovery-related difficulties associated with accessing available resources. In particular, single mothers 1) were often unaware of available resources; 2) experienced a conjunction of many different, pressing needs; 3) suffered a loss of their informal social safety net; 4) encountered numerous bureaucratic obstacles in accessing aid; and 5) often felt mistreated and stigmatized. These barriers to accessing resources heightened the vulnerability of single mother headed households.

Keywords: gender, single mothers, Hurricane Katrina, displacement, recovery

Introduction

Although the body of literature on women and disasters has grown over the past two decades, we still know relatively little regarding single mothers and the issues they face in disaster preparedness, response, and recovery (for exceptions, see Griffin 2009; Masai, Kuzunishi, and Kondo 2009; Peek and Fothergill 2008; Reid forthcoming; Tobin-Gurley 2008). In order to fill this knowledge gap, this article examines the experiences of single mothers in the aftermath of Hurricane Katrina. Specifically, we describe the resources that were made available to single mothers and other evacuees who relocated to Colorado after the storm. We also explore the challenges that single mothers faced as they pursued resources and attempted to rebuild their lives in an unfamiliar place.

Gender and Vulnerability to Disaster

Gender is a central organizing principle in everyday social life and contributes to the vulnerability of women during extreme times (Enarson and Chakrabarti 2009; Enarson, Fothergill, and Peek 2006; Fothergill 1996). Wisner, Blaikie, Cannon, and Davis (2004: 11) define vulnerability as “the characteristics of a person or group and their situation that influence their capacity to anticipate, cope with, resist, and recover from the impact of a natural hazard.” In other words, vulnerability is a concept that focuses on “limitations or a lack of access to resources” (Bradshaw 2004: 10).

Although women, as a group, are often perceived as more vulnerable to disasters than men, it is important to understand that no vulnerability exists in isolation (Enarson 2010; Tierney 2006). It is the intersection of vulnerabilities related to gender, class, race, sexuality, family structure, and age, among other factors, that may disadvantage women before, during, and after a disaster (Enarson et al. 2006). Gender discrimination, a lack of mobility, a dearth of status and power, and gendered social roles, such as serving as the primary caregivers for children and the elderly, also heighten the vulnerability of women in disasters (Fothergill 1996).

One of the main indicators of vulnerability to disasters is poverty (Wisner et al. 2004), and the poorest people in the world are disproportionately women and children (Gowens 2006). Enarson and Morrow (1998: 5) observe that women-maintained households are “economically and politically disadvantaged and have acute needs and reduced resources when disaster strikes their home.” After a disaster, when economic cushions are vitally important, women’s financial constraints are magnified. Indeed, for many poor women after disaster, welfare and/or homelessness may only be a paycheck away (Fothergill 2004; Williams, Sorokina, Jones-DeWeever, and Hartmann 2006).

The intersecting vulnerabilities of poverty and gender are also compounded by the influence of race (Bolin 2006; Enarson 1998; Enarson et al. 2006). Women of color are overrepresented among the ranks of the poor (Fordham 1998), and they are often

“demonized” in society because of their social position (Fothergill 2003). Patricia Hill Collins (2003: 321) states that “within the U.S. culture, racist and sexist ideologies permeate the social structure to such a degree that they become hegemonic, namely, seen as natural, normal, and inevitable. In this context, certain assumed qualities that are attached to black women are used to justify oppression.” For single mothers these stereotypes may be exacerbated. “Political conservatives contended that their [black single-mothers] low marriage rates and high levels of non-marital childbearing were mostly the result of moral decline and generous welfare policies” (Hill 2006: 436).

These stereotypical beliefs hold true in everyday life as well as during disasters (Tierney, Bevc, and Kuligowski 2006). In fact, most citizens hold negative images of the poor and particularly poor people of color as being “dishonest, uninterested in education, and dependent, while the welfare system overall is seen as wasteful and unproductive” (Fothergill 2003: 676). In the aftermath of a disaster, women who access governmental or private relief funds may experience guilt and shame associated with the “stigma of charity” (Fothergill 2003, 2004).

In their research on Hurricane Andrew, Grenier and Morrow (1994) reported that African American women, as a group, were more likely to be poor and to live in low-income, substandard housing units that were the most severely damaged during the storm. They were also disadvantaged after the storm, given the highly competitive, socio-political nature of the recovery environment. Also after Hurricane Andrew, Enarson and Morrow (1997) found that women in traditional relationships with men generally received more help preparing for and recovering from disaster than single women maintaining households. Single female heads of household subsequently experienced extremely high levels of stress in their relationships with significant others, children, relatives, and friends (Morrow 1997). After the 1997 Red River flood, a high proportion of the occupants who remained in Federal Emergency Management Agency (FEMA) trailers were women, often single mothers with large families, on public assistance, or marginally employed (Enarson 2001).

Disaster recovery programs and organizations frequently rely on the nuclear family model that identifies one family member as the “head of household” (Fothergill and Peek 2006; Morrow 1997) Using the classification of a hetero-normative family to provide social assistance and disaster relief punishes individuals who fall outside this category (Enarson 2010). This classification system also commonly allows men easiest access to aid money, often reportedly using it to purchase items that do not support the rest of the family (Enarson and Morrow 1998; Fothergill 1996). Without access to this sole relief check, women’s recovery prospects are challenged from the outset (Morrow 1997).

In addition to having less access to resources, women also often have fewer opportunities to actively participate in recovery planning (Joshi and Bhatt 2009). This gender bias is especially problematic, as Ariyabandu (2009) argues, because when the

strengths and capabilities of women are ignored during disaster recovery, it reinforces existing social and economic inequalities and further marginalizes women.

Research demonstrates that poor women face the most severe struggles in achieving emotional stability and securing housing, employment, public and private recovery funds, and other vital resources in the aftermath of disaster (Bradshaw and Linneker 2009; Childers 1999; Enarson 2010; Enarson and Morrow 1998; Fothergill 2004; Ollenburger and Tobin 1998, Reinsch 2009). Extensive care work demands, which expand significantly post-disaster, create further barriers to women's recovery. This is true both because this unpaid labor conflicts with income-generating work, and because it asks so much of women who may themselves be left bereaved, ill, unemployed, or without support for their many conflicting roles (Enarson 2010: 136).

Single Mother Headed Households and Hurricane Katrina

In 2006, 13.6 million single parents were raising 21.2 million children in the United States (U.S. Census 2006). Of these single parent households, 84 percent were headed by single mothers, while 16 percent were headed by single fathers. The number of single mothers in the United States increased by 77 percent between 1994 and 2003, and 47 percent of all single mothers were either "near poor" or had incomes below the national poverty level (Women's Work 2005). Female-headed single parent households have a poverty rate almost three times that of male-headed single parent households (U.S. Census Bureau 2006), and nearly two-thirds of all single mothers have no college education and live on less than \$20,000 a year (Women's Work 2005).

Prior to Hurricane Katrina and the subsequent flooding of the city of New Orleans, 26 percent of all women residing in the city lived below the poverty line. Female poverty rates varied significantly by race, with 32.3 percent of African American women and 10 percent of white women living in poverty. More than half (56 percent) of all New Orleans families were female headed, and over 41 percent of these families were impoverished (Gault, Hartmann, Jones-DeWeever, Weshckul, and Williams 2005).

Of the over one million people initially displaced by Hurricane Katrina, African American single mothers were among those least likely to return due to family displacement, economic instability, lack of transportation, and childcare responsibilities (Williams et al. 2006). In fact, the number of poor, female-headed households in the city dropped by 83 percent in the months following the storm (Williams et al. 2006). Three years after Katrina, critical shortages in low-cost housing and diminished social services for families in New Orleans continued to keep tens of thousands of poor and working people—and especially African Americans, single mothers, the elderly, and persons with disabilities—from returning to the city (Quigley 2008).

Single mothers and other marginalized women lacked the resources to prepare for and respond to Hurricane Katrina's massive devastation (Ransby 2006). These women were

also more likely to be forcibly relocated to unfamiliar places by the federal government (Peek 2012). When compared to partnered mothers, single mothers in Louisiana faced the most acute struggles during the displacement with securing housing, finding employment, and reestablishing vital support networks (Peek and Fothergill 2008). Moreover, displaced single mothers encountered a complex array of bureaucratic obstacles as they attempted to enroll their children in school and to access government aid programs (Reid forthcoming).

