SEARCH AND RESCUE
FIVE YEARS LATER:
SAVING PEOPLE STILL
TRAPPED IN KATRINA’S RUINS

A report of the Abandoned Buildings Outreach Team
August 2010

UNITY
of Greater New Orleans
### Meet the Abandoned Buildings Outreach Team

UNITY launched its Abandoned Buildings Outreach Team – the only such project in the nation – in 2008, after a survey of residents of a large squalid homeless camp in downtown New Orleans revealed that most had come there from an abandoned building and had been stably housed before Katrina. Today four people – Clarence White, Mike Miller, Katy Quigley and Shamus Rohn – work full-time entering New Orleans’ more than 55,000 abandoned residential and commercial buildings by day, searching them for signs of life, and returning after dark to meet the occupants and begin the arduous process of getting them medical treatment and decent and safe housing. For an insider’s look at the team’s day-to-day experiences, see their blog, “Signs of Life in New Orleans,” at www.blog.unitygno.org.

**CLARENCE:** “I saw my clients at the Superdome and I knew I had to get back.”

Clarence has 20 years’ experience providing services to low-income people, including at Charity Hospital and the city’s Health Care for the Homeless clinic. When the levees broke, his house in New Orleans’ Gentilly neighborhood drowned and he swam through six feet of water to make it to the Superdome. The struggle to rebuild his house while working full time as a homeless outreach worker took more than four years, struggling with insurance companies, government recovery programs, and dilatory contractors who often did shoddy work. During that time, he commuted to UNITY from Baton Rouge, rented apartments around New Orleans, and camped out for months in his unfinished house without electricity or running water. “I have a special understanding of the plight of the homeless because after Katrina I was homeless myself. People should not have to live this way.”

**MIKE:** “I want to help people who need help the most and have the most trouble getting it.”

A part-time bartender and Chicago native who earned his Masters of Social Work at Tulane, Mike has lived in New Orleans for 12 years. He relishes the mental, physical and emotional demands of abandoned building outreach. He previously worked on a federal health project monitoring IV drug users, as a homeless case manager at Volunteers of America, and as a volunteer for the police crisis unit working with mentally ill persons. Mike joined the UNITY outreach team in January 2008, organizing the successful campaign to rescue people living in the large homeless camp on Claiborne Avenue. Although he lost everything he owned when the levees broke, the idea of not returning to New Orleans after Katrina was unthinkable. “I believe in this place. I believe I belong here. There is no other place where people are as interesting. And I can’t help but think that our homeless people are cooler too!”

**KATY:** “This job offers a tangible way to be part of the rebuilding of New Orleans.”

A mother of a 10-year-old son, long-time resident of Gentilly, and successful nonprofit administrator for many years, Katy yearned after Katrina to return to direct services work. She has 28 years of experience in the nonprofit sector, including serving as the first director of Project Lazarus (a residence for homeless people with HIV/AIDS), director of a homeless program at Catholic Charities, and homeless outreach worker in California and New York. She credits her family for making it possible for her to juggle motherhood with the demands of abandoned building night outreach. “I joined the Abandoned Buildings team because I want to help rebuild a more equitable community. I am amazed by the people we meet in abandoned buildings, their willingness to accept the help of strangers in the middle of the night and their ability to overcome the trauma they have suffered. We are giving people hope.”

**SHAMUS:** “Why go to law school when I’m having this much fun?”

A native of Michigan who has lived in New Orleans since 2003 and has a master’s degree in political science, Shamus twice turned down a coveted spot at one of the nation’s top 10 law schools to launch the Abandoned Buildings Outreach Team. At 29, he has been working with homeless people for 10 years. He started by volunteering at a homeless shelter, taking kids on Friday night outings, and was very moved by the experience. While he jokes that he has “turned criminal trespass into a fulltime job,” his close friends know that he anguish over the plight of his homeless clients while feeling honored by the trust they place in him to share the most intimate aspects of their lives. “The decimation of social services, health care, housing and the family structure in New Orleans makes this work so compelling. The story of what is happening here has to be told. People around the nation do not realize how much people are still suffering from Katrina.”

**ANGELA:** “We have a daily opportunity to restore human life.”

A native of New Orleans with two masters’ degrees in social work and pastoral counseling, Angela is the inspirational leader of UNITY’s outreach and direct service programs. She is a true Katrina heroine. When the levees broke, Angela was in the Superdome, having volunteered to care for people with disabilities. “After the storm passed, people burst out of the Superdome thinking they could go home, but then we were ordered back in because the levees had failed. There was complete despair. People were left behind, and to this day many have never recovered.” Despite losing everything she had to the flood, Angela ignored her own troubles and focused instead on caring for vulnerable Katrina victims in Houston and Jackson, Miss. In 2006, she founded UNITY’s street outreach program, all the while living in a FEMA trailer and waging a four-year struggle to rebuild her house. “I get to witness the strength and resiliency of the human spirit.”
Executive Summary

Since December 2008, UNITY has conducted systematic searches of abandoned buildings in New Orleans by day, returning by night to buildings showing signs of life in order to rescue the occupants. We call this initiative the No One Suffers Alone Project. It is the only homeless outreach project searching abandoned buildings in the nation, necessitated by the long-term impact of the destruction of Hurricane Katrina and the levee failures.

It is our hope that five years from now, we are not still having to routinely send our staff out in the middle of the night, armed only with flashlights, to enter abandoned buildings in search of suffering humans – that the search and rescue work begun in the days after Katrina will finally have been completed. We base this hope on the belief that the concerned individuals in our community and around the nation, compassionately elected officials and public servants at all levels of government, and social justice-oriented foundations who have provided funding for this work will continue to ensure that we have the resources and technical assistance necessary to finish the job, and that many others will be moved to amplify the effort. It is also our hope that the important work of our Abandoned Buildings Outreach Team can serve as a blueprint for disaster recovery planners for what is needed for long-term recovery from very large-scale housing disasters, particularly in communities with large populations of low-income and vulnerable people, and that this report can offer solutions for leaders of other communities around the nation in which economic turmoil is causing people to turn to abandoned buildings for long-term housing.

Following are the major findings of this report:

- Homelessness has nearly doubled in New Orleans since Katrina, despite only 80 percent of the general non-homeless population having returned.
- As a result of Katrina’s destruction, New Orleans is now the most blighted city in America, with over 55,000 abandoned commercial and residential buildings. Neighboring Jefferson Parish, also in UNITY’s jurisdiction and parts of which were also very hard-hit by the hurricane, has an additional 8,000 abandoned buildings.
- 3,000 – 6,000 persons are now living in New Orleans’ abandoned buildings according to random sample surveys in 2009 and 2010 of census blocks, during which all abandoned buildings on hundreds of blocks were searched if entry could be gained without breaking down doors or windows.
- 75 percent of New Orleans’ abandoned building dwellers are survivors of Hurricane Katrina, with most having been stably housed before the storm. The rest are primarily people who came to New Orleans searching for work in the recovery or people suffering from mental illness.
- 87 percent of New Orleans’ abandoned building dwellers are disabled, with 76 percent suffering mental illness and 58 percent a physical disability. This is a much higher incidence of disability than the homeless population as a whole.
- 42 percent of New Orleans’ abandoned building dwellers meet national research criteria for having medical conditions of such severity that they are likely to die within seven years if left homeless.
- A disproportionate percentage, 11.3 percent, are over age 62, compared with only 3 percent of the rest of New Orleans’ homeless population. The average age is 9 years older than the rest of New Orleans’ homeless population.

