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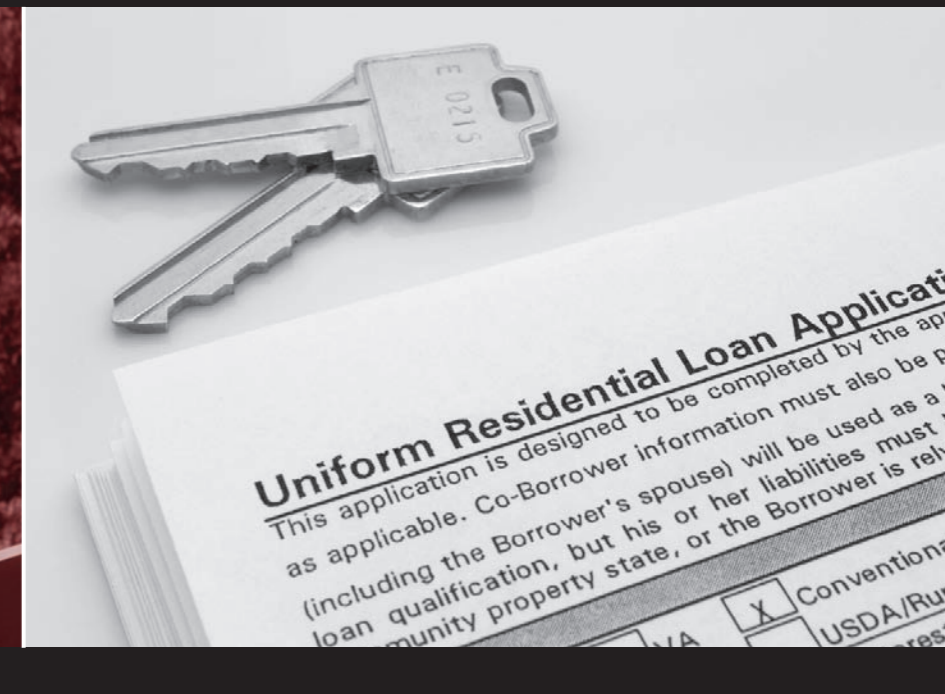


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A CONTINUING STORM

The On-Going Struggles of Hurricane Katrina Evacuees



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delivering results that endure

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*A Review of Needs, Best Practices,
and Recommendations*

Appleseed

Sowing the Seeds of Justice



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Hurricane Katrina Response Project

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Appleseed, a non-partisan and non-profit organization, is a network of public interest law Centers working to identify and address injustices in their communities. Appleseed works to build a just society through education, legal advocacy, community activism and policy expertise, addressing root causes and producing practical solutions. As one of the nation's largest legal pro bono networks, Appleseed Centers work both independently and collectively, bringing their own experiences to create local solutions that are nationally relevant. We connect the top private practice lawyers, corporate counsel, law schools, civic leaders, and other professionals to tackle problems locally, at their root cause.

For more information, visit: www.appleseednetwork.org



Long after the water and news cameras left New Orleans, Hurricane Katrina continued to wreck havoc on the 1.2 million lives it upended. While the immediate impact was well documented, no radar picked up the path of its continued destruction.

This report aims to fill that breach, to make sure that the book is not closed on Katrina without both marking and making right the cumulative human toll.

Through roughly 350 interviews across 6 cities and nationally of those who were working with Katrina evacuees, Appleseed developed the best picture we could of lives that have been unalterably changed. There is much we still do not know. No one tracked evacuees as they passed through shelters, sat on buses, or waited in lines, or picked up checks, so there is no way to know what happened to many of them. Some of them have landed on their feet, a true testament to their resilience and to the dedication and generosity of those who offered help. Many of them, though, have fallen through a safety net that was not prepared to break their fall – without housing, jobs, or their health.

This report does not seek to cast blame, but to set a course. Core to Appleseed's mission is a commitment to do both the research to understand the issues and the advocacy to address them. We consider this report only a first step, and plan to use it – as we hope others will – to pursue positive models and needed changes at the local, state and federal levels.