A longitudinal study of predominantly low-income, single, African American mothers from New Orleans revealed that their mental and physical health worsened significantly after Hurricane Katrina (Rhodes et al. 2010). Specifically, the prevalence of moderate mental illness or serious mental illness rose from 23.5 percent prior to Katrina to 37.5 percent after Katrina; the prevalence of high perceived stress rose from 20.2 percent to 30.9 percent; and one year after Katrina, 47.7 percent of the sample was classified as having probable post-traumatic stress disorder (PTSD). A follow-up study found that these low-income single mothers experienced a significant reduction in perceived social support after Hurricane Katrina, which was directly associated with higher levels of psychological distress (Lowe, Chan, and Rhodes 2010).

Broader social dynamics clearly positioned women and men differently in Katrina. Yet, following the disaster, much academic and media coverage framed Katrina as having “exposed” gross race and class disparities, leaving gender inequalities virtually unnoticed (see Bullard and Wright 2009; Dyson 2006; Hartman and Squires 2006; Seager 2005). Enarson (2009: 128) asserts that this “stubbornly gender-neutral interpretation” of Katrina ignores pre-existing patterns of gender inequality and the devastation that transpired as a direct consequence of this inequality.

Even though experts understand that disasters magnify preexisting forms of disadvantage, the limited evidence suggests that little was done to address gender-specific emergency planning and the post-disaster recovery needs of women affected by Katrina (Everett 2006). To date, no research has focused on the specific emotional and socioeconomic challenges displaced single mothers faced while accessing resources during recovery. This represents a significant knowledge gap, especially in light of recent calls for research aimed at clarifying which population segments may have the most difficult time recovering from disaster (see Lindell, Prater, and Perry 2006). This study will add to the gender and disaster recovery literature by describing resources needed and resources accessed among a sample of displaced single mothers in Colorado.

Method

In order to understand the challenges that displaced single mothers faced in pursuit of social and economic resources and how gender, class, and race shaped these experiences, we gathered data in the form of in-depth interviews and observations from October 2005

to July 2008. We draw from field notes and a total of 50 interviews conducted with 30 disaster response professionals and 20 single mothers. We interviewed both single mothers and professionals who were working closely with displaced families in Denver and Colorado Springs in the aftermath of Katrina in order to fully explore the relationship between the needs of displaced women and the resources provided by disaster relief agencies.

Over the nearly three year span of this study, we traveled from Fort Collins to Denver and Colorado Springs dozens of times to conduct qualitative interviews and observations. We chose Denver as our primary research site because it was the location that received the largest number of evacuees in Colorado. According to FEMA records, an estimated 9,500 evacuees arrived to the Denver metropolitan area in the weeks and months following Katrina. Thus, the city hosted a significant portion of all evacuees, and there was a large network of disaster relief agencies that worked closely with persons displaced by Katrina. We also conducted interviews in Colorado Springs because it was the city with the second largest number of evacuees, with an estimated 4,000 persons arriving after the storm.

The 30 disaster relief professionals we interviewed included 16 males and 14 females. Twenty-five of these individuals were white, four were African American, and one was Latino. The disaster response professionals included social workers, mental health experts, pastors, and full-time volunteers who assisted families and individuals who evacuated to Colorado after Hurricane Katrina. We interviewed case managers from four of the primary organizations that were tasked with coordinating long-term disaster recovery services in Colorado: Catholic Charities, Lutheran Family Services, the Salvation Army, and Volunteers of America. The relief and recovery workers we spoke with were interested in the study and all of those whom we approached readily agreed to be interviewed.

The average interview with disaster response professionals lasted approximately one hour. We followed a semi-structured interview guide and gathered information about the resources that were offered to Katrina evacuees and the resources that were accessed by single mothers. We also asked questions regarding unmet needs and recovery trajectories among single mother families.

The 20 single mothers we interviewed were all from New Orleans or nearby surrounding areas. The mothers ranged in age from 23 to 49 years. They were predominantly African American ($n = 14$), although we also interviewed white ($n = 4$) and Latina ($n = 2$) women. Two of the women were living below the poverty level pre-Katrina, and the rest were working class or lower-middle class. These designations are based on both the women's self-described economic positions as well as information we collected on their pre-Katrina savings, if any, and income levels. The ages of the women's dependent children ranged from 1 to 18 years. The children were often present

during the interviews, which were conducted in the women's temporary homes in Colorado.

The interviews with single mothers lasted between one and four hours. We asked open ended questions of the respondents and followed an unstructured interview format. Throughout the interview, we worked to ensure that that we would not lead the conversation or make assumptions regarding the women's experiences. We chose to use qualitative methods because they create a context for understanding that allows disaster-affected persons to tell their story through their own voices (Phillips 2002).

We interviewed disaster response professionals and single mothers as they were identified and became available. This strengthened the research design because it allowed us to compare the data between the groups as we proceeded with our interviews. In particular, we were able to create new questions as themes emerged and validate claims made by disaster professionals and single mothers.

We identified and located the disaster relief professionals with relative ease. These individuals had formal affiliations with the main disaster relief agencies in Colorado. Through networking with the professionals, we received referrals which helped us to gain access to additional interviewees. These interviews were simple to schedule because our meetings were held during normal work day hours; as such, we were able to make an appointment with the case managers during a mutually agreeable time.

We had a much more difficult time locating and scheduling interviews with displaced single mothers in Colorado. Aid agencies informed us that they were not allowed to release the names or addresses of persons displaced by Katrina due to client confidentiality policies (although we learned from several of our interviewees that some aid agencies had indeed given the names of select Katrina evacuees to local media outlets). In addition, because of the dispersal of the evacuees across the metropolitan region, most Katrina survivors were not aware of the locations of others persons who had been displaced by the storm. This made relying on classic chain referral sampling techniques virtually impossible (Biernacki and Waldorf 1981). We subsequently went to great lengths to find single mothers. We attended Katrina-related anniversary events, "hung out" at the main aid distribution center and waited for single mothers, posted fliers asking for interviewees, contacted schools in search of displaced children and parents, called newspaper reporters, and used social networking Internet sites in search of evacuees. Even after we identified the single mothers, scheduling the interviews was difficult given their busy schedules, lack of childcare, and limited down time available for "just talking." In the end, our efforts ultimately yielded the single mother interviews we draw upon in this article. To ensure anonymity, the names of all participants and some identifying features have been changed. Pseudonyms are used throughout the article.

An obvious limitation of this study is that our sample is not representative of the larger population of Katrina evacuees in Colorado who were single mothers. Therefore, we have no way of knowing the exact percentage of single mothers who experienced the

challenges and adverse outcomes that we identify in our research. It would have been impossible, however, for us to have drawn a probability sample of Katrina evacuees because this group constitutes a “hidden population” in the sense that there were no publicly available lists of their names and whereabouts. A qualitative approach was thus appropriate for the study, as it allowed us to provide an in-depth understanding regarding a previously understudied topic (see Palinkas 2006).

Resources Provided in Colorado

Soon after Katrina made landfall on August 29, 2005, evacuees began arriving in Colorado by bus, airplane, and car. During the initial emergency period, assistance was offered through shelters and recovery centers for six weeks to three months following the storm. In order to address the long-term, distinct needs of displaced persons, disaster assistance was extended in Colorado in the form of case management and continued in Denver through September 2007 and in Colorado Springs through March 2008. The Katrina Aid Today grant was issued to the state of Colorado through the United Methodist Committee on Relief, which is a national case management consortium. In Colorado, Volunteers of America, Lutheran Family Services, the Salvation Army, and Catholic Charities received the grant money and began case management for Katrina evacuees. In addition, evacuees were offered services through the American Red Cross, the United Way, the Colorado Coalition of Faith, the National Association for the Advancement of Colored People (NAACP), the Seventh Day Adventists, the Urban League, and a variety of local businesses and organizations that became involved in the emergency response and post-disaster recovery process.

Evacuees who contacted one of the disaster response agencies in Colorado were randomly assigned to a case manager. The main goal of case management was to establish a relationship with the evacuees and create a recovery plan that would help them reach their goals and begin to reestablish their lives. Case managers were able to provide evacuees with information, assist with paperwork, connect them with agencies that could provide material items, and help begin the process of recovery. Case managers also had a direct contact person at the FEMA regional office in Denver that they could call to get specific information about a client’s case.

