



**WILLIAM
SIMMONS, MD**



**TAYLOR
ROBINSON**

Floods, viruses and other disasters:

Discussion on inner-city preparedness for catastrophic events

Within a few generations of the Emancipation Proclamation, the social and political environment of the South became inhospitable for African Americans. In the three years known as the Great Migration, 1916 to 1919, over half a million African Americans fled the South seeking higher wages and a less hostile environment. During the great Depression in the 1920s, when sharecroppers were turned away from their farms and the Ku Klux Klan was on the rise as a home grown terrorist organization, more than a million African Americans left the South in an attempt to escape the rigid race-based social hierarchy, poverty, lack of educational opportunities and racial violence. With mob violence, lynching and intimidation to “keep them in their place,” many had no choice but to migrate to join relatives in Chicago, Detroit, Pittsburgh, New York, Portland and Los Angeles (Davis, R. 2003. *The History of Jim Crow: Escaping Jim Crow*).

The first historic disaster that affected African Americans in the United States was The Great Mississippi Flood of 1927. Incessant rain in the early summer of 1927 caused the Mississippi River to swell, weakening the levee system in Mississippi and New Orleans. The levee system was

breached, causing large amounts of water to flood into the low-lying communities inhabited by African Americans (Slivka, J. 2005, Sept 12. *Another Flood that Stunned America. U.S. News and World Report, P 26*). The flood covered an area about the size of New England affecting seven states in its flood zone. History records 250 people killed and more than 700,000 displaced. Accurate records of African American births and deaths were never kept, so the true number of people killed or washed out to sea will never be known.

In 1927, government disaster protocols in New Orleans were filled with racial overtones. Evacuation opportunities and relief supplies went to whites first. Many of the rescue boats hauled whites only. African Americans were so low a priority during the rescue attempts that in some instances, animals (mules) were rescued before them. Some African Americans still living on plantations as laborers were held at gunpoint to prevent them from evacuating, fearing they wouldn't come back (Barry JM. 1997. *Rising tide: The Great Mississippi Flood of 1927 and how it changed America*. New York: Simon & Schuster). To save the city of New Orleans, city leaders blew up the levee

with 39 tons of dynamite in the marshland village of Caernarvon (no longer exists) 13 miles out of town, diverting the water at 250,000 cubic feet per second through the African American population residing in that marchland. The flood displaced 330,000 African Americans who were subsequently put in 154 relief (“concentration”) camps, where they were forced to work. The flood and the resulting camps turn a voluntary steady migration to an involuntary mass migration of African Americans to the north and west.

The second equally devastating event for African Americans was the Vanport Flood in 1948. Racial segregation and discrimination was not limited to the South. In Portland, Ore., non-white populations were excluded from social and economic equality. Very few African Americans lived in Oregon until the 1940s. The major employer was the Defense Industry. An Executive Order from President Franklin Delano Roosevelt prohibited discrimination in the defense industry. The president reassured the public that a job would be available for anyone who wanted it. That brought nearly 200,000 people to Portland, 15% of whom were African Americans. Whites resented this and

Continued on Page 176

From Page 175

would not house African American workers. The government made two housing projects for African Americans: Vanport and Guilds Lake. E.K. MacColl's "The Growth of a City: Power and Politics in Portland," 1980, wrote that the Vanport housing project was built in a low-lying reclaimed swamp. African Americans crowded into the shanty town development because they had little choice where to stay. On May 31, 1948, at 4:17 pm, the rising river water broke the dike and Vanport was quickly submerged in 15 feet of water. Women and children drowned in that flood because the men were still at work. To avoid blame and the local spotlight, the total of dead was listed as 15 people, not acknowledging that the vast majority of the dead were washed downstream into the Pacific Ocean. No lessons were learned, and no preparation was done based on the Mississippi flood years before. Race was a major factor. Whites would not house the African American refugees. The African Americans that lived in areas other than the Vanport housing project tried to help as much as they could. Eventually, an abandoned shipyard island was used for dorms for those who chose to stay.

