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# Lost and found : resilience approaches that helped the Vietnamese residents of Biloxi, Mississippi in the aftermath of Hurricane Katrina

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Bao Chau Van  
Lost and Found:  
Resilience Approaches  
that Helped the Vietnamese  
Residents of Biloxi, Mississippi  
in the Aftermath of  
Hurricane Katrina

Abstract

Vietnamese American residents of Biloxi, Mississippi were impacted heavily by Hurricane Katrina; many are still recovering from the losses caused by the storm. Stories in the news media and academia have discussed the strengths and resilience in the Vietnamese communities post Hurricane Katrina. However, no authors discuss in detail the resilience factors that helped the survivors. The purpose of this study is to use post-Hurricane Katrina as an exemplar to understand the experience of the Vietnamese community in Biloxi, Mississippi. The researcher intended to explore the protective factors that survivors use to help rebuild their lives. The study used existing data from the research project that I participated in and examined literature on the experiences of the Vietnamese Americans to assist in identifying the protective factors. Theories of resilience included individual, family and community and are explored to understand the sources of these protective factors. This study found that the resilience theories mentioned in this paper help to understand the resilience experiences of Vietnamese American survivors of Hurricane Katrina. Resilience assessment (LINC) utilizes the mapping process to evaluate the individuals', families' and communities' strengths. This researcher found that focusing on strength capacities builds culture-appropriate and effective intervention when working with the Vietnamese American hurricane survivors.

Lost and Found: Resilience Approaches that Helped the Vietnamese Residents of Biloxi,  
Mississippi in the Aftermath of Hurricane Katrina

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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Summer, 2009

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## Introduction

When looking into the experience of Vietnamese survivors of Hurricane Katrina, stories of resilience show up in major news outlets (Phan, Hauser and MSNBC 2005; Gilbert & Salmon, 2006; Kunzelman, 2007) and in a number of research articles, including those from Leong, Airries, Chen, Keith, Li, Wang, & Adams, (2007) & Wright (in press.) . For some readers these may be powerful healing stories, and for others these stories may resurface the “model minority” myth that the Vietnamese American must fight against (Tang, 2006 & Leong et al., 2007). Leong et al. (2007) described the Vietnamese American going from invisibility to hypervisibility. Leong, Wright and major news media view the Vietnamese community as resilient in the aftermath of Hurricane Katrina. The common explanations for the resilience are the Vietnamese “culture wealth” and their experience going through the Vietnam war (Wright, in press, and Leong et al., 2007).

These stories raise questions: What are the protective factors that helped this community? Does this experience of utilizing the “culture wealth” affect Vietnamese who were affected by Hurricane Katrina? Most of the attention on Vietnamese hurricane survivors and resilience is focused on the Versailles community in New Orleans. However, there is a lack of research and media attention focused on the experience of the Vietnamese community in Biloxi who were also the survivors of Hurricane Katrina.

This study explored the sources of protective factors that help build resilience in the Vietnamese American community, using as an exemplar the post-Hurricane Vietnamese community of Biloxi, Mississippi. The study used existing data from the project that I participated in as a research assistant. The project examined the experiences

of Vietnamese American survivors of Hurricane Katrina in Biloxi, Mississippi.

Researchers conducted a series of interviews with members of this population to help understand the survivors' experience. Twenty five people participated in the study: ten were interviewed individually, and fifteen in five focus groups. Data was coded for themes of protective factors. The results showed that there are themes and patterns of resilience in this community.

There are also reported vulnerabilities that this community faced after Hurricane Katrina. This study will not discuss these vulnerabilities in detail; instead, I focus on the protective factors that have helped this community survive. The following chapter will explore resilience in three categories (individual, family and community/culture); examine the different waves of Vietnamese immigration; discuss the Vietnamese community on the Gulf Coast, and conclude with examples of protective factors found in the data that facilitate resilience.

### Resilience Theories

The American Psychological Association (APA) Task Force promoting resilience in response to in the aftermath of 9/11 defined resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant source of stress” (Watson, Ritchie, Demer, Bartone, Pfefferbaum, 2006, p.37). Frameworks for studying resilience come from multi-theoretical perspectives (Greene, 2008). Resilience is studied in many different settings. It is generally documented in studies of high-risk children who achieve primarily good life outcomes; in studies of children under stress; and finally in people's recovery from trauma (Leshner, 1999 & Yong, 2004). Thus, much research on resilience is complex. Disaster researchers also began to include resilience concepts in

their studies. Several disaster studies (Yates, Axsom, & Tiedman, 1999); International Federation of the Red Cross and Red Crescent Societies, 2004; Friedman, Ritchie, & Watson, 2006) recognize that an effective way to provide disaster relief is building on resilience.