Below, we detail the primary resources and services that were provided for Katrina evacuees by case managers and affiliated organizations. Case managers did not develop specific plans for single mother headed families, and thus the information that appears in this section includes a general overview of resources available to evacuees in Colorado.

Food and Clothing

Some Katrina evacuees, especially low-income individuals, came to Colorado without money to purchase food or clothing for themselves and their families. Thus, the most vulnerable evacuees—many of whom arrived on government chartered airplanes, still wet from wading through the floodwaters—had immediate, life-sustaining needs.

During the emergency period, the Salvation Army provided food at the shelters and recovery centers in both Denver and Colorado Springs. Evacuees were able to get two to three meals a day at these locations, regardless of where they were staying. Food drives were also held to gather donations for evacuees that could be stored and distributed upon arrival.

Some evacuees were able to access food through food vouchers, food stamps, local food banks, and community churches. The hotline number, 211 Colorado, offered information on local health and human services agencies and provided referrals for additional community services. Evacuees could call 211 to locate food banks in their area or they could get this information from their case managers. Maria, a social worker from Colorado Springs, described how she would go out of her way to help clients navigate the food bank system:

It was bad, but we taught them how to work the food bank system. Because some, you can only go twice a month here, or once a month there. It was because they were having problems with food stamps. They would lose the paperwork or they would do the paperwork and then they would have to go back and tell them every month what they were doing. It was frustrating because the Colorado Department of Human Services would say, “They should know that,” but then we would sit down with the family and realize how much they are having to deal with.

Maria’s quote highlights that the problems displaced families experienced with accessing food stamp programs in Colorado was not only due to their lack of familiarity with the system, but also a result of the trauma of the disaster and overwhelming demands of recovery.

Other means of acquiring food was based on public donations. A charitable foundation in Colorado Springs gathered hundreds of coupons from McDonald’s and distributed them to evacuees visiting the recovery center. Many evacuees came early in the morning and spent the day filling out paperwork and waiting to speak with a disaster relief provider. One volunteer, Angela, remembered how painful it was to watch mothers with hungry children waiting for hours in the recovery center:

You know these parents are coming here at eight o’clock in the morning. These children had not had any breakfast because they had to be ready when their ride went to pick them up, and it would just hurt my heart. I

probably bought more food for children than I should have, but you just couldn't do it, you cannot see a child hungry.

This type of experience is what prompted community members and disaster relief providers to solicit major restaurant chains to donate coupons for free food. This process was regulated in Colorado Springs for the first three months following the storm. After this period, evacuees had to rely on private income, churches, soup kitchens, food banks, and government assistance to meet the nutritional requirements of their families.

Clothing was also an immediate need because many of the evacuees arrived after the storm with only the clothes they were wearing. These items were often torn and dirty and in need of replacement. The climate is much colder in Colorado than Louisiana, and therefore evacuees had to find shoes, pants, and heavy winter jackets for themselves and their children.

After Katrina, truckloads of donated clothes and shoes (as well as toiletries, school supplies, furniture, and other household items) were sent to churches and shelters in Colorado. Relief workers and local volunteers established teams to sort and organize the donated goods, which in Denver were eventually stored in a large warehouse dubbed "Operation Safe Haven." Evacuees were invited to visit the warehouse to go "shopping." The pastor who oversaw the donations at Operation Safe Haven explained that he wanted to "encourage the evacuees to 'shop' for clothes, because that might make it feel better for them. Less like they're taking a hand out, and more like they are coming here to shop, to pick up supplies that they must have." The clothing in Operation Safe Haven was carefully organized by gender and age group (men's and women's, girl's and boy's, infants and toddlers), by size, and by type, with underwear, pants, shirts, jackets, and shoes all in their proper place.

Shelter and Housing

In the aftermath of Katrina, a top priority among case managers was to help evacuees find shelter so they would have a safe place to stay upon arrival. The cities of Denver and Colorado Springs set up temporary shelters where evacuees could sleep, eat, and access resources while more permanent housing was being arranged.

In Denver, immediate shelter was offered at the former Lowry Air Force Base. Initially, approximately 400 evacuees were flown and bused to Lowry from the storm ravaged areas along the Gulf Coast (Sterett and Reich 2007). Many others came through Lowry on their own after self-evacuating to Colorado. A member of the Salvation Army estimated that, "about 8,000 may have gone through Lowry at one time or another, but typically the numbers at any given time were somewhere around 800." The space at Lowry was used as a dormitory to house evacuees and to serve as a central location to provide resources to Katrina survivors.

The physical arrangement at Lowry allowed evacuees to stay in private rooms while they attempted to find permanent housing. James, a Salvation Army volunteer, understood the importance of evacuees having their own rooms: “At least with Lowry, you have dorm rooms, you had some privacy, and I think that makes a big difference, as opposed to sleeping on cots in large gymnasiums.” Lowry was open from Labor Day through late October 2005. In Colorado Springs, the Pikes Peak Recovery Center and the city-run emergency management shelter were open for six weeks, from Labor Day through mid-October 2005, and then were taken over by the Urban League and United Way as the Katrina Resource Center for another six weeks.

After immediate shelter needs were met, efforts were made to secure permanent and stable housing for the evacuees. For example, case managers connected donated housing units with evacuees, located landlords who would be willing to accept FEMA voucher payments, and found housing through the Fannie Mae Foundation, which provides affordable housing and homeownership to revitalize communities across the United States. They also helped get people into Section 8 housing, which is a government-funded program that provides vouchers and certificates for low-income families to live in privately owned homes as an alternative to public housing. Volunteers worked with the Colorado Springs Housing Authority and FEMA to help sign 650 new leases. In addition, approximately 1,200 people offered homes in which evacuees could stay. Over time, city officials apparently became concerned that too many former Gulf Coast residents were coming to Colorado Springs. They subsequently declared that the city had “done enough for hurricane evacuees” (Associated Press 2005). This sentiment did not eliminate services. Instead, the city transferred the responsibility to local faith-based charities and the NAACP (Associated Press 2005). These community organizations continued to find housing and provide services for evacuees residing in Colorado.

Although a primary goal of the case managers was to get evacuees into secure housing, usually relying on the FEMA rental assistance program, FEMA’s policies proved to be unstable and inconsistent. Many evacuees would find housing, receive rental assistance temporarily, and then be denied further assistance, despite promises from the government that assistance would be provided for up to 18 months after the disaster. In some cases, evacuees received letters stating that funding would terminate at the end of the month and then, at the last minute, get a letter saying that assistance would be extended. This was an issue that case managers had to repeatedly address as Maria, a social worker, recalled, “It is consistently inconsistent. Housing was a real concern the entire time.” Case managers emphasized that the fluctuation of assistance greatly impacted the success rate of recovery plans for evacuees. Craig, a mental health provider, explained:

It definitely added to the impact and stress level. Shelter is a basic need.
And when basic needs are not met, you can’t go on to address other needs.

The fluctuation of on again, off again, definitely created barriers for folks. It added to their stress levels in a negative way and negatively impacted their experience. There is no doubt about that.

One of the most difficult problems that case managers faced was finding affordable housing for evacuees that was comparable to their pre-disaster rental rates. Since housing was such an immediate need, many evacuees were placed in apartments and single-family homes, with rental assistance from FEMA, that were above their means and much more expensive than what they paid in the Gulf Coast. Moreover, finding affordable housing was a constant challenge for resource providers due to the high cost of rent in Colorado compared to Louisiana. The discrepancy between the conditions that residents lived in before Katrina, and the situation they were placed in after evacuation, proved to be problematic in terms of establishing an economically sustainable lifestyle in Colorado.

Transportation

Denver, and the Rocky Mountain West in general, are not known for having efficient public transportation. This proved to be especially difficult for evacuees who had children, were housed in suburbs, or had employment opportunities far from where they were living. Many case managers observed that evacuees struggled to keep appointments and access resources due to a lack of reliable transportation. Tracie, a social worker, explained why evacuees in Denver found this particularly frustrating:

Transportation has been the hardest. Denver metro public transportation is not the easiest to maneuver. It seems like evacuees live in one area, but all of our offices are located in another... You have to have a car to live here and you didn't in New Orleans.