We are overwhelmed by the work to be done, but we are also humbled and heartened by the extraordinary will to help – both among the government officials and nonprofit leaders we interviewed and the volunteers who did our work. The lawyers and law firms who participated in this project contributed a wealth of energy and insight, devoting an amazing \$4 million worth of pro bono time over three months. We are particularly indebted to David Gross, Dianne Heins, and Kerry Bundy at Faegre & Benson, LLP for the dedication, leadership and insight they brought to this project.

Now is the time to re-commit ourselves to the undone business of the first year.

Linda Singer, Executive Director

James Howell, Project Manager



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When Appleseed approached our firm to lead this project, we readily agreed. We knew that as the anniversary of Hurricane Katrina approached, questions would be raised about the current status of evacuees. We believed that a well-researched report could help answer those questions, and shed light on both their continuing needs and the lessons learned from this unprecedented disaster. We thank Appleseed for having confidence in our firm, and for affording our team an opportunity to work on this project with our many outstanding colleagues at other participating law firms: Jones Day; Kilpatrick Stockton LLP; King & Spalding LLP; Orrick; Paul, Weiss, Rifkind & Garrison LLP; and Sheppard Mullin Richter & Hampton LLP.

As is often the case with pro bono work, our volunteers received back as much—or more—as they gave to the project. Faegre & Benson lawyers who spent a week in Baton Rouge or San Antonio will carry with them forever the images of the devastation and human suffering caused by Hurricane Katrina, and the overwhelming generosity of the host cities in meeting the needs of the evacuees. We speak for all of the participating law firms when we thank the countless individuals who gave so graciously of their time in interviews: elected officials, individual volunteers, educators, health care professionals, members of the faith-based community, employment and reintegration counselors, social workers, transportation experts, public agency employees, non-profit agency staff, and legal services attorneys. Without their assistance, we would not have been able to understand and report on the complexity of the Herculean challenges facing host cities, and the magnanimity of the cities' responses.

Finally, and most importantly, we thank the evacuees who spoke with us. At a time when many of their personal and professional lives remain unsettled, and their futures uncertain, they were willing to share their stories with us. For this, we are grateful. We hope this report will, in some small way, help Americans understand that the impact of Hurricane Katrina continues to reverberate in homes and communities across the Gulf region, and that all of our cities must have in place coordinated plans to address the heretofore unthinkable arrival of thousands of our fellow citizens seeking shelter in our community after a large-scale disaster.

FAEGRE & BENSON LLP

Rebecca L. Rom, Chair, Community Service Committee

August 2006

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Evacuee Perspective

“I lived and worked as a hotel bellman in New Orleans prior to Hurricane Katrina. After the storm, my wife and I spent six horrible days in New Orleans, sleeping in the streets, battling flood conditions, rain, heat and mosquitoes, before a religious group picked us up and transported us in a packed bus to Oneonta, Alabama. We were welcomed with great hospitality in Oneonta. We were in a shelter, sleeping on cots, with 60 other evacuees. Doctors looked after us, we were given good meals and clothes, and different organizations offered us help.

After a couple of weeks in the Oneonta shelter, we moved to temporary housing in the FEMA Disaster Recovery Center at Lake Villa in Birmingham, Alabama. After a few weeks there, we saw a flyer that the Alta Vista Hotel was also offering temporary housing to people with FEMA numbers, so we moved there. The manager there, welcomed us with open arms. The hotel provided the evacuees staying there with breakfast and dinner, and the hotel van would drive us around, anywhere we wanted to go, in the afternoons.

With the help of a church pastor, I found an apartment pretty quickly, and the hotel helped me get around to buy furniture. I had been saving some money to buy a car, but I had to spend it on new furniture for the apartment, so now I don't have a car or any savings to speak of. I also found a job – I work in the maintenance department at the Alta Vista Hotel, which is just a mile or two from my apartment. At first, I tried riding a bike to work, but it was too hilly for me, so now my supervisor drives me to and from work each day.