Following are the major recommendations for investment urgently needed to solve the problem (see p. 18 for more details):

- Redevelopment of abandoned buildings into nonprofit-owned Permanent Supportive Housing for the homeless.
- Case management services required immediately in order to use 350 Housing Vouchers offered by the housing authority.
- Expansion of outreach and housing placement team.
- Development and operating funds for a Safe Haven, a small, low-barrier, intensive-services shelter to stabilize people with mental illness while they wait for permanent housing.
- Continued investment by federal, state and local government in expanding New Orleans’ supply of affordable rental housing and in helping homeowners repair their houses, in order to reinstate the housing safety net and extended family and neighborhood networks on which vulnerable people relied before the storm.

Carrie

She had to get to the school. As Carrie pushed through chest-deep water, she knew that the second floor of the school would provide safety. Before she reached the school, she was knocked off her feet and hit by a heavy piece of debris, pummeling her in the lower back. She regained her footing and plunged ahead. Eventually rescued by the National Guard and evacuated to Texas, medical personnel began the ongoing attempts to alleviate Carrie’s searing back pain.

When Carrie returned to New Orleans, she discovered the house she rented was gone. A neighbor allowed her and her older brother to stay in their flooded home. Carrie, a forty-year veteran of the hospitality industry, was unable to work because of her back injury. The two siblings eked out a meager existence on the brother’s disability income and their weeks in the small flooded house stretched to months, then years.

Carrie and her brother covered the gutted walls with plastic campaign signs. They cooked meals on a steel drum and laundry was washed on the porch and hung on the fence to dry. However, no amount of tenacity could fix the electricity or decrepit plumbing. Leaks in the storm-damaged roof overwhelmed the cans, pots and pans strategically placed throughout the house to catch the New Orleans rain.

When her brother moved out, Carrie continued to fight the rats, insects and severe weather conditions. The only time outreach workers ever witnessed Carrie letting down her guard was on an early-morning visit to tell her that she had been approved for housing. Carrie sobbed and sobbed – she was exhausted. She could finally give up fighting off the rats that invaded each night.

At 61, Carrie is in a lovely little apartment with electricity, running water and a door that locks.
Written by Mike Miller

We have a big problem here in New Orleans. In fact, we have 63,000 of them. Four years after the federal levees failed to hold back the wrath of Hurricane Katrina, New Orleans now ranks #1 as the most blighted city in America.

I could write about the hundreds of people that we have found living in these abandoned buildings: the schizophrenic, the elderly, the addicted, the mentally retarded, the sick discharged from hospitals onto the streets — the poorest, most vulnerable people unable to afford post-Katrina rents. But today I want to write about the buildings in which we find them.

What is it like to live in an abandoned building? Well, in a nutshell, it’s awful. We find people living in buildings that were flooded four years ago and have not been touched. Many still have the remnants of the previous occupants, including moldy furniture, rotting clothes, cans of rusty food. The air is putrid and reeks of the black mold on the walls. The floorboards are termite-infested and give without warning, forcing our clients to navigate carefully in the dark of late night. The roofs are often tattered from the winds of Katrina or the pick axes used to escape rising flood waters. Rain pours inside.

The facilities are primal. Without plumbing, you have to tote water into the house. Some of it is placed into the toilet in order to dispose of the human wastes, the rest is left in the sun, collecting mosquito larvae and bird droppings, used for drinking and for lukewarm sponge baths to provide some relief from the stench of living in the New Orleans summer without air conditioning.

There is the constant threat of eviction. The police are vigilant about arresting people as they enter and exit their squats. You sleep lightly, paranoid that someone may decide you’re an easy mark for violence. The door you walked through hasn’t locked in four years and crumbles when pushed. You walked in around 11 PM while the neighbors slept. You lay your head down, using your stinky tennis shoes as a pillow, knowing that you have to leave at 5 AM before the neighbors wake up and see you.

Winter is brutal. 40 degrees and 70% humidity soaks your blanket and leaves a cold saturated pillow as your headrest. The frigid wetness is combated with a small fire, only set when you truly believe that the neighbors won’t see. It’s usually late, late into the evening before you can get this incendiary and dangerous relief. Houses burn this way. Clients can burn this way.

Finally, it’s the bugs. The swamp buzzes around your matted hair, stinging your scarred skin and biting your limbs. Lice, mites and biting flies interrupt a scavenged meal and torment your sleep. The bugs infect the scratches and spread diseases, providing an annoying soundtrack to an otherwise quiet dwelling. Daylight can’t come too soon.

This is what it’s like living in a house that’s not a home.

Published in the Greater New Orleans Foundation Second Line Blog, November 17, 2009
Why and How We Search Abandoned Buildings

In 2006, UNITY established Welcome Home, an outreach team tasked with re-housing the city’s rapidly growing street homeless population. Before long, two large, squalid homeless camps had sprung up in downtown New Orleans. During an eight-month period beginning in December 2007, Welcome Home and UNITY’s member organizations managed to re-house 452 residents of the camps – setting a national record for the re-housing of the street homeless.

It was UNITY’s work in the camps that first revealed the magnitude of the abandoned building home-less problem. A survey of camp residents revealed that 64 percent had come there from an abandoned building. While 452 camp residents were housed by UNITY and its member organizations -- and the vast majority has remained permanently housed two years later-- many other people disappeared from the camps before UNITY could house them. UNITY estimates that as many as 2000 people may have slept in the camps at some point, since on a daily basis people cycled in and out. Although intake was done only occasionally in the camps, a total of 975 unduplicated persons were nonetheless documented by name, with many others never intaked. By the time the camps closed, it was clear to UNITY outreach workers that many of the camps’ former residents had probably returned to abandoned buildings.

In December 2008, Welcome Home outreach staff was stunned to find six elderly men living in an aban-doned mechanic’s garage. The oldest was 90 years of age. From that day forward, Welcome Home began regularly doing abandoned building night outreach. Outreach workers Shamus Rohn and Mike Miller together developed the techniques and protocols that the team still uses today.

How We Do This Work

First, we choose a 30 to 50 square-block area, usually a neighborhood in which we think there are high concentrations of abandoned building dwellers, and map it out. During the day, we walk in teams of two or three and canvas every block of that target area, observing every building for signs of abandonment. Generally, we identify abandoned buildings by lack of working electrical meters. When we determine that a building is abandoned, we search for ways of entry such as any unlocked door or window, and even a hole in the floor boards or siding that we can squeeze through.

If the building is unsecured, meaning we can get in, we walk through it searching for signs of life. Spe-cifically, we are looking for bedrolls and recently used mattresses. Often, fairly fresh food and trash and cigarette butts are present.