Initially, efforts were made in Colorado Springs to provide transportation for evacuees. Churches and volunteers organized transportation to pick people up from their hotels and homes and drive them to recovery centers and public service locations around the city. The NAACP helped provide transportation for evacuees who were looking for work. This transportation system lasted for approximately six months after Katrina. At that point, disaster professionals worked to transition evacuees to the bus system. Daniel, a United Way volunteer, described the efforts made to help people navigate the city and use public transportation:

We have bus tokens and you've got to learn how to use these buses. We had the city bus people come to the Urban League and show people, this is the bus and this is what you do. We have all of these different schedules and this is how you read a schedule. They did it like a seminar.

In Denver and Colorado Springs, bus tokens and vouchers were issued to Hurricane Katrina evacuees on an as needed basis. Case managers reported that bus schedules did not meet the needs of everyone. Daniel mentioned that for those individuals who found jobs working swing shifts or night shifts, the bus system was basically useless.

In addition to public transportation, efforts were made to secure vehicles for evacuees. For instance, community members and churches donated vehicles and Habitat for Humanity, the Colorado Coalition of Faith, and the Salvation Army acquired private funding to purchase automobiles. Evacuees could request cars or vans through their case managers, who would then attempt to connect families with transportation. James explained the complications associated with finding a car, “The trouble was obviously that there were a lot more requests than there were vehicles available. And something that you have to take a look at is, realistically, can you afford to run them?” Donations were sporadic and individuals were still responsible for obtaining a valid driver’s license, registering and insuring the vehicle, and providing mechanical repair if needed.

Employment

Upon arrival to Colorado, Hurricane Katrina evacuees were typically unemployed, although some who worked for large corporations, such as Wal-Mart, were able to transfer employment. However, this was the exception rather than the rule. The poorest evacuees had few or no savings that they could access in order to begin the recovery process. As an immediate need and life-sustaining resource, employment and a steady income became a concern for many disaster relief professionals so that evacuees could provide for themselves and their families. Case managers ensured that employment specialists were available to evacuees at the shelters and recovery centers. These specialists helped evacuees write resumes, prepare for interviews, and navigate the workforce system. They also provided limited job skills training. Jessica, a case manager from the Red Cross, explained why these services were so important:

It’s huge, you can’t get back on your feet if you don’t have a source of income to do that. And quite honestly a lot of the individuals that we were seeing had a lot of employment challenges where they came from. So getting them trained on some basic skills, job interview skills, and that kind of stuff, that was pretty key.

In fact, Maria recalled that an initial survey given out to evacuees in Colorado Springs found that “72 percent of evacuees had no skills and were unemployed or underemployed prior to Katrina.” This made finding good paying, permanent employment quite difficult, especially in light of the relatively high average educational attainment levels and types of professional employment available in Colorado (see Weber and Peek 2012).

Evacuees were also able to locate jobs through an employment web site that was created specifically for Katrina evacuees. Community members and business owners used this site to post their job openings and connect with evacuees. Initially, communities embraced the evacuees and were willing to offer them jobs. Robert remembered, “If you said you were from New Orleans, people would line up, what can I do?” Although, he continued, “it didn’t last too long, and I don’t think that many of them got great jobs and a new start in life.”

Case managers reported that “cultural differences” also hindered employment opportunities. Heather, the director of case management for Lutheran Family Services, described the difficulties of convincing former residents of New Orleans that being called back for a second employment interview in Colorado was a positive thing. When Heather asked one of her clients why he skipped a call back interview, he informed her that in New Orleans, “You talk to a person once, you let them know who you are, and then they make the decision.” Tracie, a social worker, spoke at length about issues related to appearance and cultural differences between Colorado and New Orleans. She pointed out, “So, having gold teeth is fine in New Orleans, here not so much. No one wants you representing their company. Several of us have come across that.”

The evacuees who had professional employment prior to Katrina quickly realized that their state licenses were not transferable. There were many teachers, nurses, police officers, and salon professionals who had difficulty finding adequate employment once relocated to Colorado. Others faced challenges that resulted from their lack of government-issued identification. Many individuals lost all of their identification in the disaster and needed a birth certificate or driver’s license to apply for jobs and access the available resources. The process of acquiring a birth certificate could sometimes take up to six months. The state was lenient for the first few months, allowing people to apply for jobs and receive public assistance with no identification. Once this grace period ended, evacuees faced yet another barrier in their recovery process.

Childcare and Schooling

Parents, and especially single mothers, attempted to watch over their children while spending numerous hours filling out paperwork, searching for housing, and accessing life-sustaining resources. Many volunteers and disaster relief providers realized that this process added stress to the already traumatic experience these families were having. A volunteer pointed out:

I think that was the hardest thing. They would bring the children into the center and the children would be crying, noses running, they would be dirty, and then they had to go to this big room downstairs. They had nobody to watch their children. They had to hang on to all of their children while they were trying to find clothing and sizes and all these things.

It was apparent that free childcare needed to be provided in order to allow parents the opportunity to complete the required steps to secure vital resources for their families.

The shelters in Denver and Colorado Springs were both able to offer free, temporary childcare during the early stages of the evacuation. None of the case managers we interviewed were aware of any additional, longer-term childcare services that were available specifically for evacuees. Angela was sure that childcare was a resource that was not made available to these parents. She recalled, “As far as daycare so these women could get their minds straightened out or get jobs or whatever, we had none of that. That was on them.” Case managers encouraged parents to apply for the Colorado Child Care Assistance Program, which offers a sliding-scale fee for daycare in order to support efforts towards self-sufficiency for low-income families that are working or searching for employment (Colorado Department of Human Services 2006).

Due to the displacement, single mothers no longer had close friends and family nearby to help with childcare. This seriously impacted their ability to find employment and begin the recovery process. Tracie found this experience to be especially difficult. She explained, “Childcare is the biggest thing. They are used to their mom or grandma watching their kids. Not having that is the biggest downfall, not being around family. You can’t go to work and leave your kids at home.” Although some evacuees tried to form new social networks to compensate for this loss, many of them did not see employment in Colorado as feasible. Maria remembered:

What I saw most often was that mothers did not want to work. Many of them hadn’t put their kids in daycare before, and so they would say, “So you’re telling me I have to go work and let go of my kids?” I did notice a few times that they made connections with other evacuees that would watch the kids. In one instance we did have two mothers that moved in together and helped each other out.

In addition to childcare, many parents needed assistance with enrolling their children in public schools. The storm occurred at the beginning of a new academic year and upon arrival many children had already missed a significant amount of class time. Representatives from local school districts came to the shelters and recovery centers in Denver and Colorado Springs. They were there to help parents coordinate housing and school districts, fill out paperwork, and get children enrolled as quickly as possible. Many of the schools waived records and immunization requirements for several months for evacuee children, to ensure that they could attend classes while their parents attempted to secure proper documentation.

Health Care

Evacuees who arrived in Colorado had a variety of physical and mental health conditions—some predating the storm—that needed to be immediately addressed. As a result of these needs, several Denver and Colorado Springs health care professionals worked to provide access to health care to Hurricane Katrina evacuees.

Many of the poorest people evacuating the Gulf Coast had spent time in extremely unsanitary conditions. Some were forced to wade through contaminated floodwaters with dead bodies, while others were trapped for days in overcrowded shelters with little food or water. These exhausted evacuees commonly arrived to Colorado without their medications, eyeglasses, inhalers, and other medical equipment. It was essential that Colorado provide immediate medical care to incoming evacuees, and the federal government granted waivers to host states in order to allow five months of free Medicaid to victims of Hurricane Katrina (U.S. Department of Health and Human Services 2005). This allowed health care providers the opportunity to offer immediate treatment without concern regarding non-payment. Angela, a volunteer, recalled the deteriorating medical conditions of evacuees that needed immediate attention upon arrival:

We had several ladies and they had asthma and were on oxygen and different things were going wrong with them. They couldn't get glasses, their glasses were broken and their dentures were gone. I mean all of the things that we take for granted, those people could not get.

In Denver and Colorado Springs, medical professionals set up clinics at the shelters and recovery centers to provide services. They would keep track of all arriving evacuees and their medical symptoms. Free health care was offered through some participating hospitals, health clinics, and private practices. Free prescriptions were available for evacuees on Medicaid. If there was a fee, evacuees could call 211 and receive financial assistance for health care needs. Dental services were also offered in Denver through the Metro Caring Provider Network.