My wife is not working. She found a job as a cake decorator, but it didn't last long – transportation was too difficult for her. She would have to wait over 45 minutes for a bus each way, and taxis were too expensive.

Money is tight now. My rent is much higher than the rent I was paying in New Orleans before the storm, and I spent all my savings trying to relocate. Transportation is difficult too – I could use a car, but I don't know how I'll afford one. I don't have health insurance either, so I'm having to pay monthly on my doctor's bills.

My old boss asked me to come back to my job in New Orleans, but the rent on my old apartment more than doubled after the storm, and I couldn't afford to move back or to live there on my old salary. Besides, I am being treated right in Birmingham, so I think I will stay here for a while. I love New Orleans, but I can't afford to go back there now.”

Cliff Kurucar

Methodology

Appleseed Hurricane Katrina Response Project

This Project is an outgrowth of Appleseed’s work in the Gulf area in the immediate period after Hurricane Katrina. Appleseed worked with the Louisiana legislature to formulate plans for parish court systems left inoperable by the storm, as well as researching family law concerns, such as child support and custody matters. Texas Appleseed and Louisiana Appleseed each received funding to hire legal fellows to coordinate pro bono lawyers assisting overburdened legal services offices.

It quickly became clear that the massive disaster relief efforts on behalf of hundreds of thousands of evacuees overshadowed attention to important systemic and policy issues, as well as long-term assistance issues arising out of the hurricane. Building on the staff and expertise already developed in Texas and Louisiana, and the resources of Appleseed Centers in Alabama and Georgia, this Project was conceived as a means of developing a regional understanding of, and response to, these critical policy and systemic issues.

A second goal of the Project was to paint a picture of the current status of evacuees in selected host cities. The report would paint a picture of host communities and evacuees; identify barriers to resolving evacuees’ unmet needs; identify best practices; and, drawing on this information, recommend policy reforms. Appleseed decided it would address both issues shared by all evacuees, as well as issues unique to each host city.

To report on these very complex questions, Appleseed, with pro bono assistance from seven law firms, undertook to research host communities serving hurricane evacuees, and the state and local government agencies and non-profit organizations assisting the evacuees. In addition to New Orleans, five host cities were selected as study sites, based on their acceptance of large numbers of evacuees:

- Atlanta, Georgia
- Baton Rouge, Louisiana
- Birmingham, Alabama
- Houston, Texas
- San Antonio, Texas

The five areas of focus, selected as representative of the evacuees’ most pressing needs, were housing, health care (including mental healthcare), education, employment, and legal services. Although the final report focuses on the long-term needs of evacuees in each of these categories, the individual city reports also address each city’s immediate responses to meeting evacuees’ needs, which have a direct bearing on their current situation.

In preparation for the site visits to their assigned host city, each law firm team conducted background research on the city’s disaster relief experience. Each team also identified potential interview targets through a variety of sources. Legal services offices, local media and internet research were particularly helpful in identifying individuals and organizations that had been involved in local disaster relief efforts. Background interviews were then conducted by phone, and all interviewees were asked for the names of other persons who might also be able to provide information about the specific subject issues. The goal was to develop an inclusive database for each city of interviewees from national, state and local government agencies and non-profit social service organizations; the faith-based community; professional associations; the health care community; and the legal community.

After assessing the information gathered in the preparation phase, each team scheduled a series of on-site interviews in the host cities during the weeks of June 5 - June 23, 2006. Teams conducted roughly 350 interviews, spread out across our focus issue areas. Most organizations and individuals were eager to share their experiences, and only a few were unresponsive to interview requests. As part of the site visits, each law firm team hosted a focus group of evacuees to discuss their personal experiences. The focus groups ranged in size between three and forty participants.

The individual city reports prepared by the law firms describe the experiences of both the host communities and the evacuees in the days and weeks following the storm. The reports also describe the current status of evacuees, to the extent information about them was available. One of the significant findings of the final report would reveal, for the most part, that this information is not available in any organized or structured fashion.