Rarely do we encounter abandoned building dwellers during the day; like most people, they leave during the day to find food, look for jobs, go to doctors, or just get out – spending all day and all night in one of these buildings would cause a person to go stir crazy. Thus, we return at night, usually between 10 p.m. and 2 a.m., to those buildings where we have identified bedrolls in hope of meeting the inhabitants.

Communication is key. Armed only with flashlights, we knock loudly on the building’s door before enter-ing. We shout out who we are and why we are there: “UNITY outreach! Here to help. Anyone home?” While our arrival is often jarring and unsettling for the inhabitant at first, once he or she understands who we are and why we are there, we are usually warmly received. Many acquaintances who ask us about our work are surprised to learn that we’ve never encountered a violent or aggressive response in these buildings. The worst is the rare person who does not want our help and asks us to leave.

After establishing who we are and what we do, we ask the person/people if he, she or they would like to work with us on finding suitable and permanent housing. We explain that we don’t have any immediate solutions, and that it might take months to find an appropriate placement, but that the sooner we start, the sooner that time will come when the person we’re talking to might move into a place with electric-ity, running water and a locking door. Usually, they readily agree, and in the dankness and darkness of an abandoned shotgun house or even an abandoned hospital, we start a 30- to 45-minute intake and assessment packet by the beam of a flash light. The packet will help us determine not only the client’s history and strengths, but also his or her illnesses and disabilities, and this person’s likelihood of death if left homeless.

Once we complete the intake for all persons present and willing, we tell them that it was nice to meet them, we leave business cards and contact information for follow up, and we explain that we’ll be back as soon as we have figured out the next step in their case. Finally, we wish the people good night and make our way to the next building.
Levee Failures Lead to Long-term Homelessness

On Aug. 28, 2005, the world watched and waited as the catastrophic storm predicted to turn New Orleans into a gumbo bowl of floodwaters and wreckage approached. After a somewhat-weakened Katrina made landfall early on the morning of Aug. 29 in Mississippi, it appeared at first that New Orleans – on the weak western side of the hurricane – had been saved yet again from the Big One. THEN THE LEVEES FAILED – ONE OF AMERICA’S LARGEST ENGINEERING CATASTROPHES. Ultimately, over 1,800 people lost their lives due to Katrina and the levee failures in New Orleans and neighboring parishes; 150,000 more were stranded in the ruins of a city obliterated by floodwaters – on rooftops and bridges; in hospitals, nursing homes, and schools; huddled in the suffering masses at the Superdome and the Convention Center. In an instant, a whole city – almost half a million people – became homeless.

Although much progress has been made and many people have returned and recovered (the census bureau estimated in 2009 that New Orleans had recovered almost 80% of its population), the lives of the most vulnerable persons in the community are still shattered by Katrina’s destruction. Although the general non-homeless population is smaller since Katrina, homelessness has almost doubled, with an estimated 11,500 persons meeting HUD’s definition of homelessness on any given night in 2009, compared to 6,300 in 2005, according to UNITY’s biennial Point in Time estimate. Over the course of a year, the number of people experiencing homelessness is much higher than the one-night estimate, since many people are homeless for only weeks or months. In 2009, UNITY and its member organizations served over 19,400 unduplicated homeless people, including more than 4,300 homeless children – compared with about 10,000 homeless people served in 2004. The annual number of homeless persons served has steadily risen each year since Katrina. These numbers are an underestimate of actual homelessness, however, because they include only those persons provided services and do not include those turned away because homeless programs are full or those many homeless persons who do not ask for help.

Five major factors are responsible for the pervasive crisis of homelessness in the community: widespread devastation of rental stock; skyrocketing rents; loss of healthcare infrastructure; physical and mental health trauma; and loss of extended family and neighborhood networks, which provided a housing safety net for many of New Orleans’ most vulnerable residents before the storm.

Five Factors Causing Post-Katrina Homelessness

1. Devastation of Rental Stock
2. Escalating Rents
3. Loss of Healthcare Infrastructure
4. Physical and Mental Health Trauma
5. Loss of Extended Family and Neighborhood Network of Supports
Katrina’s Impact

1. Devastation of Rental Stock
A total of 82,000 units of rental stock suffered major or severe damage as a result of Hurricanes Katrina and Rita, with 51,000 severely damaged rental units in New Orleans alone. Although the stock of rental housing units was hardest hit, the initial recovery efforts focused on homeowners. Disaster recovery funds will only replace ¼ of the rental housing lost in the storm. The economic recession has made it difficult to use the disaster recovery funds targeted to increasing the rental stock – Low Income Housing Tax Credits – due to the private investment required. An estimated 25,911 units will be needed to meet rental demand in the New Orleans metro area over the next 10 years, with only 7,754 federally-assisted units in the pipeline.

2. Escalating Rents
As a result of the large-scale devastation of rental housing in the New Orleans Metro Area, combined with the increased insurance costs faced by landlords and inadequate recovery funding dedicated to replacing affordable housing units lost during Katrina, rents in New Orleans have risen 45% in the past five years. For low-income people with disabilities, soaring rents have been particularly devastating. The monthly benefit amount for a disabled individual receiving Supplemental Security Income (SSI) is $674, significantly below the Fair Market Rent of $840 for a 1-bedroom apartment. There is no state supplement to SSI in Louisiana.

Wages have not kept pace with the skyrocketing rents. Currently, the median rent in New Orleans is $908, while the average renter household income is $24,355 – with housing unaffordable (housing costs > 30% of income) for 76% of renters. Over 40% of renters in New Orleans are severely cost-burdened, paying more than 50% of their income toward housing costs, well above the national average of 25% of renters being severely cost-burdened. Consequently, the City of New Orleans is the most rent-burdened community in the nation, with more of New Orleans’ income going toward rent than even traditionally high-cost cities such as New York or Las Vegas. The Greater New Orleans Community Data Center estimates that approximately 20,019 households need a housing subsidy. Further, the Housing Authority of New Orleans (HANO) reports that there are over 5,000 families on the waiting list for traditional public housing and another 28,960 families on the waiting list for housing vouchers – more than double what it was prior to Katrina. To further exacerbate this issue, there has been more than a 75% reduction in the number of public housing apartments available due to the bulldozing of several public housing complexes.

Katrina Housing Effects at a Glance

| 70% of housing in New Orleans damaged by Katrina |
| 51,000 Rental Units Destroyed |
| 455,000 Persons Displaced |
| $135 Billion in Damages |
| Recovery funds will only replace 25% of the rental stock lost in Hurricane Katrina |

Fair Market Rent Comparison

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Rents have increased 45% since 2005.

Housing Affordability:

Monthly SSI disability benefit is $674, much less than $840 Fair Market Rent for 1-8R apartment
41% of Renters in New Orleans pay more than half of their income toward rent
Average Household Income for Renters is $24,355

Sources:
- Greater New Orleans Community Data Center
- Social Security Administration
- Greater New Orleans Community Data Center, Louisiana Recovery Authority, Louisiana Disaster Recovery Foundation

Darlene

Five hands pointed at the small woman sitting on the edge of the broken couch. Her face beamed!

