Envisioning “Complete Recovery” as an Alternative to “Unmitigated Disaster”

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Hurricanes Katrina and Rita caused massive destruction throughout the Gulf Coast of the United States. While the disaster itself caused many deaths and billions of dollars of destruction, the grave failures of disaster relief and post-disaster rebuilding have eclipsed the storm in the damage they have done. By contrast, after a massive explosion destroyed the Roombeek neighborhood in the town of Enschede, The Netherlands responded with a broad national consensus on the need to rebuild and the right of all residents to return to the devastated area. Deep community engagement provided the basis for planning. An awareness of social process helped keep cooperation and teamwork going well, even after the post-disaster “honeymoon” phase was over. These and other strategies ensured the town’s successful recovery. By 2007, seven years after the original disaster, the devastated area had been rebuilt in a manner that respected both the great tragedy that and the people’s vision for its future.

Keywords: disaster, Enschede, Katrina, New Orleans, recovery

Introductory Note

This essay represents a collaboration between two teams, the U.S.-based Community Research Group and the Dutch Mediant Psychiatric Group. The first part of the essay draws on the work of the American-based Community Research Group (CRG), which is co-led by Drs. Mindy and Robert Fullilove. For the past 15 years, CRG has conducted studies of epidemics that have affected inner-city communities in the United States, including AIDS, violence, crack addiction and obesity. The co-location of these epidemics in particular neighborhoods led CRG to study the contribution of spatial organization to illness. In particular, the human ecology studies of Drs. Rodrick and Deborah Wallace...
on forced displacement have provided important theoretical guidance to CRG's work. While studying forced displacement, and the seriousness of its consequences, CRG also looked for examples of complete recovery of ruptured communities. While there are many interesting examples of recovery, none are of the order of magnitude needed to achieve complete repair or to reverse the trends created by past upheaval. Rather, what CRG encountered was a hegemonic discourse that labeled forced displacement “progress,” which ultimately justified scenarios of disaster without mitigation.

Thus, the Fulliloves were intrigued when they heard the story of Enschede from Dr. Pieter de Wit, one of many people who was engaged in recovery after a major disaster in the town of Enschede, The Netherlands. The second part of this essay draws on the work of the Mediant Aftercare Team, which provided a wide array of mental health services to the people affected by the Enschede disaster. Dr. de Wit and his colleagues, Fred Bosman, Henk Bakker, and Eric Noorthoorn, invited the Fulliloves to visit Enschede, meet with key leaders of the recovery effort, visit the site of the disaster, and participate in a mini-symposium on the work of the Aftercare Team. Enschede benefited from massive national commitment to the “right to return,” which proved to be a foundation for everything from individual treatment to neighborhood rebuilding. This work offers a model of complete recovery that challenges many of the hegemonic concepts surrounding U.S.-style forced displacement.

The third part of this essay examines the implications of the Enschede model for complete recovery from the Gulf Disaster.

**Massive Disaster in the Gulf**

In late summer 2005, Hurricanes Katrina and Rita hit the Gulf Coast of the United States, among the deadliest and most costly hurricanes ever experienced. Especially the first of these, Hurricane Katrina, mobilized wind force, water surge, and flooding to create havoc in small and large cities of the Gulf. The terrors of the storm were augmented by government failure at every level. Indeed, the actions of the Federal Emergency Management Agency created chaos, rather than calming it, with the result that hundreds of thousands of poor people, many Black, were left in dangerous flood waters, without food, water to drink, medicine, or succor. When help arrived, it was often callous and random, dispersing the survivors of the flood throughout the 48 contiguous states without a plan for their arrival or their return home.

The American public, watching these events on television, was horrified that fellow citizens were treated in such a manner. As investigations of the disaster have collected the details, stories have accumulated of rescuers turned away or punished by federal, state, and local officials. This inefficiency and abandonment produced a death toll that stands at over 1,800 people, nearly all preventable deaths. A clear and persistent outrage and sorrow marks the public’s reaction to this failure to rescue Americans in their hour of need.