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Introduction

It was the largest mass movement of people within the United States since the Dust Bowl migrations of the 1920's and 1930's.¹ It was the costliest – and one of the most deadly – hurricanes in U.S. history. As Hurricane Katrina smashed into New Orleans and the Mississippi and Alabama Gulf Coast on Monday, August 29, 2005, a storm surge of evacuees was pushed into a crescent of surrounding regional cities. The evacuees found themselves – by the thousands – in Houston, in Baton Rouge, in Atlanta, in Birmingham, and in San Antonio. They chose these destinations for a number of reasons. Some had relatives or friends there. For others, it was the only place where they could find a vacant hotel room, the place the bus they were told to take stopped, or the place the car ran out of gas.

The number of people who became evacuees is massive. Over a million people were displaced.² Approximately 400,000 fled the city of New Orleans alone. Estimates are that Baton Rouge initially received as many as 300,000 evacuees, and Houston as many as 250,000. The influx was smaller in some of the cities studied such as Atlanta (100,000), Birmingham (20,000), and San Antonio (30,000). Approximately 1.7 million people applied for FEMA assistance.³

Ten months after the storm, only one-fourth of the residents of flooded areas in New Orleans had returned to the city and, as of January 2006, more than half of the 1.2 million Katrina evacuees ages 16 and older had not yet returned to their homes.⁴ 34% of the evacuee children suffer from some form of asthma, anxiety and behavioral problems, as compared with 25% of children in urban Louisiana before the storm.⁵ The average evacuee had moved 3.5 times;⁶ the diaspora stretches from Puerto Rico to Alaska, and most are not able to return to New Orleans.

The media has focused on the communities devastated by the storm and told harrowing tales of what the evacuees endured in order to escape. This report presents a different perspective. It attempts to give voice to the stories of the men and women, and the communities, that received, welcomed, and aided the flood of people who were displaced by the storm. It describes the initial responses in five host cities and then focuses on the situations of evacuees and their host communities almost a year later.

The Immediate Response. The evacuees arrived in host cities in need of immediate food, shelter, and medical care, as well as access to jobs, schools for children, and housing for all. Social service counseling and legal aid were needed to establish evacuees' eligibility for Medicaid, food stamps, housing assistance, and unemployment insurance in new states with different standards and unfamiliar agencies. The need for health care was acute, though not, for the most part, from the storm. 14% of the evacuee children were on, and not receiving, prescription drugs⁷; and 50% of the adult evacuees were dealing with chronic conditions, such as diabetes, cancer, and high blood pressure.⁸

All were separated from their health care providers and pharmacies. As the social fabric for the evacuees unraveled, school capacities and all the government services and charitable resources of host cities were stretched to their limits. How the host cities rose to the challenge of meeting these needs in a matter of days is the first part of our story.

The Impossibility of Prompt Return. We also provide a report from New Orleans, which describes the situation ten months after Hurricane Katrina and the problems encountered in trying to rebuild and rehabilitate the city. This report makes clear that Hurricane Katrina was no ordinary disaster. It not only created immediate relief needs for New Orleans residents, but it also revealed longstanding needs of the city's residents for essential public services, such as good schools, quality health care, and adequate transportation. The insurmountable difficulties faced by New Orleans in its attempts to recover make it impossible for many evacuees to return in any predictable period of time. Although not directly covered by this report, the Mississippi Gulf Coast and western portions of the Alabama Gulf Coast face similar difficulties and challenges in the recovery and rebuilding process.

Maintaining and Assimilating Stranded Populations. As time has passed, the host cities are now confronting new sets of problems associated with maintaining long-term services for large populations of evacuees, and/or with assimilating into their populations a large group needing disproportionate levels of public services into their present populations. Ten months after Hurricane Katrina made landfall, there are still as



Study Findings

1. **Local entities (nonprofit and local government agencies) were far more flexible and responsive than the federal government or national organizations.** Overall, host cities did not back down from the challenge of sheltering evacuees. Their best instincts took over, and the cities focused substantial efforts on helping the evacuees. Unlike the federal government and several national organizations, many local non-profit organizations and state and local agencies were quick to respond and understood what was needed to manage the disaster. These local organizations did not wait for confirmed commitments of federal funding before responding to the needs of the evacuees. In fact, many agencies and organizations are still waiting for federal reimbursements. The federal response was often constrained by cumbersome or ill-suited eligibility and application requirements. In many instances, federal staff and national organizations did not seem to have the flexibility, training, and resources to meet demands on the ground.