We had just introduced ourselves to the six people living in half of an un-gutted abandoned double. Although all six were homeless and living in this decrepit abandoned building, the five strongest immediately identified the smiling woman on the couch as the most vulnerable among them.

Although she sometimes attempted the brusque bravado of a survivor, Darlene’s true joy-filled and hopeful simplicity was the predominant affect that we encountered over the months of knowing her. Darlene had suffered through two brain aneurisms prior to the storm, leaving her with shunts and tubes that ran from her head and drained into her stomach.

Prior to the storm, Darlene’s immediate and extended family was able to surround her with the support she needed. However, Katrina destroyed most of their homes and scattered her support system throughout several states.

Darlene always said all she ever wanted was a place to take a hot shower and a bubble bath. That is all she wanted!

Darlene and her fiancé were days away from getting just such a place when tragedy struck. As she slept one hot afternoon in the abandoned house, a man came through the un-lockable door and brutally and sadistically raped her.

After the tragedy, the entire UNITY team surrounded the devastated couple and secured a safe permanent apartment for the couple to begin their healing process.

My last image of Darlene was soon after she and her beau moved into their new apartment. The twinkles were beginning to re-emerge in her eyes. She thanked us for the bubble bath and girly soaps we brought as home-warming gifts, and gave us strong hugs as we said goodbye.

Two mornings later, Darlene suffered a massive stroke from which she never recovered. She spent her final days in a coma surrounded by family and friends.
Katrina’s Impact

3 Loss of Healthcare Infrastructure

Prior to Katrina, New Orleans residents had one of the worst health indicators in the country, with high rates of uninsured and persons living in poverty. The loss of five hospitals, 1,767 hospital beds, 2,200 nursing beds and the displacement of over 3,000 physicians has further exacerbated the disturbing predicament of healthcare access and delivery in New Orleans.1 61% of persons who formerly relied on Charity Hospital and its clinics reported that they had no source of care other than the emergency room.2 With many of the hospitals in New Orleans still closed, the most vulnerable persons – the elderly and disabled – have the most difficulty in accessing services in an altered healthcare landscape.

Progress has been made in providing primary care to low-income, vulnerable New Orleanians through the Primary Care Access and Stabilization Grant (PCASG) of $100 million to 25 community health organizations. This has created a strong community health network, with 93 health sites providing healthcare across the four-parish metro area, allowing alternatives to relying solely on emergency care. However, funding for the program is running out and alternative funding has yet to be identified, putting primary care access and delivery at great risk.3

4 Physical and Mental Health Trauma

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 55 – 60% of Katrina survivors have experienced depression and/or post-traumatic stress, with 25% experiencing clinically significant mental health problems.4 Physical and mental health issues present prior to the storm were further exacerbated by unstable living and financial situations, as people were having difficulty meeting their most basic needs such as housing and food. A sample of low-income Katrina survivors taken six months after Katrina reveals daunting challenges in obtaining much needed healthcare.5 Further, despite suffering emotional and mental trauma from the storm, with many experiencing anxiety, depression, and trouble sleeping, almost none had received formal counseling services for themselves or for their children. Five years after Katrina, many have not yet recovered and are subject to chronic stressful experiences, including uncertainty in living situations such as persons residing in FEMA trailers, difficulty in accessing adequate resources to recover such as insurance settlements and Road Home funds, and inability to provide for basic needs.

5 Loss of Extended Family and Neighborhood Network of Supports

New Orleans is a place that is ripe in history and culture – a city that celebrates every occasion with food, music and most importantly, community. Over 90% of New Orleanians were born in the region and those strong intergenerational bonds created a fabric of aunts, uncles, cousins and neighbors to help look after the most vulnerable elderly and disabled persons in the community.6 The large-scale displacement of the community scattered this vital safety net of supports, leaving the most vulnerable with nowhere to turn. Current estimates by the census bureau show that New Orleans has 100,000 fewer people than prior to Katrina – a gaping hole in the once tight-knit community resources that so many people relied.7

55% Katrina Survivors experienced Depression and/or Post-Traumatic Stress

State of Mental Health:

Post Katrina Stress Disorder

Before Katrina, New Orleans had 322 beds available for the inpatient treatment of the mentally ill. Currently, there are 125 beds available for inpatient mental health treatment – a 61% decrease in mental health inpatient capacity and no public hospital with inpatient mental health services in the New Orleans Metro area. Meanwhile, the demand for mental health services has exploded. Prior to Katrina, an estimated 16% of the population suffered with mental illness. One year after Katrina, the World Health Organization (WHO) estimated that the figure had doubled to 31.2%. Even more alarming, the Louisiana State University Health Sciences Center reported that 20% of the New Orleans Population is suffering from severe mental illness. The suicide rate in New Orleans has steadily increased since hurricane Katrina, with 15.8 suicides/100,000 persons in 2009 – well above both the Pre-Katrina rate of 9.8, and the national rate of 10.96. Counter to typical Post Traumatic Stress Disorder patterns, mental health indicators have not subsided and returned to normal levels. The slow pace of the hurricane recovery continues to negatively affect mental health in the New Orleans metro area.
Factors Worsening Homelessness: the Oil Spill and the Economy

With homelessness already a serious problem in post-Katrina New Orleans, several more recent factors – the BP oil spill, the national economic downturn, and the drying up of hurricane recovery money – are beginning to worsen the problem.

VIA LINK, the New Orleans nonprofit agency that operates the community’s 2-1-1 help line, reports an approximately 9 percent overall increase in housing-related needs from May to June, which may be due to all of the above factors.

In coastal communities in Louisiana, the oil spill and the resulting moratorium on deep-sea drilling has already caused major economic hardship for local populations who depend on fishing and oil industry work. In addition, some people who have descended on coastal communities looking for work in the cleanup have been living in tents or cars because of a scarce supply of housing.

During the month of July, an increase in clients whose homelessness was caused directly or indirectly by the oil spill was reported by many New Orleans’ homeless service agencies. While most agencies are not yet routinely inquiring about the oil spill with their clients, other agencies reported that they are seeing local residents who are homeless or at risk of homelessness as a result of financial difficulties caused by the spill as well as homelessness among people who came to south Louisiana to find work in the oil spill cleanup.

According to a survey of UNITY’s member agencies, in July 2010 homeless service provider agencies encountered approximately 449 persons who reported being homeless or at risk of homelessness as a result of the oil spill. Of those, 323 had come to the area looking for work in the cleanup. Approximately 126 were residents of south Louisiana who had suffered, or their families had suffered, economic losses due to the spill.

This pattern is similar to what UNITY’s agencies saw after Katrina. After the hurricane, large numbers of low-income people came to New Orleans hoping they could find work in the recovery and lived in tents, cars and flooded buildings because of the lack of affordable housing. Over the next several years they continued to come, some of them persons with mental illness harboring delusions that they could help save New Orleans.

As with Hurricane Katrina, the oil spill is attracting large numbers of very poor people from around the nation – including some with mental illness – desperately in need of work and hoping to find it. When recovery jobs are insufficient in the small communities most affected by the oil spill, it can be expected that some will continue to come to nearby New Orleans in search of shelter and jobs.