The APA's resilience initiative program "The Road to Resilience" helps the public learn ways to build resilience in the face of trauma and hardship throughout daily life activities. This initiative program includes a psychoeducation approach that provides community members with handouts and tips such as building on making connections, avoiding seeing crises as insurmountable problems and learning from the past (Newman, 2005 & Maggio, 2006). Resilience can be conceptualized as occurring along a continuum of experience. Yong (2004), and Friedman, Ritchie, & Watson (2006) write that early detection of where the survivor is on the continuum is important because interventions will be applied differently. For example, highly vulnerable survivors might benefit from psychological debriefing, and brief courses of cognitive behavior treatment. Whereas the resilient survivor might not benefit from receiving formal intervention, he or she might benefit from psychoeducational opportunities or family/peer group support.

Yong (2004) wrote that knowing the protective factors does not help in promoting resilience, but understanding the underlying mechanism of protective factors that can be used to build individual, family and community resilience is what is important. Gitterman (2001) defines protective factors as "biological, psychological, and/or environmental processes that contribute to preventing stress, or lessens its impact or ameliorate it more quickly" (p.17). Protective factors include multiple facets of the individual: family and community factors and culture/ethnic identity that can counteract



the negative impact of people's exposure to multiple risk factors (Waller, 2000). The National Network for Family Resilience understands resilience through a dynamic support system graph of individual, family and communities.

The National Network for Family Resilience (1995) believes that individuals, families and communities form a dynamic support system against the inevitable stresses of life. The following sections will explain individual, family, community and culture resilience functions in order to examine how the levels are interrelated and inter-dependant on each other in building resilience. I will also explore how these levels of resilience fit with the study data and apply to the Vietnamese hurricane survivors in Biloxi Mississippi.

#### *Individual Resilience*

Waller (2000) provides an extensive list of individual protective factors such as reflectiveness, self-efficacy, hopefulness, problem solving skills, and sense of direction and purpose. Likewise, Wash (2006) reviews individual resilience characteristics combined with people's (1) belief that they can control or influence events in their experience; (2) ability to feel deeply involved in or committed to the activities in their lives; and (3) anticipation of change as an exciting challenge to further development.

Similarly, Le (2008) studies cultural values, life experiences, and how experiences facilitate wisdom. Le sampled 199 European American participants (n=97) and Vietnamese Americans (n=102). Le administered questionnaires designed to understand ways participants identify stressful life experiences, positive experiences, and cultural values as ways to assist their process of developing wisdom. Le found that nearly half the Vietnamese sample did not provide a positive experience. On the other

hand, the Vietnamese participants' identified being in challenging situations such as surviving the war and gaining transcendent wisdom as a result. Transcendent wisdom referred to their ability to resolve life crises and dilemmas successfully by using negative experiences as an opportunity for growth. Le suggested that both stressful experiences as well as positive experiences may produce positive outcomes.

This idea is also shared by Haney, Elliot, Fussel, & Leong et al. (2007) who posit that for some of the Vietnamese victims of the Hurricane Katrina, the experiences of displacement from the hurricane may have reawakened their traumatic past experience of their initial dislocation from Vietnam and resettlement in United States. In the same article Leong et al. also mentioned that for some Vietnamese, this experience of surviving the war had helped them to build the appropriate skills or wisdom in facing Hurricane Katrina. Le (2007) suggests that there are three stressful life experience processes associated with wisdom. First is the ability to tolerate uncertainty which requires individuals to develop new skills, coping mechanisms, and strategies. Second, stressful life experiences may facilitate self-reflection requiring individuals to examine their life and issues from different perspectives. Third, stressful experiences may require individuals to change their existing schemas and habitual ways of responding which develops the ability to accommodate stressful life events.