Case managers generally agreed that mental health status was one of the most significant determining factors of successful recovery for evacuees who relocated to Colorado. The traumatic events associated with Katrina—including, among other things, injury and loss of life among friends and family members, displacement, dramatic and life threatening situations, and profound financial and personal loss—resulted in a widespread need for counseling and mental health evaluations.

Upon arrival, displaced families were concerned about meeting basic survival needs. Once those needs were met, they were able to begin the grieving process. Jessica, a representative of the American Red Cross, explained that in many cases evacuees just needed someone to listen:

Our cases probably took twice as long as a normal disaster case, but these people, by the time they reached us, they have been displaced, maybe stayed in the Superdome, separated from their families, and then made this long journey to Colorado. A lot of what they needed was to be able to talk about it. So that was a resource that we were able to provide and it was very helpful just to have someone to talk to. You know they didn't want advice or anything like that. They just wanted somebody to hear their story.

In both Denver and Colorado Springs, the intake process resembled a triage of services. Mental health providers would set up at the shelter and recovery centers, hand out information about stress, self-care, and children's responses to trauma and disaster. They would partner with other resource providers to attempt to address the many needs of evacuees.

The lead mental health provider in Denver found that post-traumatic stress was not the most serious issue. He explained that the loss of social networks and extreme poverty impacted the evacuees most:

Really addressing issues of loss and grief were the primary concern, then addressing issues around anxiety and depression. Some post-traumatic stress, but really not major by any means; fifth or sixth on the list... Not seeing specifically mental illness, directly being caused by the event... For those that are the lowest level socioeconomically and have had a previous history of trauma, that's who is impacted the most negatively.

Counseling was also provided through the Katrina Relief Team, the Healthy Eating Active Living (HEAL) grant, and the American Red Cross. Representatives would go to the homes of evacuees for short-term psychiatric care. All mental health services offered at the shelters and recovery centers were free and services through the public mental health system remained free through August 2007. Due to stigma associated with mental health care, case managers found that, even with multiple referrals, it was difficult to convince evacuees that they needed to receive a mental health evaluation. David and Pamela, who were both mental health practitioners, indicated that the majority of people who still needed assistance two years after the storm were suffering from a variety of mental illnesses and needed serious professional help. They acknowledged that they could help evacuees identify these resources, although they obviously could not force them to get the assistance they needed.

Displaced Single Mothers: Barriers to Accessing Resources in Colorado

Given the scale of destruction caused by Katrina, most persons who were displaced to Colorado, regardless of household composition, had immediate and immense needs in the

areas of food, clothing, housing, transportation, employment, and health care. Single mothers were no different in this regard. However, what was distinct about single mother headed households is that the mothers faced the challenges of accessing resources while taking care of children on their own. These women were not only responsible for their own health and well being, they were also, in most cases, solely responsible for providing support for their children. Below, drawing on the voices of the single mothers in the study, we provide an overview of the resources they needed and the challenges they faced in accessing those resources.

Food and Clothing

After they arrived in Colorado, the single mothers we interviewed were living off of limited savings or credit cards to provide food for their families. The women who were not on government assistance prior to Hurricane Katrina had the hardest time accessing government assistance post-Katrina. This greatly impaired their ability to get food stamps and Temporary Assistance for Needy Families (TANF). For instance, Suzanne, a Cuban American mother of one, was unfamiliar with the application process to get food stamps and upon visiting the food stamp office she experienced various complications. She expressed her frustration with the process:

I was told there was not an appointment for anyone to see me that day and there was not any appointment for four weeks. I said, "I do not have any food in my house now and I have a child." Could they give me an emergency food voucher to hold me over or tell me to go to the food bank? No. They said come back in four weeks.

Like Suzanne, Natalia, an African American mother of two, had never relied on government assistance before Katrina. After the storm, she was forced to apply for food stamps and TANF. The entire experience was humiliating:

Basically, they treated me like a criminal. The welfare workers, they were like, "Do you have this, do you have that?" I am like, "Uh, Hurricane Katrina ring a bell?" You have to swallow your pride, especially if you have never been on it [welfare], and then to be treated like a criminal. It was either walk out of here and not get the resources, or choke her. I was pissed because I needed it... I do not know how some people do it.

Several women reported that because they had received money from FEMA, they were deemed ineligible for food stamps or TANF. Veronica, a 42-year-old white mother of two young boys, remembered, "When we first got out here it took me a while to find a job. But because I had money from FEMA in my savings account that knocked me out

for Medicaid and food stamps. I did not qualify for anything.” According to the case managers, this was not standard procedure and no person should have been denied access to resources because of FEMA payments. Yet over half of the women in our sample reported that they were turned away because of the FEMA money they had received.

The two single mothers in our sample who relied on welfare assistance prior to Hurricane Katrina had an easier time accessing benefits in Colorado. Christina, a 23 year-old Latina mother of two, explained, “They are giving me the maximum so we are blessed every month. I’m not struggling. I have even gotten TANF with not workin’. Cash assistance.” Although some of the regulations for applying for assistance were different in Colorado, Christina was generally familiar with the process. This familiarity helped ease her transition from Louisiana to Colorado.

The mothers also struggled to find appropriate and affordable clothing for themselves and their children. Kathryn, a white single mother, arrived in Colorado by car along with her adolescent daughter and their dog, Fluffy. They had little more than a blanket and their “Louisiana attire” upon their arrival:

When we got here, we slept on the floor, on this wooden floor, and we had one blanket. Here we are, we’re in Louisiana attire, flip-flops and T-shirts, you know? [laughs]

Lori: So you didn’t even have a coat?

No. In Louisiana you don’t even have coats. I think maybe a few days out of the whole year it might have got chilly enough for a jacket sometimes. That was it. At Christmas, you’ve got the air conditioning goin’. It’s really tropical there. And then when we come here, we’re like, Brrr! It’s gettin’ a little cold! [laughs]

Kathryn visited Operation Safe Haven, where she was able to find a winter coat and some school clothes for her daughter, Holly. However, Kathryn, who was short and overweight, discovered that there were no donated clothes available in her size, and that there were very few “nice” clothes available for those seeking professional jobs. Kathryn, as well as several other women, pointed to their lack of suitable business attire when they described the hurdles they faced in finding a job in Colorado. One woman described this impediment, but also emphasized how her first priority was to clothe her daughter:

I really need to get a career, I really need to get a stable income, the thing where you plant your feet and grow, I really need to do this now. And it’s bothering me because I’m not. Some of it is because I really don’t have the attire to go out and get a really nice job. I mean, I got, like, two or

three things that I can put together. But I don't have anything for, like, a week, or the shoes to go with it. Because I had tennis shoes comin' here. And like I said, my main thing was gettin' what she [her daughter] needed before I needed anything. But I wasn't thinking clearly, "Okay, you got to remember you gotta have good clothes to go to work." I don't know, it makes me kind of lose my confidence. Maybe that's why I can't get a good job.

The mothers also experienced stress related to clothing their children in "appropriate" school attire. Children in Colorado do not typically wear uniforms to school, unlike in Louisiana where school uniforms are mandatory in most places. This meant that mothers went from providing children with straightforward, and relatively inexpensive, school attire (for example, khaki pants and a navy blue polo shirt), to feeling overwhelmed with attempting to clothe their children in the latest trendy fashions that children often wear in Colorado. Debbie, a white single mother, was called into her daughter's school after she "broke down" crying in the classroom. Debbie explained what happened to her daughter, Katy:

Katy does not have the coolest clothes. She wants the Hollister brand that all the other kids have, but I just can't afford it. Back in Louisiana, all the kids had to wear uniforms, and it was so much easier. I could just buy her khaki pants for ten bucks and blue or white tee shirts that she kept tucked in with a belt. Here there is so much pressure to wear the "cool" clothes, it is just hard. Hard for her most of all, but hard for me to see her struggle too.

Mekana, an African American mother of three school-age daughters, was also sad that she could no longer afford to buy her girls "good things" to wear. Her daughters never complained about their clothes, though, and Mekana was convinced that it was because they knew how "blessed" they were to have survived Katrina:

So the main focus was gettin' them some shoes. It was something different to them, because they're not used to... I mean, it's okay to buy shoes from Payless or whatever, but when you're a working mom and you're used to buyin' your kids good things, and they're good children. So when they got here to Colorado, it was like, "Well, we got to go to Payless and get us some tennis shoes." They were like, they didn't really want that, but I thank God they didn't complain, because I guess they knew... with all they been through, I guess they knew how blessed they are.