There is great concern for the persons who are residents of local communities who are directly impacted by the spill. Based on our previous disaster experience, the first of the local residents to become homeless because of the spill are likely to be the most vulnerable residents, particularly those who were extremely poor before the storm, with inadequate family networks or who were already suffering from physical or mental illness. As Shamus Rohn, head of the Abandoned Buildings Project observed, “Based on our Katrina experience, the first local people to become homeless because of the spill are likely to be those who were just barely hanging on before the spill.”

Scientists are still disagreeing about the magnitude of the damage done by the oil spill, and there is much uncertainty about how many jobs there will ultimately be in the spill clean-up and the extent to which there will be long-term damage to the state’s oil, seafood and restaurant industries. Martha Kegel, director of UNITY, said, “We do know that the potential for long-term economic difficulties due to the oil spill would come on top of the negative impact New Orleans and the state are increasingly experiencing because of national economic woes as hurricane recovery money is disappearing. For all of these reasons, it may be that homelessness in New Orleans, despite our best efforts to re-house people, will get worse before it gets better.”

**Mitch**

The last week was a blur of excruciating hunger and several feeble suicide attempts. He sat down in the old abandoned factory along the river and just stared at it. He didn’t know what would happen, but he figured it wouldn’t be good. Depression is a strange sickness; it’s the kind of thing that makes swallowing a pint glass of anti-freeze a better alternative than life. He swallowed the sweet-tasting liquid and waited for the end.

Staring out at the river, he saw the UNITY van pull up. Two guys in yellow shirts started walking toward the busted steel door and up the crumbling stairs. “Anybody home? UNITY! Homeless Outreach!” They yelled. Exhausted from the poison spreading through his body, he didn’t even get up. He wasn’t sure who they were or if he even cared. They could have been hallucinations, the police or even angels for all he knew.

They turned the corner into the hollowed room and jumped at the presence of a man sitting quietly. He told them about the futile attempts to hang himself and the recent cocktail of anti-freeze. He was tragically depressed, precariously hanging on to his humanity. They told him that they were taking him to the hospital, even if they had to drag him.

He spent over a week in the hospital hooked up to dialysis, entertaining a harem of medical personnel. Mitch Madorin was a gifted contractor. His design work has been featured in national trade magazines and won him a lifetime achievement award for bars and restaurants. Mitch Madorin was a gifted contractor. His design work has been featured in national trade magazines and his cross-country exploits produce excellent bar-room fodder. It was an interesting, but isolated life that eventually spiraled into depression. “You start to run the tape of your life and you don’t like what you see.”

Today, Mitch Madorin volunteers in the rebuilding efforts. He has been stably housed for almost a year and has not had a return to depressive symptoms. He has been accepted into the AmeriCorps Vista Program.
Where People Sleep When They Have Nowhere Else to Live
Findings of Abandoned Building Survey

**Katrina Survivors**

75% of those sampled resided in New Orleans prior to Hurricane Katrina. The average length of time in New Orleans amongst this population is 30.5 years.

**Gender**

According to the 2009 HUD Report, the typical homeless person is an adult male individual who is a member of a minority group. However, there are an alarming number of unsheltered women, often subjected to assault and sexual violence, in the abandoned building dweller population.

**Age**

UNITY found that 11.3% of abandoned building dwellers were over the age of 62 compared to only 2.8% of the national estimate for the homeless population and 3% of the homeless population in New Orleans. The average age for abandoned building dwellers is 48 years, 6 months, while the average age of homeless adults in New Orleans is 39 years, 6 months.

**KATRINA SURVIVORS:** Contrary to popular perceptions, the majority of abandoned building dwellers are long-time residents of New Orleans. 75% of the 154 persons sampled resided in New Orleans prior to Hurricane Katrina. The average length of time in New Orleans amongst this population is 30.5 years.

**GENDER:** UNITY has found that the population of homeless people living in abandoned buildings is very different than the homeless population in other parts of the country. According to the 2009 HUD Annual Homeless Assessment Report (AHAR), the typical person experiencing homelessness is an adult male individual who is a member of a minority group. According to our survey, almost ¼ of people living in abandoned buildings are women. This alarming number of unsheltered women is often subjected to assault and sexual violence. The outreach team hears too many stories similar to that of “Darlene,” who was attacked while living in an abandoned house.

**AGE:** Abandoned building dwellers in New Orleans also tend to be much older than the national average of people experiencing homelessness. UNITY found that 11.3% of abandoned building dwellers were over the age of 62 compared to only 2.8% of the national estimate for the homeless population. The average age for abandoned building dwellers is 48 years, 6 months, while the average age of homeless adults in New Orleans is 39 years, 6 months. The oldest individual surveyed was 90 years old. Older age and resulting disabilities that often accompany it puts this population at greater risk of dying while homeless.

**UNITY Outreach Workers have found that sexual and/or physical violence against women who are living in abandoned buildings is, unfortunately, prevalent.**

The extreme vulnerability experienced by any person living in an abandoned building is amplified for women. Incidents of rape, sex demanded for safety/food/heat, brutal beatings, and forced prostitution are not uncommonly visited upon the women we meet. Many have forged precarious and unhealthy relationships to ensure a minimal level of safety – only to find that their partner also abuses them.

Current substance abuse, a history of domestic violence (which often led to the initial period of homelessness), cognitive, mental and/or physical disabilities exacerbate the vulnerability of women living in abandoned buildings.

**Wendy**

The five children, ages 8 to 17, have lived through their mother’s hell. Yet when they kiss her goodnight, they see a survivor. A victim of numerous rapes and unremitting domestic violence who turned to drugs for solace – Wendy has made the changes in her life to ensure her children a healthier future.

Wendy moved to New Orleans to work in the Katrina recovery efforts. She lost her job and ability to pay for housing as the clean-up efforts slowed down. In the fall of 2009, Wendy moved her family into an abandoned hotel for three months until UNITY Welcome Home workers learned of her situation.

UNITY worker Laniker Hunter worked closely with Wendy to secure a safe and healthy home for her and her children. The children are happily attending school and Wendy, now clean and sober, is attempting to start her own cleaning business.
LENGTH OF HOMELESSNESS: An overwhelming majority of the abandoned building dweller population is chronically homeless – 79.4% of the population report being homeless for more than one year and 87% present at least one disabling condition. Nationally, 35% of the unsheltered homeless are considered chronically homeless. By HUD’s definition, chronic homelessness refers to an unaccompanied person with a disabling condition who has either been continually homeless for a year or more or who has had at least four episodes of homelessness in the past three years. Chronically homeless persons’ disabilities have been exacerbated by their extended length of homelessness and prove more difficult to permanently house, requiring extensive case management services. While the average length of stay reported in an abandoned building is 12 months, one in five persons encountered has been living in abandoned buildings for more than two years.

CHALLENGES IN HOUSING ABANDONED BUILDING DWELLERS

The process of finding abandoned building dwellers through outreach and placing them into housing programs often takes longer than typical homeless outreach. Many are living in properties that they do not have clear right to; fearing arrest for trespassing, they do everything possible to avoid detection. Therefore, our outreach workers have to canvas neighborhoods by day, searching for abandoned buildings with signs of life such as bedrolls, and return late at night to meet the inhabitants.