This essay, however, addresses a problem that is unacknowledged in the hegemonic discourse: the problem of the secondary disaster attending the forced displacement of over a million people. In New Orleans alone, 80% of the city was flooded, destroying homes, businesses, and urban infrastructure. Given the magnitude of the damage, a massive recovery plan was needed. Almost immediately, the shape of the plan began to emerge, characterized by three features: (1) poor Blacks were congratulated on having moved to a “better place” where they might start over; (2) speculators began to purchase property from the displaced with the intention of rebuilding for the benefit of wealthier individuals; and (3) planners started to develop proposals for a “new” city, cleansed of the problems associated with poverty. What is striking is that the outrage that followed the failure of
disaster management has been largely absent as this secondary disaster unfolds. In fact, many Americans, if queried, would support the new plans. We propose to challenge this acceptance by arguing that forced displacement is not “good luck” but rather an unmitigated disaster of a sort that has been a cyclical part of the African American experience.

**Repeated Displacement in African-American History**

Repetitive forced displacement is a major organizing process in the African-American experience. The violence of the international and internal slave trade, which were accompanied by the development of a philosophy and social structure of racism, laid the groundwork for many forms of abuse. Among these abuses was involuntary and forcible removal of Africans from their home. This trope of loss has been played out in the implantation of Jim Crow (1890–1910), the Great Migrations (1916–1930 and 1940–1970), the mechanization of agriculture (1940–1970), urban renewal (1949–1973), deindustrialization (1945–present), planned shrinkage (1974–present), HOPE VI (1992–present), and gentrification (1965–present). During each of these important historical moments, African Americans have been pushed out of their homes, or forced off the land they once occupied.

A large body of literature documents the many health and social costs of upheaval, particularly in refugee situations caused by war. In order to understand the costs of upheaval under peacetime conditions, M. Fullilove studied the long-term consequences of urban renewal, a federal program that destroyed urban neighborhoods in order to improve cities. She examined the costs associated with loss of a neighborhood. Interviews with displaced people in 5 American cities revealed that they had suffered from severe social, cultural, political, and economic losses that exposed them to further losses as time went on. Based on these findings, Fullilove proposed that forced displacement be understood as causing a traumatic stress reaction among those who had lost all or part of their emotional ecosystem, a reaction she called “root shock.”

"Antoinette" © Thomas Neff.
The crucial issue in the concept of “root shock” is that it recognizes that the loss of a massive piece of human habitat causes harms that go far beyond individual emotional suffering, and require united action on the part of social groups to ensure the recovery of the people and restoration of their way of life. Forced displacement has played a major role in social and health problems such as the over-representation of Blacks in the AIDS epidemic and the surge of incarceration.3 Thus, the consequences of forced displacement are both severe and enduring.

A major reason for the heavy consequences of forced displacement is the failure of society to repair the damage caused by upheaval. Fullilove notes that, although displaced people suffered massive losses, increased rates of disease and earlier deaths, their upheaval was portrayed in mainstream media and described in political discourse as “progress.”4 Hence, these losses were neither acknowledged nor remedied. Even among African-American people, the discourse surrounding issues of loss of home and place has been fractured and minimizing.

This distorted discourse on displacement was shaped by a number of additional factors that interacted with the assumptions of structural apartheid. These included upheaval among other populations related to economic disaster (the Great Depression and the accompanying drought), suburbanization, deindustrialization, and reorganization of the economy from the Rust Belt to the Sun Belt. These more general, but very dramatic, reorganizations of the American landscape translated into widespread relocation: approximately 1 in 5 Americans moves every year. The longstanding cultural ideal of chasing opportunity has both supported this movement and obscured its true costs for the population. Thus, massive movement of population is not restricted to African Americans and its general integration into the popular imagination as “moving to the good life” has stood in the way of a deeper understanding of the traumatic effects of displacement. This is as true among mental health professionals as it is among the general public.