The three stressful life experiences that facilitate wisdom that Le described are connected to what helped the participants in this study build resilience. All participants in the study reported vulnerable feelings during and after the storm. They described their feelings with words that suggested they felt helplessness, loss, fearful, traumatized, and that they were lacking a coherent sense of self. Participants described feeling shame at

being in the street begging for food or waiting in a long line for food and water. They then reflected on their experiences living in Vietnam and being in the United States. They did not imagine they could be in such a situation when they immigrated to the United States. Though they faced many challenges from Hurricane Katrina, they expressed optimism and showed that they utilized skills learned from living in Vietnam and capabilities from adapting to living in the United States. For example, one participant described his experience during Katrina as like living in Vietnam. He described building a Vietnamese-style bathroom by digging a hole in the ground.

In focus groups, participants humorously described being creative in turning American donations of cans food into delicious Vietnamese dishes. Many participants described using optimistic mindsets, reminding themselves of their experiences of rebuilding, such as rebuilding their lives in United States, and rebuilding their homes from past storms. The ability to tolerate challenges with optimism strengthened individuals and allowed them to believe in possibilities and have hope for the future as they built their lives in Biloxi.

Konner (2007) who studies trauma, adaptation, and resilience stated, “We must be programmed to adapt to stress” (p.305). Such programming allows us to have positive responses, such as increase in alertness, improved cognition, and focused attention. Konner (2007) understands that resilience comes from three possible sources: first, social and family supports; second, the experience of self reliance and survival in challenging environments; third the cognitive framing of stress and responses to the need to survive and protect dependents. This shows that the function of family is an important factor in facilitating resilience. The section that follows examines family resilience function.

### *Family Resilience*

Johnson (1995) writes that resilient families have the ability to use their inherent strengths in the face of adversity by utilizing the “sacred ark.” A sacred ark contains “family myths, rituals, and cultural traditions; and acknowledgement of importance of the extended family as kinship that can provide unconditional warmth as well as economic and emotional support” (p.318). In her studies on strengthening family resilience Wash (2003, 2006) suggests that researchers shift away from seeing distressed families as damaged to understanding how they are challenged by adversity. Wash indicates in her study that in the aftermath of 9/11 the most important source of strength for people was their bond with loved ones and also the opportunity for resolving and repairing family conflict. Moreover, in fostering recovery from a major traumatic event, attention to the family and social belief systems, organizational patterns, and communication processes can reduce vulnerability and risk, and can also foster resilience (Wash, 2006).

Participants in the study identify family as their main resource and motivator in helping them recover from the storm. Almost all participants who evacuated during the storm left with their family members. Because they evacuated together, they had a safe holding environment during the crisis; this in return reduced anxiety. In addition, participants reported that in the aftermath of the storm, they sought support from family members from out of state for living situations, basic needs, and emotional support. An interesting finding was that almost all participants reported was that they returned and rebuilt their lives in Biloxi for their children and family. The children of the survivor parents reported the reason that they stayed and rebuilt their lives in Biloxi is because they wanted to be around their parents. The parents in return said they were trying to

reestablish their lives for their children's sake. Two of the participants reported that their children understood and empathized with her more because of the storm. Kibria (1998) & Iman and Yeh (2007) describe this collective action as common in Vietnamese culture. Kibria (1998) says that this family collectivism of encouraging the sharing of individual social and economic resources helped them adapt to living in United States.

Findings from this study also showed a split in participants' family relationships. Half of the participants feel that the storm damaged their family functioning, such as leading to divorces or because their children moved away. The other half reported that the storm has helped them to connect to their immediate family members, extended family members and friends around the world. The participants who felt that the storm damaged their relationships said that this experience helped them evaluate the importance of family and become more selective about whom they wanted to associate with.

### *Community and Culture Resilience*

Community and culture resilience get most of the attention from disaster researchers. This is because building community resilience or building community capacity is the most suggested intervention in disaster research. Strengthening community resilience after disasters allows for longer healing duration and helps people prepare for future disasters. Landau and Saul (2004) define community resilience as "community's capacity, hope, and faith to withstand major trauma and loss, overcome adversity, and to prevail, usually with increased resources, competence, and connectedness" (p. 286).

Reports from news media (Phan, Hauser and MSNBC, 2005; Salmon & Gilbert, 2006; Kunzelman, 2007) and from articles by Wright, Leong, Airriess, Chen, Keith, Li,

Wang & Adams (2007) characterize the Vietnamese Americans in New Orleans as having had a “robust recovery” or quick rebuilding after Hurricane Katrina. Wright (2007) reports in summer of 2007, 90% of Vietnamese residents of Village de L’East had returned. Wright notes that 70 – 75% of Vietnamese-owned businesses were up and running. In Wright’s words, “We are still left with an interesting puzzle as to how this community was able to achieve such swift and robust recovery” (p.4). She reports that the Vietnamese community in New Orleans used their “culture toolkit” as an aid to recover from Hurricane Katrina. Wright’s “culture toolkit” emphasizes the relationship between culture and action. An example from Wright’s culture toolkit is the population’s practice of telling “tales of their or their parents overcoming hardships during immigration to the US as they developed strategies to deal with the hardships they faced after Katrina” (p.5). As families and communities engage in this re-authoring and meaning making process, they create stronger, more resilient communities (Saul, 2000).

