

**KATRINA: THE AFTERMATH: Wounded psyches will be tough to fix
Health officials assess work in New Orleans**

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NEW ORLEANS — To glimpse the possible future of New Orleans, it helps to stand on Ellen Montgomery's porch.

The porch, and the tiny century-old cottage it clings to, are not visible from the street. They are masked by a folded-over pine tree collapsed by Hurricane Katrina more than three weeks ago.

But someone standing on the porch can watch the street through the tree unnoticed. Montgomery, who stayed in her house through the storm and flooding to care for her "more than 20" cats, used the tree to try to hide from a National Guard unit patrolling her neighborhood.

"They wanted me to leave, but the cats were not afraid, and so I was not afraid," she said. "A lady who came with them said they would rescue the animals, but I said they didn't need to be rescued."

Montgomery's distrust exemplifies a grave challenge facing New Orleans as it moves from the shock of the emergency into the long slog of recovery.

The most daunting task, say those working in the storm zone, is not reconstructing the city's buildings, but restoring its psychological architecture, its crucial but fragile web of belonging, affection and trust.

"The single most far-reaching effect from this huge disaster will be the mental health aspects," said Capt. Arnold Farley, a psychologist with the U.S. Public Health Service who organized mental health clinics for New Orleans first responders and health care workers. "It will require a rebuilding emotionally as well as physically."

Despite widespread predictions made after Katrina's landfall, New Orleans has suffered no major outbreaks of infectious disease and no significant illnesses related to contaminated water, according to the Centers for Disease Control and Prevention.

With the incubation period for most such illnesses elapsed, the Atlanta-based public health agency is watching for the physical risks and emotional shocks residents may encounter as they return.

Though the levee breaks flooded much of the city with a mix of industrial chemicals and sewage, injuries have been the most common problem, said Carol Rubin, the co-chief of the CDC's New Orleans effort.

Almost one-third of the approximately 2,700 first responders, relief workers and residents seen at the metro area's five functioning hospitals by Tuesday, along with approximately 1,500 treated at nine federal disaster-medicine units, were injured by New Orleans' many hazards, Rubin said.

In contrast, 13 percent had rashes, 11 percent had respiratory problems, 8 percent had wound infections, and less than 7 percent had gastrointestinal illnesses that produced vomiting or diarrhea, she said.

The rate of injuries is likely to increase as residents rebuild, she added: "They will go on their roofs, they will climb ladders, they will use generator-powered equipment in small spaces."