The Debacle of Hurricane Katrina: A Human Rights Response

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Hurricane Katrina cast a stark and embarrassing spotlight on a side of the United States that most Americans do not care to confront. As historians, policy analysts, government investigators, and the media assess the failings and mistakes pre-, during, and post-flood, it is worth considering the crisis from a human rights perspective. Seen from within this framework, Katrina is not only a humanitarian disaster where the appropriate response is to provide services and emergency protection; where the government, through its largesse, expands it coffers to provide shelter, food, and clothing to those who are displaced; and where the public reacts to images of destitution and suffering in a massive charitable response. It is a human rights issue as well.

Yes, Katrina was the perfect storm—a Category 5 hurricane the likes of which the country had not seen in over 50 years, raging right into a city built below sea level. But no, the failure to provide transportation and appropriate evacuation for many in the eye of the storm, the shameful Superdome debacle, and the abandonment, even now, of tens of thousands of dispossessed victims is not natural, and has as much to do with human rights as with inadequate humanitarian preparation and response. A human rights analysis provides a window into the impact of the persistent

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and consistent refusal of the United States to recognize economic and social entitlements as rights.

The United States has singled itself out as one of the only countries in the world that officially opposes economic and social rights. Ironically, the United States played a leading role in drafting the Universal Declaration of Human Rights after World War II, which recognized the indivisibility of all rights—civil and political as well as social and economic. However, this country has subsequently refused to ratify the International Covenant on Economic, Social, and Cultural Rights and provides no constitutional guarantees for health care, housing, jobs, social

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security, or food. Instead, in recent years, the rolls of those lacking health insurance have risen to over 45 million, Americans living in poverty now number 37 million, and food insecurity and hunger are on the rise. At the same time, the next federal budget includes steep cuts in entitlement programs such as Medicaid, child support, and food

stamps. As long as economic and social programs are considered entitlements, rather than guaranteed rights, they are subject to the whims and winds of politics, and can disappear with a vote in Congress or a veto of a president.

It is no coincidence that those most devastated by the hurricane have been and continue to be racial minorities, the poor, the undereducated, the disabled, immigrants, undocumented workers, and people confined to institutions. The hurricane and subsequent flooding wreaked havoc on a population that has felt expendable for decades. The down and out in Louisiana have long harbored deep resentment for historical and current abandonment by government at every level. Substandard education, nonexistent or inadequate health care, and high rates of unemployment and underemployment have been chronic. A human rights analysis does not lead one to the conclusion that poverty is unfortunate and we should provide an extra hand to those most in need in light of the disaster. Nor does it stop at suggesting that in our prevention and response we must take special care to attend to the "most vulnerable," a principle enshrined in today's international disaster response protocols, although this is surely required.

Instead, a human rights analysis of the Katrina crisis differs from a humanitarian analysis in that it should lead us to look at the unacceptability of this vulnerability in the first place. Such an analysis emphasizes and addresses how respect for the rights of all can reduce, minimize, and in many cases eradicate such vulnerabilities.

This analysis starts from the basic recognition of each "victim" as an individual human being with rights and dignity, and therefore with agency, entitled to full participation in shaping his or her destiny. In Louisiana, large segments of the population were deprived of human rights long before Katrina hit. The state bears the dubious distinction of being ranked the "least healthy" state by the United Health Foundation. It ranked 49th in infant mortality; 49th in premature death; 48th in support for public health; and 47th in availability of health insurance. Louisiana also registered large racial disparities in numerous indicators, including health care access and health outcomes, leading former U.S. Surgeon General David Satcher to note, "The same things that lead to disparities in health in this country on a daily basis led to disparities in the impact of the hurricane."

This neglect of the basic human rights to education, food, a healthy and secure environment, access to health care, housing, and decent employment is the manmade cause of the obscene impact of the hurricane's disaster for the underserved residents of New Orleans and other areas of Louisiana and Mississippi. Neglect of these rights has ultimately resulted in failure to protect the right to life of many hurricane victims. Nearly one-fifth of the population most affected by the hurricane lived in poverty prior to Katrina. One in three living in the areas hardest hit was African-American. Nearly three in five poor black households in New Orleans lacked a vehicle, according to the Center on Budget and Policy Priorities. The chronic illnesses of the poor, both white and black, and of those unattended—asthma, diabetes, heart disease, hypertension—also left many people in increased jeopardy after the hurricane hit. The local charity hospital struggled without communication or electricity, literally losing patients, while those at the neighboring private hospital were rushed by helicopter to safety. We now know that of the over 1,300 dead, approximately half were people of color. One in four hurricane evacuees remains unemployed as the holiday season approaches. For minorities, the figure is an alarming 42 percent.

The aforementioned marginalized groups have suffered and continue to endure the highest risk for illness, injury, permanent displace-

ment, and even death. Among the most vulnerable of all, perhaps, are the undocumented immigrants. The Mexican government estimated that there were 145,000 Mexicans in the affected area, many wary of accessing services for fear of being deported. And a great many guest workers brought in for construction, service, and agriculture were left in the lurch.

Now, in the aftermath of the flood, there is a grave danger that these chronic deprivations will be recreated in the so-called recovery. This fear is

There is a grave danger that chronic deprivations will be recreated in the socalled recovery. already being realized: in the immediate response phase we saw no-bid contracts, the waiving of environmental standards, and an alarming suspension of minimum wage—all perhaps expedient, but each a slap in the face to the rights and dignity of the local population. Instead, the rebuilding process should involve

people and communities in planning and determining their future services, health care (including mental health), schools, homes, and recreation.

How the funds to rebuild are acquired and allocated is also a matter of rights. Early proposals from the Republican Study Committee of the House of Representatives offered suggestions on how to offset the costs of recovery from Katrina. They included cuts in money for community health centers and caps on Medicaid. Members of Congress even suggested cutting into the federal block grant and reductions in Section 8 affordable housing are also now contemplated. As of December 12, 2005, the Federal Emergency Management Agency (FEMA) will terminate assistance to over 50,000 homeless evacuees. Sadly but typically, politicians offered suggestions for cutting foreign aid to cover the Katrina account, including reductions in allocations to the Global Fund for Tuberculosis, AIDS, and Malaria. Such measures pit the poor against the poor. In Massachusetts, the weekly newspaper of the homeless, Spare Change, ran a front page story in September expressing resentment that hurricane victims had received priority at shelters. Local homeless were required to cede their precious spots to those fleeing the floods. Should the poor, the sick, and the dying really cover the Katrina account while mega-corporations like Halliburton once again gain huge contracts, oil companies collect windfall profits from excessive gas price increases, and taxpayers—rich and middle class—continue to benefit from tax cuts?

Although the floodlights have cast a disturbing glare on Louisiana and Mississippi, one which is already beginning to fade, we should also direct our searchlights closer to home. Every state has room for a full human rights assessment to ensure that the state's obligation to enable all

to meet basic human needs for survival is not an expendable budget item. An appropriate response to the lessons of Katrina is required at the policy level. Concerned citizens should react by organizing and advocating for equity in education, health care, housing, and jobs. The archetypical American response to inequity is to give privately and gener-

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ously, not to advocate for structural change. But mitigating the inequities so visible in the wake of Katrina requires a focus on rights as well. Our response now must involve more than charity and short-term government handouts. Our response must be advocacy for basic economic and social rights and a sustainable future for all in this wealthiest of nations.