Hurricanes Katrina and Rita: “Moving is Good for You”

This disaster that was but the latest in the series of unmitigated forced displacements, occurred in the context of a particular national discourse that seemed to both encourage and promote the idea of moving.5 The displacement of poor Black people from their homes was immediately reframed to fit this national discourse, Most notably, former First Lady Barbara Bush noted that “moving is good for you” while observing African Americans seeking shelter and relief in the Houston Astrodome.6 News reports made it clear that poor Black people would have a very difficult time getting back to their homes, but this was distorted as a real improvement in their situation. Indeed, one columnist labeled the concept of moving the “silver lining” of Katrina. This false depiction of the consequences of forced displacement has been the ideological underpinning for exclusionary planning for the future of New Orleans and other parts of the Gulf.

Given the very long litany of experiences of displacement without mitigation, there is a paucity of information about the processes and outcomes that accompany full recovery from disaster. In order to contribute to the development of a language of recovery that understands and repairs root shock, we pose the question: What should have happened after the disaster caused by Hurricanes Katrina and Rita in order to ensure full recovery of the people and their lifeworlds? This is a question of great importance, because in the absence of an ideal response, people will remain trapped in the “moving is good for you” paradigm.

In order to answer this crucial question, we report on the recovery process utilized in Enschede, The Netherlands, after a major explosion destroyed a substantial part of the city. While the scale of the disaster is admittedly smaller than that faced in the Gulf,
Figure 1. May 13, 2000: Explosion at the fireworks factory in Enschede Holland. The explosion killed 23 people, left 1,500 homeless and destroyed the majority of the buildings in the Roombeek neighborhood. Photo courtesy of The Royal Netherlands Police Agency, Arie van Gelder, Frank Boks, and Ferry Gilhuys.

The successful actions taken by national and local officials and other local leaders point towards the set of actions that we might call “tender reimplantation.”

Tender Reimplantation in Enschede

Enschede is a city with 150,000 inhabitants, situated in the eastern part of The Netherlands, in a region called Twente. This region was very stable from the Middle Ages to the beginning of the 20th century, when the establishment of cotton and mental-working factories called for a massive influx of new workers. These workers came to the city from other parts of The Netherlands, other parts of Europe, as well as from Turkey, Morocco, and members of the Syrian Orthodox religion who came from several countries in the Middle East.

As in many other parts of the developed world, much of the industry that helped Enschede grow had moved away by the end of the century. This left the Roombeek neighborhood with many abandoned or partially used factories among the residencies. The neighborhood, despite its collection of derelict buildings, was well-positioned near downtown, used for many purposes, and occupied by a wide variety of people. Redevelopment of the area was on the minds of city officials, but it was forced to the top of the agenda when, on May 13, 2000 at 3:35 PM, a fireworks factory exploded, killing 23 people, wounding 1000 people, leaving 1500 homeless, and destroying hundreds of acres of urban habitat (Figure 1).

The Response

Phase One: Immediate Disaster Response

The first phase of disaster required the immediate intervention of firefighters, police and medical personnel. As in any disaster of this magnitude, first responders came from great distances to provide help. These included firefighters from Muenster, Germany, health professionals from many parts of the Netherlands, and others.

In addition there was an equally crucial political response by national leaders, who quickly committed to rebuilding the area in a safe and secure manner so that all former
inhabitants could return to their homes. The “right to return” is a significant antidote to the profound feelings of loss that accompany the destruction of home and neighborhood.

A third part of the immediate disaster response was the re-housing of the homeless, and the provision of funds for all kinds of necessities, including food, clothes, etc. A part of this effort involved deepening multi-cultural understanding of ways in which each group hoped to receive help from others around them. A single government office was set up to help people manage all of the problems that they faced in getting on their feet again.

Phase Two: Treatment for Physical and Mental Wounds

Medical and psychiatric care was immediately established for all of the people affected by the disaster. General practitioners handled the medical problems of the injured, while a special psychiatric unit handled the emotional problems related to what people had seen and lost. Part of the work conducted by the psychiatric team was that of ensuring cooperation among many sectors of the city. This was essential to maintaining longterm cooperation and commitment to recovery.