Serafica (1997) defines culture as “human designs for living that are based on the accumulated knowledge of a people encoded in their language, and embodied in the physical artifacts, beliefs, values, customs, and activities that have been passed down from one generation to the next.” Culture structures shape many psychological aspects, such as responses to distress and decisions as to what is appropriate and what is not. Ojeda & Autler (2003) studied resilience and Norris & Alegria (2006) who studied disaster recovery in ethnic minority and communities stressed that researchers must understand the cultures of those they researched. Likewise, Inman & Yeh (2007), who study stress and coping focusing on Asian American populations, note the importance of

family, culture, values and communities in helping individuals understand why things happen to them and to determine how they will cope after the event. Saul (2000) writes:

Culture is unique in that it has a preserving function. It provides the patterns that help maintain the organization of social systems. And when these social systems are disrupted by traumatic events, the culture often provides the symbolic resources and practices that enable individuals to heal and communities to be reconstructed. The communities maintain a supportive structure for families, which in turn support and provide a “holding environment” for their members. (pp.107)

An example of culture as a factor in my study is that many Vietnamese people use the notion of Karma to understand such events. Kaplan & Huynh (2008) define Karma as “a person’s life situation determined by one’s deeds and behavior in previous lives.” For Buddhists, the religion practiced by most Vietnamese, “suffering is inevitable in the physical world” (Inman & Yeh (2007)). Thus, the Vietnamese community affected by the hurricane was culturally prepared to deal more effectively with disaster than other populations less accustomed to suffering.

Tang (2006) describes Katrina as an event that resurfaced the model minority stereotype. The model minority notion postulates that Asian immigrants started out as poor individuals who worked their way up in society through hard work and are self-sufficient—including in dealing with disasters (Serafica, 1997 & Leong, Airriess, Chen, Keith, Li, Wang, & Adams, 2007). In the wake of Hurricane Katrina, government relief was inconsistent for all affected communities. And, the lack of government response and the inequality of services triggered the Asian community to become more self-sufficient, which in turn made them more resilient because they were not able to depend on government institutions for assistance in their recovery process but instead had to utilize their own culture resources. The community’s resilience also reinforced the “model minority” stereotype (Leong, Airriess, Chen, Keith, Li, Wang, & Adams, 2007).

Did this notion of self sufficiency happen in all Asian communities that survived Hurricane Katrina? How do we assess resilience when individuals, families and communities experience many losses? Landau and Saul (2004) and Wash (2003) believe family and community have inherently resilient traits. Landau and Saul developed the LINC (Linking Human Systems) model to understand the process by which resilience is formed. The LINC model helps to identify the ecological picture of the way individuals, families and communities function. In this assessment, questions are targeted to reveal the culture of the community, such as the existing resources, and identify the main contact person in the community. This person may be called a community leader who helped the survivors through the storm. After implementing the assessment, the LINC worker undertakes mapping. Using LINC, researchers map community strengths and resources and make that information available to the community's key informant who can then work with community members to build their capacities and reconnect to transitional pathways that allow them to overcome adversity.

Landau, Mittal & Wieling (2008) state that a transitional pathway is the "essential line connecting individuals and families past, present, and future" (p. 196). Landau and Saul (2004) believe that the process by which people reconnect to their communities is what builds community resilience:

When people are able to access past resilience by being in touch with their history, they can reconnect their transitional pathways, knowing where they came from and where they are now. This enables them to recognize and utilize biological, psychological, social, and spiritual resources. (pp. 286-287)

When families or communities are in touch with their transitional pathway, they will be able to resolve their conflict through learned past experiences. They can reflect on the impact of the present and be able to integrate past lessons into choices for the future. The



LINC framework has been used worldwide in different communities: Argentina, Kosovo, South Africa, Taiwan and the United States. LINC interventions rely heavily on maps and community assessments, which embeds community empowerment and heightens traditional strengths, pride, and resilience while respecting people's capacity for healthy change and survival. The LINC intervention assumes "individuals, families, and communities are inherently competent and resilient, and that with appropriate support and encouragement, they can access individual and collective strengths that will allow them to transcend their loss" (Landau, 2007, p. 352).