Once contact has been established between outreach and the client, the process of assembling necessary documentation – much of which was often lost during Katrina – is long and arduous. Due to a lack of emergency housing options, the outreach workers are forced to work with their clients while they remain in the abandoned buildings. Very few of these clients have phone numbers or formal methods of contact, so outreach workers must find the client at night each time a new development in the case occurs or whenever information is needed.

Arrest for trespassing: When these occurrences happen, the outreach workers must find the client in jail or in a new abandoned building before the re-housing process can move forward. The outreach worker generally has to arrange for legal representation to expedite the client’s chances of release and post-release housing.

Frequent Hospitalizations: High rates of disability and illness require outreach workers to locate clients in the hospital to continue the housing process from the hospital bedside. These clients are usually released by the hospitals only to return to abandoned buildings.

Medical Evaluations: Medical evaluation and treatment for clients with disabilities and illnesses must be completed in order to access Permanent Supportive Housing programs. With the loss of Charity Hospital and many psychiatric beds throughout the city, urgent medical and psychiatric evaluation is often difficult to arrange.

It is because of these complications that the abandoned buildings outreach workers generally tell clients on their first meeting that there is no guarantee of a fast housing placement but that the good news is it’s their first step out of homelessness.
Disability

The chief commonality among Abandoned Building Dwellers is the high rate of disability and medical frailty exhibited. Abandoned building dwellers are more frequently severely disabled or ill, with 87% presenting at least one disabling condition – double the national rate of 40%.

In addition to these general conditions, the outreach team has encountered abandoned building dwellers that are blind, missing limbs, suffering seizure disorders such as epilepsy, and wheel-chair dependent.

A cruel reality is the fact that disability and abandoned building dwelling appear to be mutually reinforcing. Major disabilities and illnesses seem to increase the chance that a homeless individual turns to abandoned buildings for shelter due to the fact that (1) they are highly unlikely to compete in the job market and therefore cannot afford rent on their limited disability payments, and (2) their vulnerability makes living in congregate settings like shelters a poor option – the seclusion and isolation of abandoned building dwelling is often viewed by these clients as safer than being exposed to large groups of other individuals. Further, the isolation of abandoned building dwelling generally makes it difficult for these individuals to access needed medical services and treatment, the lack of which often exacerbates the disability or illness. This is particularly true of clients with psychiatric disorders, who are challenged to navigate a public psychiatric care system decimated by Hurricane Katrina.

In brief, abandoned building dwelling often exacerbates and deepens the severity of disability and illness of this population, making it increasingly unlikely that such an individual will be able to end his or her homelessness without assistance. Unfortunately, the average reported length of stay in abandoned buildings is 12 months, with one in five residing in an abandoned building for more than two years.

Illnesses/Disabilities Encountered:

- Psychiatric Disorders (Schizophrenia, Bipolar Disorder, Major Depressive Disorder, Post Traumatic Stress Disorder, etc.)
- Wheel chair dependence
- Amyotrophic Lateral Sclerosis/ALS (Lou Gehrig’s Disease)
- Stroke
- Heart attacks
- Aneurisms
- Cancer
- Epilepsy & seizure disorders
- Blindness
- Developmental Delay, Cognitive Impairments & Mental Retardation
- Lack of various limbs (legs, arms, hands)

Findings of Abandoned Building Survey

Disability of Abandoned Building Dwellers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Least One Disabling Condition</td>
<td>87%</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>76%</td>
</tr>
<tr>
<td>Physical Disability</td>
<td>58%</td>
</tr>
</tbody>
</table>

Source: Abandoned Building Client Surveys, UNITY 2010

Tommie

He has been featured in major newspapers and his artwork hangs on permanent display in the Louisiana State Museum. Tommie Mabry’s stream of consciousness writings, written on the walls of a flooded public housing complex, captured the immediate confusion and terror of a city besieged by water.

As Hurricane Katrina bore down, Tommie held up in his aunt’s apartment in the B.W. Cooper Housing Project. Tommie, physically and mentally disabled himself, spent the last four years taking care of his adopted aunt. Tommie’s aunt allowed him a safe place in return for the completion of household chores. It was a symbiotic arrangement, one that demonstrated the invaluable role of family in preventing homelessness.

It appeared that New Orleans was spared epic destruction. Then the levees failed. Water soon engulfed the B.W. Cooper. After several days of waiting for assistance, he decided to push his wheel-chair-bound aunt through the water to the Superdome then waded back to his apartment.

For months, Tommie documented his thoughts and activities on the walls of the apartment. These simple, but eloquent observations of an apocalyptic, flooded New Orleans captured the hearts of thousands. Historians extracted the walls to preserve his writings. Unfortunately during the preservation, Tommie was forgotten. The man who captured the struggle of New Orleans in felt-tip marker was forced from the unit; homeless again.

A year later, outreach discovered him on a freeze night in a two-room apartment in the basement of a flooded house. Finally, Tommie was on his way to housing and healthcare; outreach only later learned that the frail man was a famous Katrina poet.

Today, Tommie has been housed for over a year and volunteers with outreach on freeze nights. He continues to write on his apartment walls.
42% Likely to Die if Left Homeless

Vulnerability Index Results of Abandoned Building Dwellers

42% of those surveyed met at least one high risk criteria.
High risk indicates that there is a 40% mortality rate over the next 7 years

<table>
<thead>
<tr>
<th>Risk Indicator</th>
<th>% of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-Morbid</td>
<td>25%</td>
</tr>
<tr>
<td>3x Hospital Last Year</td>
<td>14%</td>
</tr>
<tr>
<td>60 Years Old</td>
<td>8%</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>12%</td>
</tr>
<tr>
<td>3x ER Last 3 Months</td>
<td>8%</td>
</tr>
<tr>
<td>Frostbite / Cold Weather Injury</td>
<td>8%</td>
</tr>
<tr>
<td>End-Stage Renal Disease</td>
<td>7%</td>
</tr>
<tr>
<td>HIV / AIDS</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Co-Occurring Risk Indicators</th>
<th>% of People in Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>2</td>
<td>32%</td>
</tr>
<tr>
<td>1</td>
<td>48%</td>
</tr>
</tbody>
</table>

Results based on a sample of 73 abandoned building dwellers.

The Vulnerability Index – Factors that Increase Risk of Dying while Homeless

The Vulnerability Index is a tool for identifying and prioritizing the homeless population for housing according to the fragility of their health. It is a practical application of research into the causes of death of homeless individuals conducted by Boston's Healthcare for the Homeless organization, led by Dr. Jim O'Connell. The Boston research identified the specific health conditions that cause homeless individuals to be most at risk for dying. For individuals who have been homeless for at least six months, one or more of the following markers place them at heightened risk of mortality:

1. End stage renal disease
2. History of cold weather injuries
3. Liver disease or cirrhosis
4. HIV+/AIDS
5. Over 60 years old
6. Three or more ER visits in prior three months
7. Three or more ER or hospitalizations in prior year
8. Tri-morbid: mentally ill + abusing substances + medical problem

Grace

On Cover: Her jaw wired shut and infection setting in, Grace Bailey preferred to sit, alone and quiet, in the back room of the abandoned house.