Phase Three: Rebuilding the Area

Another special unit was established to develop a plan for rebuilding. Prior to the development of the plan, many groups of people, including former residents, were consulted about their memories of the neighborhood and their hopes for the future. This resulted in a series of principles for redevelopment which guided the architects in their design. This plan had 8 elements:

- A district to return to (right to return)
- A lively district
- A familiar district
- A district with history
- A district with value for the future
- A district within boundaries
- A district within your own hands
- A safe district

The plan, once accepted by the people of the city, was implemented. In the first phase, much of the housing for low-income people was rebuilt, allowing those most in need to move home again. In a next phase, people who wished to build their own homes began to buy plots of land, work with architects and build their houses. The development of condominiums and cultural facilities followed. Six years after the disaster, a massive amount of rebuilding had been accomplished, and the intensity of work was obvious in visiting the site (Figure 2).

Phase Four: Understanding the Disaster and its Consequences

As part of the national response, research in a number of areas was implemented immediately. In fact, the national group that studies environment pollution was in the area and arrived in Enschede hours after the disaster to begin studies of possible contamination of the site. Studies were also conducted to examine use and effectiveness of mental health services, as well as surveys of the experience of the disaster among the population of displaced people and first responders.
Figure 2. June 26, 2006: Rebuilding. In the center of the photograph is the memorial park. To the right are affordable houses rebuilt in the historic style. To the left are townhouses designed and built by individual owners. These design decisions embody decisions made by a lengthy public process. Photo courtesy of Mr. Ardie Roding, Enschede City Archives.

Phase Five: Housewarming for the New Roombeek Neighborhood

As the new neighborhood emerges, the groups that helped to ensure its development will shift their relationship. As a marker of the end of the beginning, a “housewarming party” has been proposed at which other parts of the city would celebrate the repair of this central piece of Enschede.

Understanding the Enschede Model

The rapid recovery of Enschede is reminiscent of the recovery European cities experienced after World War II, due in no small part to the aid of the Marshall Plan. Recovery from a massive disaster requires unambiguous commitment of resources. But the resources that are required go far beyond the money supplied by major governments. The resources must include the contribution of individual citizens, from the fire fighters who make the first stand against destruction to the social organizers who ensure that rebuilt neighbourhood develops a functional social life as well. Some of the contributions that made the Enschede recovery so remarkable were:

- The long-term maintenance of cooperation and commitment even after the post-disaster “honeymoon” phase ended.
- The engagement of many sectors of the city in developing a statement of principles about rebuilding.
- The recurrent use of arts to help the recovery, ranging from children designing their own memorials to homeowners designing their own homes.

In the United States, we are familiar with the story of the little Dutch boy who understood that he had to tend to the leak in the dyke no matter how difficult it
was for him. The actions in Enschede represent, on a larger scale, the commitment of Dutch citizens to protecting their cities and the human relationships they embody. Dutch society, like other societies, is challenged by rapid social changes from immigration to deindustrialization. Despite these changes, the people of Enschede, supported by the larger nation, worked together to make a rapid repair to a devastated neighborhood. This real story offers some benchmarks in recovery from disaster at any scale and in any place.

The Enschede Model and the Reconstruction of the Gulf

The Enschede Model is characterized by three features: (1) it is founded on a vision of complete recovery for the city and the affected individuals; (2) it was based on participation and inclusion; and (3) it embodied respect in interpersonal interactions. We have called this “tender reimplantation” to underscore the degree to which it addresses in an appropriate manner the traumatic stress of root shock. The Enschede Model is one in which people are aided to rebuild their lifeworld on the foundation of the world that was destroyed. This model respects culture, social ties and urban form as the building blocks of a healthy society. In restoring each of these aspects of the lost neighborhood, the Enschede Model creates a foundation for future well-being of the affected people and of the city. The principles of the Enschede Model are not limited to a disaster of a particular level of scale, but can be easily adapted to disaster of any size. That is because these are principles of interpersonal respect and mutual responsibility.

Obviously, there is nothing about the exclusionary recovery process in the Gulf that resembles what happened in Enschede. The political fight, therefore, is to create a new national commitment to complete recovery that respects people’s right to return home and need to be treated with respect. The Enschede Model offers us many useful benchmarks for judging the degree to which we have succeeded in achieving these goals.