Reyes's (2006) study of international disaster suggests that "capacity building," which refers to community interventions rather than individualistic services, will help reduce stigmas associated with receiving psychosocial assistance. A capacity building approach suggests strengthening local resources by fostering resilient adaptations that are locally controlled and which develop a sense of community ownership. Park, Miller(2007), Leong et al. (2007), and Priscilla (2008) found that internal networks, such as families, friends and communities, are the primary sources of support for Vietnamese communities. According to Leong et al. (2007) & Harriford and Thompson (2008) after Hurricane Katrina, 20,000 Vietnamese fled to the Hong Kong Strip Mall in Houston, Texas where a Houston-based Vietnamese charity group provided help in the form of shelters. This helped survivors to handle the damages caused by Hurricane Katrina in a warmer and more comfortable environment. Drachman & Ryan (2001) studied immigrants and refugees and identified protective factor such as community support, the interrelationship that gives a sense of meaning, belonging and acceptance. The community support serves as a social network for immigrants and also community

meeting places allow them to express culture and identity through their own social network and community.

Similarly, participants reported that they received support from both government (i.e., FEMA) and non-government sources (i.e., Red Cross, the Vietnamese community in Biloxi and from Vietnamese out-of-state organizations). Before the storm, the “Little Saigon” Vietnamese community in Biloxi attracted new Vietnamese residents due to the Vietnamese faith based organizations (temple and church), Vietnamese stores, restaurants and close-knit community. After Hurricane Katrina, participants felt that the dynamic of the community changed. The change most reported was that many families and friends moved to different states or to higher elevation areas in Mississippi such as the town of Ocean Spring. The Catholic Church reported that fewer people were attending mass. Other residents reported that they moved away but sometimes came back to “Little Saigon” for religious services, grocery shopping, or dining out at Vietnamese restaurants. The fact that the families are spread out all over Mississippi have affected how the community functions. Participants describe themselves are more isolated, lonely, and lacking accessibility to their resources.

Yet, the community is also finding ways to connect with one another. One woman described that her healing from the experiences of the storm has been facilitated by going to the temple and community center to socialize. She said she liked the feeling of connecting to others who shared similar experiences. Eighty percent of participants reported that they were healing through helping other survivors through community services or faith based organizations. Facing a high demand for services, Boat People S.O.S. Vietnamese Agency opened a branch office in Biloxi after Hurricane Katrina to

support the Vietnamese population. The Boat People S.O.S. provides support to the community with services such as helping the Vietnamese community understand state regulations, and their legal benefits and relief aids.

Thus, participants indicated that their community had changed, and that they are in the process of recovering from the damage that Hurricane Katrina brought to their community. However, the community members continue to utilize their local community resources (church, temple, Boat People S.O.S., stores/restaurants) and restate their intention of wanting to live near “Little Saigon”. They may not see each other every day as they used to, but try to see each other frequently.

#### Immigration Waves

*“The story of each Vietnamese –American immigrant is unique, though all share a common theme – a desire to break away from a violent, sorrowful past and move toward a brighter, more helpful future.” (p. 17)*

*Liz Sonneborn, 2007*

To study the Vietnamese American experience, one needs to understand the immigration process of how the Vietnamese arrived to United States. It is also important to take their experience into consideration since most Katrina survivors reported that their experience during the Vietnam War, processes of leaving their home land, and adaptation to the new country helped them cope with Hurricane Katrina (Leong, Airriess, Chen, Keith, Li, Wang, & Adams (2007). When the Vietnam War ended in 1975, many Vietnamese fled their own beloved country for freedom from the Communist government. Based on the 2000 Census, there are 1.1 million Vietnamese Americans

living in the United States. Most of the Vietnamese American population lives in California, Texas, Louisiana, Virginia, Washington, Pennsylvania and Florida.