When outreach workers first met Grace Bailey, she couldn’t talk to them, but her vulnerabilities were clear. Grace had just had surgery to repair her face and jaw after a severe beating on the abandoned streets of an abandoned neighborhood. It was obvious to the workers that the surgery sites were infected – pus was oozing freely from her wounds. The antibiotics prescribed by the hospital cost $386 – obviously out of her reach. A hard worker, Grace never thought she would end up homeless.

Prior to Katrina and the waters that ravaged the city, Grace Bailey was strong and labored hard to make ends meet for herself and her family. In the years prior to Katrina, she worked in both a shrimp factory and in a candy factory. The floodwaters ruined both factories, and both companies relocated out of the city. Even the temp agency that Grace used to pick up odd jobs to supplement her income had been destroyed. It wasn’t long before Grace, beaten down by the destruction around her, found herself in this deplorable situation.

While the end of August marks the fifth anniversary for Katrina, it also marks the one-year anniversary of Grace’s move into her neat, bright apartment in a little New Orleans neighborhood. She now receives consistent health care at a nonprofit clinic that assists with her medications. Grace Bailey luxuriates in her ability to heal in her tidy apartment surrounded by a white picket fence.
When Welcome Home started focusing on abandoned buildings, the expected target group was homeless people living without permission in derelict properties — squatters. However, within a few months the team noticed a pattern of low-income, often disabled and elderly homeowners and family members living in their pre-Katrina homes that were unrepaired since the storm. These properties meet the HUD criteria for an uninhabitable dwelling, being unfit for human habitation in their state of utter disrepair. The team began terming this phenomenon of people living in derelict properties they had legal right to, but could not repair, homeless in their own homes and switched terminology from squatters to abandoned building dwellers.

These people homeless in their own homes are of two different categories. The first are those who legally hold title of the property, and the second are persons living in family members’ homes that have not returned to or repaired their homes following Hurricane Katrina. The former group tends to be people who were unable to procure adequate resources through the various federal hurricane recovery programs — often due to technicalities — to bring their homes to habitable status. The sums of recovery funding they received range from nothing to only enough to begin repairs. Others saw contractors disappear with their money. The second group, those living in the properties of family members, are often seriously disabled or ill, and have been sent back to live in New Orleans before the rest of the family. In many cases, they were evacuated without their families, left to fend for themselves in unfamiliar locales, and within a few years dropped into homelessness in their evacuation locations; they returned home preferring to be homeless in a place they’ve known since childhood.

Unfortunately, typical homeless resources often prove inappropriate for this subpopulation. They seek recovery of their properties and family homes, not rental assistance or supportive housing placement. Thus, UNITY Welcome Home has been able to help a few of these individuals to access government and non-profit rebuilding programs to complete their repairs, but by and large there is no systemic answer, funding source, or program that addresses the unique needs of those left homeless in their own homes by inadequate hurricane recovery resources.

Mr. Marquez

It’s a unique form of homelessness that no other city in America has ever encountered. Hundreds of New Orleans residents are homeless living in their own homes. Many are disabled, mentally ill and poverty stricken, living in the worst neighborhoods in the city. These individuals are often the victims of the unprecedented characteristics of Post-Katrina New Orleans; unscrupulous contractors, decimated familial and social support networks, and governmental red tape. Mr. Marquez was a victim of all three.

Mr. Marquez has chronic obstructive pulmonary disease (COPD). Almost hourly, he reaches for an inhaler to stifle the coughs and regain the elastic functioning of his lungs. When Outreach first encountered Mr. Marquez, he was living in a gutted three-bedroom house in the 7th ward. FEMA ignored him and the Louisiana Road Home declared him ineligible. They said he did not live there. The problem was that the family house was not in his name, but in his sister’s. The tight social structure, cultural tranquility and economic deprivation of inner-city New Orleans hardly necessitated the legal headaches of a title transfer. It was not uncommon for multiple generations of New Orleanians to live in the same house for several generations without transferring the title. It was this issue that prevented Mr. Marquez from securing the resources to rebuild his home.

Outreach was able to get him the legal assistance needed to transfer the title and apply for Road Home funds. However, after waiting for several months for overwhelmed volunteer organizations to renovate his home, and concerns related to his ability to maintain his home on his monthly disability check, Mr. Marquez decided to move into an apartment. Today, Mr. Marquez is receiving case management to address his multiple health concerns and remains happily housed. He is still not sure what to do with the family home.
Homeless in Their Own Homes

Mr. Hammond

At 71 years-old, Mr. Hammond looks forward to his twilight years by indulging his gardening addiction. While most people his age are pushing around walkers or leaning on canes, Mr. Hammond can be found behind a tiller or maneuvering a weed whacker through his impressive garden. It’s an appropriate hobby for a man who’s self-sufficient, strong and independent. It’s also why he’s alive.

When the catastrophic failure of the Federal Levee System flooded New Orleans, Mr. Hammond did what thousands of his New Orleans neighbors did – he climbed into his attic. While the putrid water inched its way into the rafters and the oppressive summer heat suffocated the attic air, Mr. Hammond contemplated a solitary and tragic death. His days and nights were spent scrabbling through a dark and acrid crawlspace warding off the swamp critters attempting to preserve their own lives. He could hear the Coast Guard helicopters picking neighbors off their roofs and delivering them to safety or at least a different kind of torment at the Superdome or The Convention Center. He knew they couldn’t see him. He knew they couldn’t help. He knew this might be how he died.

Instead of slinking into a wet corner and accepting a quiet water-logged grave, Mr. Hammond started to work. He harnessed his independence, cultivated through 35 years of commercial truck driving, and started to pick. His bloodied and wrinkled hands chipped away through the wood, plaster, nails and wiring. Eventually, through scorching days and sleepless nights, he created a hole large enough to pull his slender body through. The house he saved for his whole life – the house that represented thousands of miles of America’s highways and hours of sleepless overtime – was not going to be his coffin. A fellow New Orleanian heard his desperate cries and rescued him in a boat, thus beginning his real Katrina odyssey. He eventually made it to the Super Dome and then to Texas.

Earnest Hammond never debated whether he was coming back to New Orleans after Katrina. You don’t give your heart and soul to a city, raise your family in it, and build a modest but comfortable existence in it, then abandon it when it gets a little wet. Instead, Mr. Hammond did what he always did; he went to work. He traded the solitary days and nights in an oppressive attic for the backbreaking solitude of gutting his water-logged possessions. When his home was cleared and still camping in his mildewed living room, he went searching for a loan. Quickly finding out that there are few banks willing to loan money to an old man with no credit history (Mr. Hammond always paid cash), the offers of assistance for a FEMA trailer were greatly appreciated.