Shelter and Housing

After evacuating from the storm, the women and children in this study needed shelter immediately. Programs were in place to find housing for the families at the fair market value for rent and to assist with rental payments for a limited amount of time, usually three months. After three months, most of the women were left to carry out the lease on their own or confront eviction. Tabatha, an African American mother of three, was still unemployed and was facing homelessness, despite her concerted efforts to find a job. She was fearful about not being able to provide for her family:

If FEMA does not pay our rent for next month, all of my savings are gone. We are literally one step away from being homeless. If I get a job this week or next, I will not get a paycheck until the following week. I have been looking for a job for over a year, what are the chances that I am going to get anything anytime soon? You know, just being realistic.

Suzanne was rejected for assistance because FEMA claimed she was not a resident of New Orleans. She was also expected to pay back the assistance that they had provided. She explained:

And all of a sudden it's Christmas... And I am here alone with Chris [her 13-year-old son]. I am freaking out... I can't go to work because I do not know anyone to babysit and I was stuck here all day freaking out living on the last bit of savings that I had and all of a sudden I had to come up with rent and a deposit. I mean that was not secure. There was no security in that.

Ruth and Christina were the only two mothers in our study receiving FEMA issued rental assistance two years after displacement to Colorado. Even though they were still receiving assistance, they were never sure when it would end or how they were going to pay for housing on their own. Ruth described how stressful this was for her family:

To be honest with you, I am in one of those rental assistance houses right now and when my time is up, where are we going? That is why I have to find a job that is going to level me and my family out. Because I cannot wait around for them to decide my life, saying, "Maybe we won't, maybe we will." My next step is to be in a place where my children do not have to worry, like "Mama, what are we gonna do now?" Since we have been out here I have been grateful for every place that we have lived, but I am not at a place where I can balance. Where you can come in your house and just relax.

Finding stable housing was also important for the families in order to cope with the displacement. Several of the mothers in our study recognized how stability and routine are linked to their children's mental health and overall recovery. Given their desire to create a sense of normalcy for their children, the mothers were hesitant to change their residence. Veronica underscored this point:

The kids need to get a routine. They need to get a routine set in place as soon as possible, because that limbo feeling makes them scared. They have no control. The routine thing is what saved them.

By creating schedules and behaviors that were similar each day, the mothers felt they were helping their children feel safe and regain a sense of confidence. However, issues with securing affordable housing and stable rental assistance complicated the mothers' goals.

As housing became unstable, many single mothers found themselves struggling to keep children in the same schools as they searched for more affordable living arrangements. The lack of FEMA money hindered their ability to start replenishing their savings, pay for other necessities, and reestablish their lives.

Transportation

Sixteen of the twenty single mothers in our study had access to a personal automobile during the displacement. The four mothers without their own vehicles faced many difficulties in searching for work, transporting their children to school or daycare, and running daily errands. Tabatha, who did not own a car, was placed in temporary housing that had no access to public transportation. She explained: "We don't have transportation. We don't have public transportation so we just have to have friends that come pick us up." When asked how the lack of transportation affected her recovery prospects, she responded matter-of-factly: "When you don't have transportation, it's hard to get a job."

Some of the women in the study owned their own vehicles, but were unable to maintain them. For example, Ruth, who had five children in her custody, relied on an old van for transportation. She was driving the van each day to take the children to school and so that she could put in volunteer hours in order to receive \$300 per month in cash assistance through TANF. After her van broke down, she was unable to continue to her mandatory volunteer hours. She was subsequently deemed ineligible for assistance for six months. And, adding insult to injury, she was issued a citation through social services for not following through with her volunteer assignment.

Another mother in the study, Kathryn, was fortunate enough to have access to a relatively new Ford Mustang that was in good repair. As time passed and she was unable to find work in Colorado—she was diagnosed with cancer two months after the

displacement—she became unable to afford the insurance on the car and was thus driving illegally. She said:

It's a nice car. It's dependable and everything. But I'm really, really terrified because I was not able to renew my insurance. Financially it was one of the things I couldn't... I mean, I just couldn't. I had my insurance paid up till January 26, [2006], and then when that rolled around, I couldn't. So now I'm, like... something's gotta give. I know, it's a bad thing to give, but we've still gotta have a roof over our heads, you know? I'm like, Lord, please, don't let me slide off the road. Don't let no policeman pull me over. But I mean, I don't drive crazy or anything. I obey the rules, but still [sighs]... What are you gonna do? That's one of the things that makes me feel like if I don't hurry and get it together, it's gonna fall apart soon.

Employment

Employment is critical to the stability of anyone's life. Income generated from employment, in large part, dictates where a family lives, their nutrition, and their wellbeing. Veronica described her situation:

The main thing is just, I'm so worried about my employment, because if I don't get what I need—I don't want to lose everything again. I mean, it's terrifying. And that can easily be done. I never thought about ever losing anything before, I mean, losin' your life, you never think about that.

This constant worrying caused severe insomnia, further impairing her ability to provide for herself and her children.

Single mothers need flexible employment in order to manage their children's education, extracurricular activities, and household commitments. Indeed, for a single headed household, long work hours often conflict with parental responsibilities making the need for flexible employment and extended childcare a necessity. For the single mothers in our study, establishing stable employment was complicated by the types of jobs available in Colorado as compared to the work they were able to secure in New Orleans. Given that Colorado has one of the most highly educated workforces in the country (State of Colorado 2008), many positions require more than experience in the field to get the job. Suzanne discussed this issue:

I have tried for two years to get a job in editing. I edited two major motorcycle publications for nine years. I have more experience in editing than most people here. I applied to *Westword* and the *Denver Post* and all

I kept hearing was, “You need a degree in journalism.” So, I just took anything I could get on Craig’s List. And the job started out selling cat litter. It is such a step down from what I was doing, it is so demeaning. I feel like my son is a teenager, he is gonna be thirteen, and I am forty-something years old and all of a sudden I feel like I am completely starting my life over when I should be settling down and into a routine.

Tabatha experienced many barriers to finding employment. After the storm she went back to her mother’s damaged house and fell through the floor, shattering her arm and leg. This put her out of work for a year. Once she was rehabilitated, she found that the initial outpouring of jobs for Katrina evacuees in Colorado had disappeared. She remembered the attitude people in Colorado had about helping Katrina evacuees:

Everybody offered you a job right after Katrina... They were like, “Oh, well we can help you because of Katrina. We want to do our part.” But after a couple of months, what was said to me was, “Well, why are y’all still here? Everybody else has gone back home.”

Tabatha also felt that being an African American woman reduced her chances of finding employment. She had worked in an upscale hotel chain for over a decade prior to Hurricane Katrina. Unfortunately, this experience did not translate into dependable employment in Colorado. She explained that even though she saw many “Now Hiring” signs, once she went into the stores, people refused to give her an application. She felt strongly that this was based on skin color alone.

In addition to racial discrimination, some evacuees felt that they were discriminated against due to their region of origin—the South. One single mother explained that her friend was not able to find employment because of her thick Southern accent. She explained that her friend, who worked for an attorney for over two decades, was treated poorly at her new job because of her accent. She recounted:

She works as a legal secretary. She worked for an attorney for twenty-six years in New Orleans. Since she came here she is making half the money as a paralegal. And they talk down to her in the law office like she does not know anything. She is like, “I have done twice the work that any of the women there do, I have more experience than them, but because of my Southern accent they automatically assume I am not as educated.” And she has gotten no help, and she is a single mom here with her daughter. She wants to go home.

The barriers of education, race, and accent limited the chances of single mothers to succeed in Colorado. Limited opportunities for employment combined with inadequate government assistance made it exceedingly difficult for single mothers to recover from

disaster. All of these women, with the exception of one mother living with a severe disability, emphasized that any dependence they may have on welfare assistance was not due to a lack of motivation and effort to find employment, but due to the constraints on single mothers, requiring them to work even harder to find creative alternatives to provide for their families.