Vietnamese people migrated to America through three different immigration processes within three different time frames (Le & Sonneborn, 2007; Kaplan & Huynh, 2008). The first groups of immigrants were composed of those who worked closely with the Americans during the Vietnam War. They came to the United States right after the fall of Saigon on April 30, 1975. Most of the people from the first wave were educated, well financed, and worked at high paying professions in Vietnam. The second wave, popularly called the “boat people,” escaped Vietnam on ill-equipped fishing boats. Most of these “boat people” were middle aged men. This second wave experienced the most traumatic events. Many were caught by the Vietnamese Communist troops during their attempts to escape. Sonneborn (2007) reports that within the first three years of government by the communists, a few thousand people escaped the country, and by 1978, tens of thousands were desperate to flee.

No matter what happened during their first attempt, many were determined to try again until they made it out of the country. For those who were lucky enough to successfully flee the country there were still many dangers on the journey, such as being raped by pirates, suffering malnutrition and other poor living conditions in overcrowded boats. Half of the Vietnamese escapees lost their lives trying to flee Vietnam and one third of Vietnamese refugees became victims of robbery, rape, or murder (Sonneborn & Le 2007). The lucky boat people received help from ocean guards who transported them to refugee camps where they waited for foreign countries to sponsor them for resettlement. Where they were transported depended on the route that they took. Most of

the time they were stopped at the nearby shores of Thailand, Hong Kong, Philippines, Indonesia, Malaysia, and Singapore (Le, 2007).

Authors Leung, Boehnlein, KinZie (1997); Le and Sonneborn, 2007; Kaplan, Huynh (2008) report that the third wave predominantly immigrated to the United States through the Amerasian Homecoming Act and Orderly Departure Program (ODP) in the 1990's. (Amerasians are those children fathered by American men in the U.S. military and related personnel.) Under the ODP, the U.S. provided funds for transportation and transition expenses (food stamps, welfare, healthcare, and housing) for the Amerasian children and families when they arrived in the United States. Others in the ODP program were individuals associated with the South Vietnamese government who were imprisoned by the communist regime after the war.

#### Vietnamese Communities across the Gulf Coast

According to the Salmon (2006), an estimated 50,000 Vietnamese settled along the Gulf Coast after fleeing from the Vietnam War in the 1970s and 1980s. The three Vietnamese communities that are often mentioned with Hurricane Katrina are Village de l' East in New Orleans; Bayou La Barte, Alabama; and Biloxi, Mississippi. Of the three areas, Village de l' East, also known as Versailles, is the most mentioned. This could be because Versailles has the largest numbers of Vietnamese Americans after California. Census 2000 shows that there are 4,264 Vietnamese lives in Biloxi Mississippi. Participants in the study responded that they like to live in Biloxi because it reminds of them of Vietnam due to the climate, the tight knit communities, and the friendly neighborhood where it is easy to find jobs without having to learn English.

Vietnamese Americans who came to Biloxi were attracted to the area's high demand for employment in the oyster business during the first wave in the 1970's and early 1980's. Biloxi attracted many Vietnamese Americans because the manual, unskilled labor jobs required little English proficiency. This also worked to the advantage of the seafood industries because they could hire Vietnamese Americans to work at low wages. Seafood industries have been the primary employers for Vietnamese Americans in Biloxi (Le, Pham, Nguyen, Shull & Hoang, 2006; Harriford & Thompson, 2008). Hurricane Katrina destroyed the fishing industries which had employed many Vietnamese. Gilbert (2006) reports a loss of hope in the fishing industry for the Vietnamese community in Biloxi after Hurricane Katrina. Boats were destroyed and Vietnamese fishermen did not have the means to restore them (Gilbert & Salmon, 2006). The cost of fuel also made it impossible to get out to sea. In addition, the frustration and unfamiliarity of filling out paper work for the insurance companies and other forms, language difficulties, long waits and repetitive processes, added to the feeling of hopelessness many Vietnamese Americans experienced (Gilbert, 2006 pg.2). After the storm the city allowed casinos to be built in land. The locations where the casinos are built are close by or in driving distance to the Vietnamese community. Younger Vietnamese with English skills can obtain jobs in the casinos. Yet, the participants in my study expressed ambivalence about whether this is good for the community or not. They all agreed that it provides jobs and interestingly they said it is a safe area to live where there is frequent monitoring by casino guards.