FEMA was a tragic lifeline, eventually giving him a cramped trailer. The Louisiana Road Home was billed as a savior for the thousands of affected homeowners whose insurance was inadequate in supplying the necessary cash to rebuild. Mountains of paperwork, endless interviews and months and years of waiting eventually heralded a final decision: Denied. A bureaucratic enigma made Mr. Hammond ineligible for a Road Home Grant. His appeals were repeatedly denied and it appeared that if his house was going to be rebuilt, he would have to do it alone.

He knew he wouldn’t get a job driving trucks again because of his age. He knew he wouldn’t get a loan. He knew he had to do something, anything to get back home. Instead of throwing his hands in the air, he looked at the aluminum cans scattered on the streets of New Orleans. Mr. Hammond was going to rebuild his house by picking up one discarded beer can at a time. His plan was to trade aluminum for drywall. When staff from the Abandoned Building Project encountered Mr. Hammond, he had several thousand cans stashed in his gutted house. Outreach quickly linked Mr. Hammond with the Episcopal Rebuilding Initiative who used volunteers to rebuild this man’s little slice of New Orleans. There was never any debate whether Mr. Hammond would be back.
What Is Urgently Needed

The homelessness of the more than 3,000 people currently living in abandoned buildings in New Orleans is a daunting problem. But it can be solved. And it must be solved with a great sense of urgency, because it is a humanitarian crisis involving vulnerable people who become more medically compromised as time passes, living in dangerous conditions in buildings that are rapidly deteriorating.

It is not just a matter of compassion, however. Abandoned building homelessness threatens the long-term recovery of the city and its neighborhoods. Without solving this problem, the abandoned buildings that mar the landscape of New Orleans can neither be rehabbed nor razed, neighborhoods cannot recover, the frequent fires started by people trying to cook or stay warm in these buildings cannot be prevented. And if abandoned building dwellers are not provided housing but pushed out onto the streets, the problem of street homelessness – which now exists in every neighborhood throughout the city – can only worsen, threatening the resurgence of large squalid homeless camps, such as those that existed in 2007 and 2008 before federal hurricane recovery money was used to re-house 452 camp residents.

Solving New Orleans’ abandoned building homeless crisis will require a long-term commitment of continued investment from federal, state and local government and philanthropists and a concerted effort from non-profit organizations, faith communities, neighborhood organizations, and the public. An integrated approach – amassing resources to implement strategies and expand programs based on nationally recognized best practices – is necessary. Funds are most urgently needed for the following:

1. **Converting Abandoned Buildings into Housing for the Homeless**
   - UNITY, its member organizations, and its national non-profit housing development partner, Common Ground Community of New York, are acquiring buildings around the city to develop into 300 units of Permanent Supportive Housing (PSH) and 300 apartments for the low-wage workforce. PSH is affordable apartments linked to on-site case management services designed to help people with disabilities remain stably housed. It is a nationally and locally proven solution to homelessness. PSH stabilizes formerly homeless people with disabilities, helping them maintain tenancy despite the challenges caused by their various disabilities. It is cost-effective, because a stable home can be provided at less cost than the current system of subjecting homeless disabled people to repetitive cycling through various band-aids or wasteful approaches now being overused in New Orleans including emergency rooms, hospitals, and jail, where homeless New Orleanians frequently serve time on such non-violent charges as obstructing the sidewalk, trespassing, and public intoxication.

   The federal, state, and local government deserve great credit for working closely with UNITY and our partners to develop a landmark PSH program as part of hurricane recovery, without which New Orleans’ post-Katrina homeless crisis would be far worse. However, PSH still remains in short supply as compared to the need. At present more than 800 disabled homeless people are on UNITY’s PSH Registry awaiting housing, with many hundreds of homeless people yet to be assessed for their eligibility, while only 385 additional PSH units are scheduled to be available to the homeless in New Orleans over the next three years.

   Funds are urgently needed to pay the costs of acquiring appropriate buildings and rehabilitating them into high-quality mixed-income housing in which formerly homeless people with disabilities would be integrated with members of the workforce, especially those in the medical, hospitality and arts sectors, who have a great need for affordable housing.

2. **Case Management Services to Stabilize People in Housing**
   - Under its new management, the Housing Authority of New Orleans has exhibited strong leadership to address the city’s homeless crisis, including creating a set-aside of 550 subsidies for homeless families and individuals, of which 350 are targeted to people with disabilities living on the streets or in abandoned buildings or homeless shelters. However, those 350 rent vouchers cannot be used unless sufficient funds are raised for case management services. Time is of the essence to seize this critical opportunity being provided by the housing authority.

3. **Outreach/Housing Search Workers**
   - Additional outreach workers are needed to reach and assist the 3,000 – 6,000 abandoned building dwellers and unsheltered persons on New Orleans’ streets. Presently, there are only four full-time outreach workers conducting outreach to rescue people from abandoned buildings. This is far too few for the task of searching the 63,000 abandoned buildings in New Orleans and neighboring Jefferson Parish. Workers are also needed to locate apartments for homeless people to live in and to work with landlords to negotiate rents and ensure housing quality.

4. **Safe Haven**
   - New Orleans has a pressing need for a Safe Haven, a small, 20-person shelter with semi-private accommodations and intensive services designed for mentally ill persons with co-occurring disorders who are resistant to traditional shelter. Safe Havens are a crucial component of the strategy to end homelessness – creating a safe place for mentally ill persons to stay and become stabilized while awaiting PSH to become available. Emergency shelters should be expanded with better services and lower barriers to access.

5. **Continued Investment in Affordable Rental Housing and in Helping Homeowners Return**
   - Continued investment by federal, state and local government is necessary to address New Orleans’ affordable rental housing shortage and in assisting moderate and low-income homeowners to return home and repair their houses. This is critical to addressing the systemic reasons that the most vulnerable victims of Hurricane Katrina have fallen into homelessness. Among the most pressing of these systemic reasons are the extreme shortage of affordable rental housing in New Orleans and the loss of extended family and neighborhood infrastructure, without which vulnerable people who are homeless or at greatest risk of homelessness have no housing safety net.
FOOTNOTES:


PHOTOS:


This report was funded by a grant from the Bill & Melinda Gates Foundation and the Louisiana Disaster Recovery Foundation. The report was written by Shamus Rohn, Mike Miller and Katy Quigley of the Abandoned Buildings Outreach Team, Amanda Mills, Special Projects Manager at UNITY and a graduate student at the LSU School of Public Health, and UNITY Executive Director Martha Kegel.

UNITY
of Greater New Orleans
Founded in 1992, UNITY of Greater New Orleans is a nonprofit organization leading a collaborative of 63 organizations providing housing and services to the homeless. UNITY’s mission is to coordinate community partnerships to prevent, reduce and end homelessness. In addition to raising and distributing funds for the provision of housing and services by the collaborative, UNITY conducts homeless outreach on the streets and in abandoned buildings, develops nonprofit-owned apartment buildings for those who are homeless or low income, helps the public locate affordable housing and advocates for public policy to prevent and reduce homelessness. In recognition of this work, UNITY was selected from 9,000 organizations nationwide to receive the 2010 Nonprofit Achievement Award from the National Alliance to End Homelessness.