Notes

1. These processes are not all equally well known to the American public, nor is their cumulative impact—what my colleague Rodrick Wallace has called “synergistic damage accumulation”—fully appreciated. The African slave trade, which dragged people from their homes in Africa and sold them into slavery in the Americas, took the liberty of 12 million who arrived alive. It is estimated that twice that number died on the journey within Africa and during the middle passage across the Atlantic. After the slave trade was banned in 1808, an internal slave market developed in the U.S., which regularly sold slaves from Virginia and other more Northern states to the lower South. Emancipation restored people’s liberty, but at a great disadvantage of owning no land and having no education. There was massive movement after the war as people sought to rejoin with family, go to school, find land or work, and begin their new lives as freedmen. This hopeful epoch came to a violent end with the institution of Jim Crow laws, which made African Americans second-class citizens, stripped of their right to vote or to be protected in the courts. The two Great Migrations represented people’s efforts to make new homes in the city, where they might have more economic and political opportunity. This effort, too, was thwarted by the reification of segregation in the cities. Redlining, instituted in 1937, aggravated segregation by steering investment away from African American ghetto neighborhoods. Urban renewal then found these to be “blighted” and ordered them cleared for “higher uses.” Catastrophic disinvestment in the 1970s and 1980s represented the active removal of assets—from fire stations to banks and supermarkets—from minority and poor neighborhoods. Many of those displaced by urban renewal and catastrophic disinvestment moved into housing projects, and became vulnerable to a new “improvement” scheme, this one called HOPE VI. At the same time, poor and minority neighborhoods that had maintained some of their historic buildings and charm were targeted for gentrification, and the poor forced to move again. In sum, the efforts of African Americans to free themselves and become

2. Fulfilove introduced the concept of “root shock” in order to explain the social, cultural, and emotional consequences of the loss of the near environment. Indeed, as many authors have argued, the near environment provides an external homeostatic system that maintains the individual’s well-being. It has also been observed that complex human habitat plays this role in supporting the organization of larger social groups. For example, a home helps a family function, a well-organized assemblage of housing, services, and businesses helps a neighborhood function and so on. Because social organization is tightly linked to human health, we find that physical organization influences human health in its ability to support productive interpersonal relationships, among other factors.

3. Rodrick Wallace and Deborah Wallace have an extensive body of work on the effects of forced displacement on health. Their book, A Plague on Your Houses, offers an excellent introduction to their findings, as it describes the unintended consequences of forcing poor people out of their homes in the South Bronx in the 1970s. Among these consequences, they argue, was the widespread and rapid dissemination of AIDS in the South Bronx, New York City and the region. Because of the region’s dominating position in the U.S. urban hierarchy, the unleashing of an important epidemic in New York City had severe consequences for the nation’s health.

4. During the course of the fieldwork on the long-term consequences of urban renewal, the CRG team heard a number of planners and politicians point out that “you have to break a few eggs to make an omelet.”

5. The concept that “moving is good for you” is embedded in the thinking of U.S. federal government. Two examples may suffice to make this point: (1) the HOPE VI project is breaking up so-called “distressed” federal housing projects, dispersing their residents to areas of less concentrated poverty; and (2) HUD funded a large study, called “Move to Opportunity,” in which residents of housing projects are given Section 8 so that they can move elsewhere.

6. Many people took up the theme that dispersal of the poor from New Orleans was a blessing in disguise. Among the first were Barbara Bush and David Brooks. Former First Lady Barbara Bush, during a visit to the Houston Astrodome shelter, said: “What I’m hearing, which is sort of scary, is they all want to stay in Texas. Everyone is so overwhelmed by the hospitality. And so many of the people in the arena here, you know, were underprivileged anyway, so this is working very well for them.” In similar vein, David Brooks, columnist for the New York Times, wrote an op-ed piece called “Katrina’s Silver Lining” (September 9, 2005), which argued that poor people had been separated from their dysfunctional neighborhoods and could be dispersed among middle-class people, thereby creating more opportunity for their children.