

DISASTER ASSISTANCE IN RURAL AREAS IN THE AFTERMATH OF HURRICANE KATRINA

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In the weeks since Hurricane Katrina made landfall along the Gulf Coast, the Federal Emergency Management Agency (FEMA) and the Mississippi Emergency Management Agency (MEMA), as well as the Red Cross and other public and private disaster relief organizations, have assisted many Mississippi residents affected by the storm. However, not all who were affected by the hurricane have benefited equally from this massive relief effort. Certain sub-groups in our society (the elderly, children, members of minorities, and other non-mainstream groups) are more vulnerable to disasters. Many of these same sub-groups are also more vulnerable during the relief and recovery period. Recent evidence from hurricanes and other disasters indicates that, “those who are most isolated – whether physically or socially – those with the fewest resources and those who make the least noise are subject to oversight, discrimination and inequity in the provision of disaster relief services.”¹ Rural residents and rural communities are one such group.

Many of the Mississippi counties most affected by Hurricane Katrina have large rural populations. An estimated 26% of the households in the three coastal counties (Hancock, Harrison, and Jackson) are considered rural (residing outside of communities with a population of 2,500 or greater). Approximately 78% of the households in the three counties just north of the coast (Pearl River, Stone, and George) are rural households. Covington County, Jefferson Davis County, and Perry County; all heavily impacted by Katrina, are considered 100% rural by the Census Bureau. The rural residents of these counties have not received the level of assistance seen by their more metropolitan counterparts. This disparity has occurred for several reasons.



●“FEMA’s Bill Carwile admits help was slow inland. Areas away from the coast were not our No. 1 priority,” notes a *Clarion-Ledger* editorial.² Tom Taylor, Region 6 Area Coordinator at MEMA explains this dilemma. “MEMA’s resources are committed to aid anyone in need of assistance after a disaster. But, in the hours and days immediately after Katrina made landfall, our goal was to get the most aid to the most people as quickly as possible. Some rural communities, like Leetown and Pearlinton, were inaccessible for days.”³

●Rural communities and rural people, by definition, reside in thinly populated remote areas. Because there are fewer residents per square mile and they are distant from large population centers, it is more expensive to provide them with services, even under normal circumstances. Furthermore, many agency heads and relief workers at both the state and federal levels are unfamiliar with rural people and rural communities and, therefore, unfamiliar with their needs or wants or attitudes.

●Rural areas do not get the same media exposure that larger, urban areas receive. Photographs of the devastation and stories about the human suffering in New Orleans, Gulfport, and Biloxi appeared virtually nonstop on TV and in the newspaper in the days following Katrina. But, there were few stories about destruction and hardship in rural areas of the State. Newspaper columnist and editor, David Hollis reports, “Stories of rural Americans, during disaster or not, are usually overlooked because the media does not understand (rural America). It does not want to. It is spread out. It is foreign to most reporters headquartered in urban areas, and frankly, is expensive to cover.”⁴



●Rural people, by and large, are very independent and self-reliant. This is more than just a perception. On a day-to-day basis,



rural residents make do with fewer public services than their urban cousins. Many rural residents are unaccustomed to requesting aid and are uncomfortable asking for public assistance. It runs counter to their system of values. But much of our current disaster relief system requires recipients to assume a dependent stance. Requesting disaster assistance forces them into a position which erodes their self-worth and self-esteem. Many rural residents who easily qualify for aid do not pursue it. Roger Hayes, who lives east of State Line, Mississippi, said it this way. “Most people out here aren’t counting on the government anyway. People raised out here are independent. Their needs are simple.”⁵

The seemingly slow and halfhearted disaster relief response in rural areas was due, in part, to the nature of rural places; low population density and remoteness. Rural places, like Leetown and Pearlinton, find it difficult to compete for space on the front page with New Orleans and Gulfport. At many relief organizations and news agencies rural places simply don’t show up on the radar screen. Furthermore, most rural people perceive themselves as independent and self-reliant. Many who qualify for assistance either don’t request it or can’t make enough noise to get the attention of relief agencies and organizations.

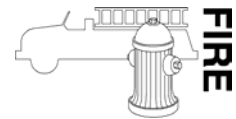
Conclusion

Rural places receive disaster aid more slowly than urban places because they are more thinly populated and, generally, more difficult to access after a disaster. There is little that can be done to alleviate or mitigate these two fundamental factors affecting disaster aid delivery. People who live in rural places must simply accept the fact that disaster aid will reach them more slowly than in urban places. Rural places also receive less disaster aid than their urban cousins. Providing disaster assistance in rural places is more expensive. Fixed costs of providing aid are spread over fewer people and transportation costs are greater.

But rural places also receive less aid because disaster relief agencies and organiza-

tions are less aware of their needs; less cognizant of their mind-set. FEMA and MEMA and other disaster aid agencies and organizations might be more successful in addressing the needs of rural residents if they assigned a rural facilitator or ombudsman to each county who could serve as an advocate for rural communities and rural people in dealing with the complexities of their respective agencies.

Robert R. Latham, the director of MEMA, believes that the key to providing disaster assistance in rural areas of the state is for MEMA to have a solid relationship with local emergency agencies and personnel already established before the disaster strikes. In 1999, only 43 of 82 counties in Mississippi were participating in MEMA’s disaster preparedness programs. In 2005, when Hurricane Katrina hit the coast, 79 counties had emergency management personnel working with MEMA to coordinate the delivery of disaster aid. Latham says “Having local people in place to train the public how to plan for emergencies and take care of themselves in the early hours and days after a disaster is essential.”⁶



Latham said that MEMA is in the process of increasing its staff so that it can better assist the counties in building their disaster preparedness programs. MEMA wants to build relationships with local emergency services providers (like volunteer fire departments) in rural counties so that they (the county emergency agencies and organizations) can provide the immediate needs after a disaster while state and federal resources are mobilizing. In many rural communities, volunteer fire departments were the first responders providing disaster aid in the aftermath of Hurricane Katrina.

Notes

¹ Baisden, Barbara and E.L. Quarantelli, “The Recovery Period in U.S. Disasters: Problems and Opportunities,” University of Delaware Disaster Research Center, Policy Paper No. 60, for the National Policy Forum on Disaster Relief, May 1979.

² *The Clarion-Ledger*, editorial, Sept. 7, 2005, p.12.

³ Personal interview with Mr. Tom Taylor, Region Six Area Coordinator, Mississippi Emergency Management Agency, Nov. 7, 2005. <http://www.msema.org>.

⁴ Hollis, David, Center for Rural Affairs, <http://www.cfra.org>, October, 2005.

⁵ Apuzzo, Matt, *The Clarion-Ledger*, September, 12, 2005, p. 11A.

⁶ Personal interview with Mr. Robert R. Latham, Director, Mississippi Emergency Management Agency, November 7, 2005, <http://www.msema.org>.