Childcare and Schooling

All of the mothers in our study with school-aged children worked to get their children enrolled in school as soon as possible after arrival. These women viewed enrolling their children in school as a priority for two main reasons. The first had to do with the child's well-being. Some of the children had been out of school for weeks before they arrived in Colorado. Others had been shuffled from school to school during the displacement, until their families' landed in Colorado. Given this context, the mothers understood how important it was to get their children back in school and into a routine. The second reason that many of the mothers were so anxious to get their children in school had to do with their own well-being. Veronica explained:

Yes, getting them enrolled in school, it was one of the first things on my list. I mean, I've had them 24/7. There was no one to help me. And I needed some private time. I needed some time alone. I hadn't had time to grieve. That way I could do it during the day.

Samantha, an African American mother of five children, emphasized how much time and thought she put into selecting her children's schools in Colorado: "There were volunteers helping, driving you around to put your kids in school. I had to investigate the schools. I didn't just take them and put them in the nearest school because it is in the district. There were volunteers taking me and my children around and I had to ask questions and see for myself because I used to home school my kids. So I am probably aggravating to some people. But education, academics, ranks really high on my list of life priorities."

Although a few of the mothers had managed to evacuate New Orleans with their children's vital records, most did not have this information. As such, several mothers expressed their relief at how accommodating the schools in Colorado were when they went to enroll their children. Janie, an African American single mother who was caring for her son and niece and nephew, said: "People were very accommodating. The school took 'em with no transcripts, no birth certificates, no shot records. They just took 'em."

Mothers ran into problems, however, when they were forced to list an emergency contact on the school forms. Two displaced mothers, Suzanne and Veronica, explained that their inability to list a next of kin or other emergency contact made them feel more

alone than ever before. Fortunately for them, they became friends and were able to provide a support network for one another. Suzanne recalled:

One time that really hit me hard is when I got here and I went to fill out paperwork for Chris to enter school and there was this line to fill out for the emergency contact. I had no one to put except my mom in Slidell [Louisiana] and I am like, “She cannot pick him up from school.” There was no name to put there. So, I called Veronica and said, “When you fill out those papers for school, you put my name down in case something happens while you are at work and I will go pick them up and I will put your name down for Chris.”

Veronica and Suzanne were both proactive about finding other evacuees and located each other through the Internet. They both wished that there was a list or website where they could voluntarily communicate with other evacuees in the area. Unfortunately, this was not a service available in Colorado.

Tabatha, a lifelong resident of New Orleans, described how devastating it was to have to do everything on her own. Before Katrina, she relied heavily on an extensive network of family and friends for emotional support as well as childcare. She noted that she felt very insecure in Colorado with no one to turn to for help:

Before Katrina, if I needed a babysitter, I did not need to worry. I would just bring her [young daughter] around the corner at any given time. It is always knowing that somebody is right there... But here you do not have that. You do not have any support whatsoever.

Tabatha was responsible for taking care of her three children and her sick mother. After displacement, she became overwhelmed by the amount of responsibility that was placed on her and she was quickly running out of resources to provide for her family.

Once the informal social network of assistance was eliminated, mothers found that the added expense of daycare was unmanageable. Soon after arriving to Colorado, Veronica was using her savings to pay for childcare and needed to apply for government-assisted daycare. This proved to be ineffective, given the long waiting list for the program in Denver. She pointed out:

I was using my savings to pay for daycare, I mean what else was I gonna do? There is a waiting line for government-assisted daycare for any low-income single moms. I was on it in Slidell. It’s a national program. It’s a sliding scale. The wait list for that was like a year and a half and I was like, that’s not gonna do me any good now.

Veronica was surprised to learn that Colorado does not have mandatory full-day kindergarten. This meant that in order for her to work a full-time job, she had to pay for a

daycare facility to watch her son in the morning, provide transportation to and from the half day of kindergarten, and watch him again after school in the afternoon. Veronica made \$16 per hour at her job as a medical transcriptionist, which is a relatively high wage for many single mothers. Even so, she still found daycare unaffordable. Yet, she explained, “Even though it was very expensive, that’s the only way I could do it and still keep my job. Last year I filed my taxes and 41 percent of my gross income went to daycare. I paid \$9,991 for 2006 daycare.”

In the absence of strong family and friend networks, mothers had to depend on strangers for childcare. This was highly stressful for the mothers—most of whom had never left their children in the care of strangers. In addition, mothers felt that their children had a hard time adjusting to unfamiliar caretakers and the loss of their beloved aunts, grandmothers, other family members, and fictive kin who used to care for them in New Orleans. Suzanne remembered how difficult this transition was for her son:

He was with Mama Jane his whole life, the same nanny. I mean when we first got here I tried. I got a babysitter off of Craig’s List and he would go over there and sleep on the couch. Every night they would call because he was crying and I had to come and get him. He was hysterical. He was like having panic attacks and freaking out over it.

Her son, Chris, was 12-years-old at the time and he obviously needed his mother after the disaster. This placed significant stress on Suzanne, making her not want to leave him alone until he felt completely comfortable in his new surroundings.

Two years after Hurricane Katrina, single mothers were still struggling with the elevated costs of daycare in Colorado. This represented a significant barrier to recovery, limiting the possibility of employment, resource acquisition, and chances to establish social networks. The issue of childcare was particularly salient for single mothers given that they had no one to watch their children, even momentarily. Any break they took from their children needed to be paid for in the form of daycare or babysitting. Although resource providers acknowledged this need, none were able to organize childcare assistance for single mothers in Colorado.

Health Care

Single mothers are largely responsible for securing physical and mental health care for themselves and their children. After Hurricane Katrina, many mothers were in need of medical attention, counseling, and health insurance. In addition, several of the children were experiencing disaster related trauma and physical health concerns. Many single mothers, who are among those most likely to be among the ranks of the uninsured in the United States, had to give up health insurance to afford food and rent. This left them extremely vulnerable to additional financial hardship.

Medicaid was automatically offered to many evacuees for five months following Hurricane Katrina. However, mothers were still struggling with affordable health care long after the immediate grace period. Natalia was frustrated that service providers wanted her to update all of her paperwork every six months and reapply for eligibility. She was employed full-time and did not have the time or job flexibility that would allow her to repeatedly fill out paperwork, sit in offices, and acquire numerous documents to prove eligibility. She remembered, “I was so pissed because I needed it. Ayesha [her youngest daughter] was on Medicaid for six months and then to have to go back through the whole ordeal. I do not know how some people do it.” Similarly, Veronica was struggling to prove her children’s eligibility. She was equally frustrated and exclaimed:

When they sent me my renewal thing I had to send in all this paperwork to show how much I was paying in daycare and from my work showing how much money it would cost to add them [to her insurance], and I said, “I cannot do it!” Daycare comes first, if you do not give these children Medicaid they will have no insurance. Y’all are gonna push me into quitting my job and becoming a welfare mom. I am trying and I need some help. I am willing to work and I am busting my ass, I just need some help.

We found that the same women who were declared ineligible for food stamps because of FEMA payments were also deemed ineligible for Medicaid. This was particularly difficult for Veronica because both of her young boys became sick after the move to Colorado. She expressed how concerned she was about her children’s health:

My kids started having Irritable Bowel Syndrome. It had to be psychosomatic because they did not have a problem with that before the storm. And then, you know, they have gone to how many schools in a matter of three months and lived in this relative’s house and that relative’s house, it was really stressful.

Veronica was able to get her boys on a sliding scale medical plan. However, it was still difficult for her to pay the required co-payments associated with treatment.

Even the mothers who were eligible to receive Medicaid for their children experienced difficulties receiving medical treatment. Patients who are on Medicaid have to go to participating Medicaid doctors in order to receive care. Often, these facilities have waiting lists for Medicaid patients and refer them to the emergency room if they need care immediately. Suzanne had never had her son on Medicaid before and found this system to be completely unreliable:

What good is a Medicaid card when no one wants to take it? I have no doctor for him. He had the flu about two months ago, horrible cold. They

gave me a book of all the doctors that accept it. I went down the list and not one of them would take him... They said, "Well, just take him to the emergency room." I said, "Well, don't you think that is kind of a waste, to take every Medicaid patient with a runny nose when you could just take him to a pediatrician?"

Despite her efforts, Suzanne ended up sitting in the emergency room of the hospital for six hours waiting to receive care.