Pham, Nguyen, Shull & Hoang (2006) report in the *Vietnamese Americans in Hurricane-Impacted Gulf Areas* that between 35,000 and 50,000 Vietnamese Americans

were affected by Hurricanes Katrina and Rita. The Vietnamese Americans were concentrated in several different regions of the Gulf area, including Louisiana and Mississippi. In Biloxi alone, Vietnamese Americans made up 20% of the residents before Hurricane Katrina (Le, 2006). Due to its closeness to the Gulf Coast, the East Biloxi, Mississippi community was also heavily damaged by the storm. The Gulf Coast has been battered by major hurricanes in recent years and the results have been devastating. Frequent hurricanes in the area are expected in the future. Steiner, Faga, Sipes, and Yaro (2006) report that every year between 1994 and 2005 the Gulf Coast experienced 26 named storms and 14 hurricanes, 7 of them major. There is an 81% chance of a major hurricane hitting the Gulf Coast due to the warm water from temperatures in the North Atlantic. Hurricane City Internet News reports that starting in the 90's, Biloxi was hit by hurricanes in 1997, 1998, 2002, 2004 and many more in earlier years. The News calculates that Biloxi's next hurricane is due before the end of the 2010 season (Williams, 2009). Could these experiences of living through multiple storms have helped the Vietnamese cope with Hurricane Katrina? In addition, participants shared that they have lived in Vietnam where many strong storms—typhoons—occur and where there is a lack of assistance and aid from the government. Could this experience build coping mechanisms?

After the storm, most of the Vietnamese American resident of Biloxi moved to higher elevations such as Ocean Spring that are less affected by hurricanes Others who decided to stay continue struggling to rebuild their home in Biloxi due to new zoning and regulations that required the residents to build their home with higher elevation building codes. Participants who move away from Biloxi reported that they do still maintain

contact with their families, friends, and communities in Biloxi area such as the church, temple, Vietnamese market and community support agency such as SOS. Participants reported that their life is not the same after Hurricane Katrina and neither is the community. But some describe these changes with optimism, noting their strong bonds with family and community members who have remained.

### Conclusion

Hurricane Katrina had a huge impact on the Vietnamese residents of Biloxi. This event changed their way of living. This study focused on the protective factors that help them build resilience in healing from the storm. The multiassessment concept was adapted from Landau and Saul (2004) and the National Network for Family Resilience (1994) to understand what had helped the individual, family and community. The literature confirms and I found that this cycle of individual, family, and/or community/culture support continues to aid people during stressful events. These supports are the protective factors that help the survivors develop resilience. The value of these support systems was shared or constructed in different ways by many researchers mentioned earlier.

Researchers have not studied how resilience theories apply specifically to the Vietnamese American population. My intention was to examine the different literature on resilience and disaster to see if the theories and models presented were relevant to the Vietnamese community in Biloxi. The literature on disaster and resilience mentioned in this study is applicable to the Vietnamese community in Biloxi. Theories of resilience explain the protective factors that help survivors heal from the storm. Landau's



assessment of resilience helps to inform both affected communities and helping professionals about the community and individual needs and existing strengths that could be built on.

The community members shared many similar experiences such as witnessing the Vietnam War, leaving their own country, their immigration status, and being discriminated against by other American fisherman. Despite all the struggles they faced, they continue on their path, living in Biloxi building their dreams. They draw on many past experiences, such as their previous living conditions in Vietnam where there is a lack of support from the government or their having lived through past storms, to overcome present adversity. These skills and experiences were useful when they encountered a new crisis. For example, a survivor in a focus group described his long experience working as a fisherman. Thus, he knew how to swim which helped him survive the storm. Another survivor shared that being in the Vietnam War helped him stay calm during the storm. He said, “help prepared...and weren't frighten.”

On the other hand, family relationships changed for the Biloxi Vietnamese Hurricane Katrina survivors. Losses ranging from health, divorce, and separation had a big impact on them. However, viewing their own situations with optimism has helped them survive. Families also viewed the crisis as a way to evaluate what is important for them and who they should be with. In terms of community, Hurricane Katrina brought a very different way for community members to re-connect, because the community members now share a new collective history of survival. They were amazed by all the help they received—from non-Vietnamese to the out of state Vietnamese organizations. They feel more hopeful, encouraged and supported in their recovery. They showed, with

pride, their fundraising video and pictures of how the community came together and helped each other. Their pride in this community cohesion showed their tremendous resilience and that they were focused on recovery.