On Aug. 29, 2005, the most devastating hurricane to hit the United States, Katrina, made landfall in Southern Louisiana. The negative image of the inner city and its residents produced stereotypes about these communities and media coverage that constructs these residents as being irresponsible for their own well-being. In "Blaming Victims and Survivors: An Analysis of Post-Katrina Print News Coverage," M. Davis and T. French

wrote that the news media coverage shifted blame onto victims and survivors of Hurricane Katrina, focused the conversation on race and class distinctions by describing survivors as poor and black, and conflated lawlessness to construct victims as threats and looters. Although the mandatory evacuation for Katrina was given 19 hours before the projected landfall, leaving little time for millions of people without financial resources and lack of access to transportation to evacuate, the media coverage painted victims as irresponsible by suggesting they had detailed knowledge of the threat and did not react. Hurricane Katrina highlighted the failure in the government on a local and national level in its inability to protect inner cities from disasters.

The U.S. Senate Committee on Homeland Security and Government Affairs in a post-Hurricane Katrina report, "A Nation Still Unprepared," offered seven foundational recommendations and 81 building block recommendations for disaster preparation, none of which dealt specifically with inner-city preparedness. The House of Representatives' Select Bipartisan Committee's Report on the response to Hurricane Katrina in 2006 entitled "A Failure of Initiative" does an excellent job of outlining the local, state and federal failures, but does not offer any recommendations for improvements to future inner-city preparedness. We have reviewed 100 years of catastrophic events involving African Americans and other socially vulnerable peoples that usually congregate in the inner cities and, as a nation, we are still unprepared.

In the United States, the inner-city community includes low-income

individuals, the elderly, individuals with disabilities and a high proportion of children. Socially vulnerable populations have a disproportionate exposure to risk (unable to work from home) and a decreased ability to avoid or absorb potential harm (unable to social distance in crowded neighborhoods, houses, or apartments). M. Greenberger in a 2007 article in the Journal of Health Care Law says that existing plans for catastrophic events are designed for people who can walk, run, drive, see, hear, pay and quickly respond to directions. Those assumptions don't align with the reality of at least half of the American population. The lack of inclusive planning by jurisdictions may be inadvertently violating civil rights of the socially vulnerable populations. When making plans for catastrophic events today, it is often assumed that everyone has access to a computer. The Centers for Disease Control and Prevention's (CDC) "Get Informed" section of the "Individuals and Families Planning" of the Pandemic Flu website directs the reader to reliable, accurate and timely information to a website. Making a website the place for important information assumes that the world wide web is still working (i.e., EMP attacks); the electric power is still on; and that you are among the 78% that the U.S. Census indicates has access to a computer. Power outages during a disaster are common. This eliminates the common means of getting information (TV, cellphone, internet) and disrupts contact with disaster plan implementers and community leaders.

When we think about disasters and the inner city, the common image is one of social breakdown. Disaster research studies demonstrate that this

Perspective

negative image of the inner city often is held commonly by police, fire departments, the American Red Cross and the military. JD Goltz, in the International Journal of Mass Emergencies and Disasters 1992 article "Initial Behavioral Response to a Rapid Onset Disaster," says that at least in the immediate aftermath of disasters, inner-city communities show resilience and unity, strengthening of social ties, self-help, heightened initiative, altruism and prosocial behaviors. In short, when things are at their worst, disaster-stricken communities tend to rise to the occasion.

Dr. Simmons is an associate professor at the University of Pittsburgh School of Medicine. Ms. Robinson is a Stamps Scholar, University of Pittsburgh ('21), Communication Rhetoric major and Statistics minor with a Public Writing Certificate. The authors can be reached at bulletin@acms.org.

The opinion expressed in this column is that of the writer and does not necessarily reflect the opinion of the Editorial Board, the *Bulletin*, or the Allegheny County Medical Society.

TIME

for a

Physician Billing Audit?

If you're working harder, but your revenue isn't keeping up, maybe it is time.

To learn more, please contact John Fenner at 412-638-1846 or fenner@fennercorp.com.



FENNER CONSULTING

3 PENN CENTER WEST
PITTSBURGH, PA 15276
412-788-8007
fennercorp.com

A LEADER IN PHYSICIAN BILLING
AND CONSULTING SINCE 1991

Thank you for your membership in the Allegheny County Medical Society



**ALLEGHENY COUNTY
MEDICAL SOCIETY**

The ACMS Membership Committee appreciates your support. Your membership strengthens the society and helps protect our patients.

Please make your medical society stronger by encouraging your colleagues to become members of the ACMS. For information, call the membership department at (412) 321-5030, ext. 109, or email membership@acms.org.