Single mothers often cannot afford to spend long hours in waiting rooms with their children, yet this unavoidable responsibility puts them at risk of losing employment and takes away valuable hours that could be being spent earning income at a job. One mother explained that the reason she did not continue seeing her mental health professional was because of this time constraint. She remembered, "I was just thinking, you know the time to take off work and drive over and talk to her for an hour once a week, I mean I could be making money. So I just quit going."

Single mothers were in particular need of mental health evaluations, given that they were the sole providers for their children and needed to maintain composure in order to help their kids recover. Months after the storm, many of these women still had not had the opportunity to grieve. In fact, Natalia communicated the difficulty of finding time to deal with her emotions. She recalled how she coped in the months following the storm:

You cannot cry. You just got to get it together and push. I grieved when the children were asleep. I would just get a bottle of vodka, get some Grey Goose and suck it up. That was my sedation. I had to just push forward.

The physical and mental health of the displaced single mothers and their children required serious attention, but was a challenge to confront. Attempts to acquire health care were thwarted by bureaucracy, paperwork, time commitments, and pecuniary costs, which greatly reduced their ability to stabilize their lives and begin recovery.

Conclusion

Disaster relief organizations, case managers, and volunteers in Denver and Colorado Springs engaged in a number of response and recovery activities intended to remedy the most negative impacts of Hurricane Katrina and to assist displaced persons with their transition to Colorado. Our research documents the resources that government and charitable organizations offered to Katrina evacuees, including food, clothing, emergency shelter, temporary housing, transportation, employment assistance, childcare in shelters, school enrollment assistance, and health care. This study illustrates that there was close alignment between *resources provided* by disaster response organizations and *resources*

needed by displaced single mothers. Yet, despite the considerable overlap, the single mothers in our sample experienced many recovery-related difficulties associated with *accessing available resources*. Specifically, this research reveals several barriers to access that single mothers confronted in the aftermath of Katrina.

In the first place, many of the single mothers in this study were initially unaware of the public and private resources that were made available after Katrina. Only two of the women in our sample stayed at the temporary shelter at Lowry Air Force Base in Denver. The remainder of the women self-evacuated, and as such, were not privy to the information and resources that were provided on site at Lowry and at the Pikes Peak Recovery Center in Colorado Springs. Aside from the 211 hotline, there was no systematic, comprehensive way for self-evacuated single mothers to learn about resources in Colorado. Disaster relief providers reported that they relied heavily on “word of mouth” to distribute information to displaced individuals. This approach was ineffective because displaced people, and especially single mothers, were isolated in this new, unfamiliar context and they had little or no contact with other evacuees.

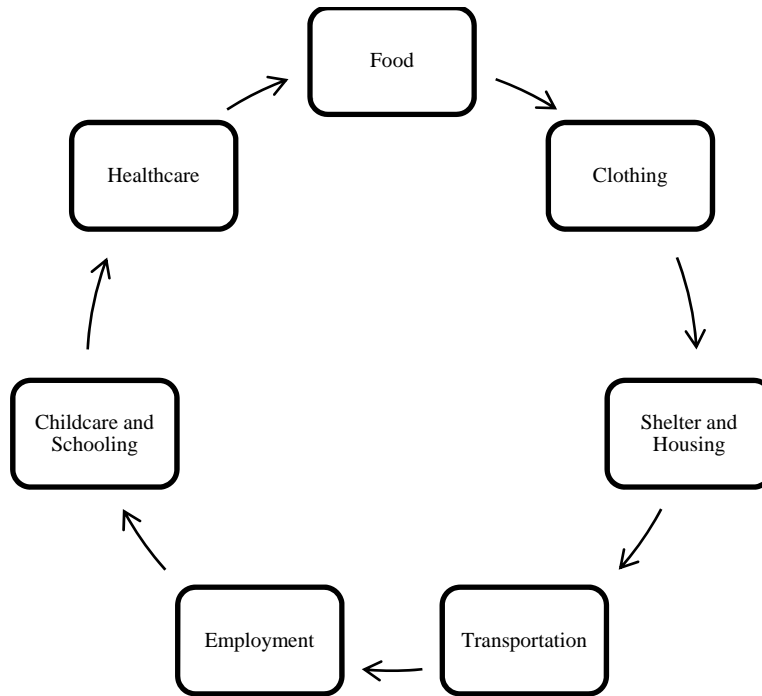
In the second place, the data suggest that it was the conjunction of many different needs—food *and* shelter *and* transportation *and* employment *and* childcare *and* health care—that overwhelmed single mothers and the local support system. The single mothers in our study, like many single mothers elsewhere, had few if any savings and were mostly living just above the poverty line before Katrina (see Tobin-Gurley 2008). The disaster and subsequent displacement pushed these women “over the margins” and into a socially and economically precarious position.

This finding regarding the conjunction of life-sustaining needs helps explain why problems arose for our interviewees during the recovery period, even though there were programs available to address most of the various needs individually. Our research demonstrates that when even one “piece of the recovery puzzle” was missing, single mothers quickly became overwhelmed and unable to adequately attend to their own and their children’s many different pressing needs (see Figure 1). For example, when women lacked transportation, they were unable to secure employment. Without a steady income, women could not afford childcare, health care, food, clothing, or rent.

In the third place, single mothers experienced a loss of their informal social safety net as a direct consequence of their post-Katrina displacement to Colorado. Prior research has demonstrated that single mothers and other low-income individuals often depend on family and fictive kin for survival (Edin and Lein 1997; Stack 1974), and these “networks of care” become especially important in the aftermath of disaster (Litt 2008; Morrow 1997; Tierney, Lindell, and Perry 2001). In fact, Rohe and Mouw (1991: 57) argue that in order for relocations to work, it is critical to preserve “important primary social relationships and social support networks” found in families, neighborhoods, and the broader community. For the women in our study, the loss of their informal social safety net meant that they were unable to obtain childcare, food, and other forms of assistance

from friends and relatives—many of whom had also been affected by Katrina and were displaced to different regions of the United States. Because of the severing of these social networks, the women we interviewed were forced to access formal sources of aid through government assistance programs.

Figure 1. Recovery Needs after Katrina



In the fourth place, single mothers encountered a number of bureaucratic obstacles as they attempted to access aid. Inconsistent rules and regulations resulted in the denial of aid to over half of the women in our sample. These women were deemed ineligible for food stamps or TANF because of the FEMA emergency funds they had received, even though case managers contended that this should not have happened. FEMA housing assistance policies were especially confusing and unreliable. The way that FEMA offered to pay rent and then threatened to discontinue assistance month by month created instability, confusion, and unnecessary anxiety in these women's lives. This hindered their ability to find stable employment and build a routine because they were living in constant fear of being forced to move.

Navigating bureaucracies was also difficult for the women in our study. Single mothers cannot afford to spend time in long lines waiting for resources. The women we interviewed were already experiencing many time constraints related to juggling the responsibilities of childcare and employment. This, paired with limited social networking abilities, made their need for quick, easily accessible food and cash assistance a top priority. This was especially true for those women who were unfamiliar with the process

of accessing government assistance, as was the case with the majority of women in our sample.

In the fifth place, some of the single mothers in our sample experienced mistreatment as a consequence of their race (African American), region of origin (the South), social class (low-income), and/or household status (female-headed). The “quadruple stigma” was further amplified by their status as Katrina evacuees. For many women, they felt like they were being stigmatized and even criminalized as they sought assistance.

In order to recover from disaster and displacement, single mothers have many needs that have to be addressed. Securing food, clothing, shelter, transportation, employment, childcare, and health care are just some of the competing responsibilities that evacuees faced upon relocation to Colorado. For all single mothers, these demands are immense, and meeting these demands is even more difficult when the mother is economically disenfranchised, is ineligible for government assistance, and/or is living in an unfamiliar place. Moreover, when social networks are shattered as a result of post-disaster displacement, the recovery prospects of single mothers are further hindered. Our research illustrates how the organization of disaster relief can significantly influence the recovery experiences of marginalized individuals, and especially single mothers. By supporting single mothers after displacement, not only will the women benefit, but so will the dependent children in their care.

Note

¹ The first and second authors (Tobin-Gurley and Peek) gathered the empirical data for this article. However, for clarity and flow in the text, we refer to the collective “we” in reference to our data gathering efforts.

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