Different community cultures have different ways of dealing with disaster. Members of the Vietnamese community in Biloxi showed their resilience in surviving the storm through using at least one of their resources in three categories: individual, family and community. The resources provided by these categories offered different protective factors to different individuals. Therefore it is important for clinical social workers or helping professionals to identify survivors' needs in each category to achieve an effective intervention. As noted earlier, the LINC model utilizes mapping that helps the community understand the appropriate and culture specific interventions that fit best for that community. Building on individual, family and community capacities is the best intervention approach. Not only does this help survivors regain their ego strengths to feel more in control, but it is also an intervention that is appropriate for the Vietnamese culture. As discussed earlier, it is common in the Vietnamese American culture to seek internal resources for help before outside services. Developing programs and services around building these resources seems to be the most realistic and cost effective intervention.

Whether services are targeted toward individual or community, this study demonstrates the importance of culture influence in the recovery of Vietnamese Biloxi residents. This study could not identify all the protective factor details in each of the three categories because of individuals' different experiences. And, because participants were recruited through community service agencies, this also limits the findings. Still, this

study makes clear that understanding and accessing disaster survivors' strengths and resiliencies can help aid workers determine those supports and interventions which are likely to assist survivors best.

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## Appendix A

Poster/Flyer for Recruitment

### **RESEARCH VOLUNTEERS NEEDED!**

*Looking for Vietnamese and  
Vietnamese Americans  
Affected by Hurricane Katrina*

**Participate in a 60- 90 minute, face-to-face interview  
as part of a study exploring the experiences of Vietnamese and  
Vietnamese Americans affected by Hurricane Katrina**

**All interviews are confidential**

Interviews can be conducted in either English or Vietnamese

- \* Were you a resident of Biloxi prior to the storm?
- \* Did you stay in Biloxi during the storm or evacuate to escape the storm?

If you answered “yes” to both questions and are over 18 years of age

**Your experience could help others**

Please contact us to participate in this study

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## **Appendix B**

### Interview Guide

#### Research questions to Guide the Project:

1. What was the psychosocial impact of Hurricane Katrina on the Vietnamese Community, both immediately and over the past two years? What were some of the social repercussions? How did it affect a sense of connectedness with community? How did it affect families? Were there psychological and emotional consequences?
2. What services have been available to respond to these needs? Have they helped? What other services are needed?
3. How did the history of the Vietnamese Community in Biloxi before Katrina influence their experience of Katrina? What were some sources of strength and resiliency as well as vulnerabilities? What cultural beliefs and practices have helped people to recover from Katrina?

#### Research Questions to ask participants:

### **Introduction – Explain project and screen for eligibility.**

#### **Part One – Demographic Information**

- Age
- Religion
- English ability
- Immigration status
- Who is in your family?
- Occupation before and after Katrina
- Community groups and organizations that you participate in or are a member of?

#### **Part Two – History**

- How did you come to live in Biloxi? (If relevant, trace immigration history from Vietnam).
- Were there migration and immigration experiences that you were reminded of in the aftermath of Katrina?

#### **Part Three – Experience of Katrina and Immediately afterwards**

- What was the experience of Katrina like for you?
- Were there any immediate thoughts or feelings that were particularly difficult?
- Was there any impact on your relationships with your family members?
- Was there any impact on your friendships and ability to socialize?
- Did Katrina affect your ability to go to church/temple or any other community organizations and institutions?

#### **Part Four – Experience over the past two years**

- What has been the hardest part for you since Katrina?
- How is your life different now?
- How has this experience affected how you feel, think, or relate to other people?
- What supports from family, community or services have helped you with your recovery?
- What is unfinished or remains to be done?

#### **Part Five – The meaning of Katrina for you and your community**

- Has the experience of the storm changed you, your family, and your relationship with your community?
- What do you miss about your life before Katrina?
- Is there anything that you would like to change?
- If there was one thing that you could wish for in the future, what would that be?
- What has it been like for you to talk about your experiences with me?

#### **Mental Health Services in Biloxi**

- Mental Health Association of Mississippi  
2436 Pass Rd, Biloxi  
228 385-1119  
Free services are available for low income clients.
- Counseling Center  
2643 Executive Pl, Biloxi  
228 388-7998  
Fee based on family income - minimum \$10/session.
- Gulf Coast Therapy  
996 Howard Ave, Biloxi  
228-432-2121  
Free access for anyone who lived in Biloxi before Hurricane Katrina.
- Gulf Oak Hospital  
180a Debuys Rd, Biloxi  
228-388-0600  
Emergency service and outpatient service. Accepts Medicare and private insurance.

No mental health agency in Biloxi has Vietnamese speaking clinicians.