2. **One of the greatest challenges facing host cities is how best to address the long-term needs of evacuees.** Most cities understandably focused their initial efforts and spending on crisis management, which included meeting the immediate needs for shelter, food, and medical care. This was compounded by the time-limited nature of many federal disaster programs, which only run for a short period of time (months). It is unrealistic to expect that evacuees can take all of the steps to recover in such a short timeframe, especially since resettlement is a sequential process; housing must be found and mental health issues addressed, for example, before a job search can be undertaken. In that vein, it is also vital to recognize the importance of a staged response. Victims' needs evolve, and agencies and organizations serving them must be responsive to these evolving needs.

The federal government must re-think the framework for its disaster recovery policies to accommodate events where more than short-term aid is needed. Cities have begun planning their long-term integration strategies, but the process, as well as the necessary federal funding to help implement the plans, has been slow. The anticipated expiration of remaining federal aid programs will create new strains and risks for evacuees who still are not back on their feet.

3. **Success in addressing key evacuee needs has been uneven.**

- **Long-term housing continues to be a critical issue for many evacuees.** Those who self-evacuated and stayed with friends or family appear to have found adequate housing. For the most part, evacuees living in public housing or receiving housing assistance before Katrina have transitioned into similar programs in their host cities. However, many evacuees have had a much more difficult time finding long-term housing. Evacuees returning to New Orleans face serious public and private housing constraints. In some host cities, existing housing programs were inadequate prior to the arrival of the evacuees. The anticipated expiration of short-term housing assistance programs will trigger a significant problem for many evacuees, a situation for which the country seems largely unprepared. Given the existing inadequate stock of affordable housing, there is a real risk of increased homelessness in the cities with large populations of evacuees.
- **While many of the evacuees' immediate and emergency healthcare needs were met, long-term healthcare needs continue to surface.** As in other areas of need, evacuees with public health care benefits or private health insurance resources before Katrina have carried that safety net to their new homes. However, a significant number of evacuees did not and do not have health insurance, and will forego care or rely on emergency and charity care, further straining the infrastructure in their host cities.
- **There also is a critical need to address mental health issues relating to Hurricane Katrina.** Federal officials estimate that 500,000 people are in need of mental health services because of Hurricane Katrina⁹. Some evacuees had pre-existing mental health issues that were left untreated in the weeks and months following the hurricane. Substantial numbers of additional evacuees have now developed mental health problems, such as depression and post-traumatic stress disorder. The elderly have been particularly hard hit.

many as 150,000 evacuees in Houston; 50,000 in Baton Rouge; and 5,000 in Birmingham. How the host cities and the evacuees are coping with these long-term problems, while federal disaster funding runs out, forms the third part of our report.

This report tells the stories of how those in positions of authority, and those who simply rose to help others in need, have coped, and are coping, with the flood of evacuees to their cities. It is not a statistical report and is not intended to be exhaustive in scope. Rather, it attempts to piece together the stories of those who served the evacuees – from their perspective and, when possible, in their own words.

Appleseed, with the help of six of the nation's large law firms, sent investigative teams to five selected host cities – Atlanta, Birmingham, Baton Rouge, Houston, and San Antonio – and to New Orleans itself. Each city team was organized into subgroups focused on particular services needed by evacuees such as health care and mental health, education, housing, employment, and legal services. Each of these subgroups interviewed key players in their subject area. More than 135 pro bono volunteers devoted over 5,000 hours to these investigations and this report. In addition, a seventh law firm canvassed national resources to test and inform our findings.

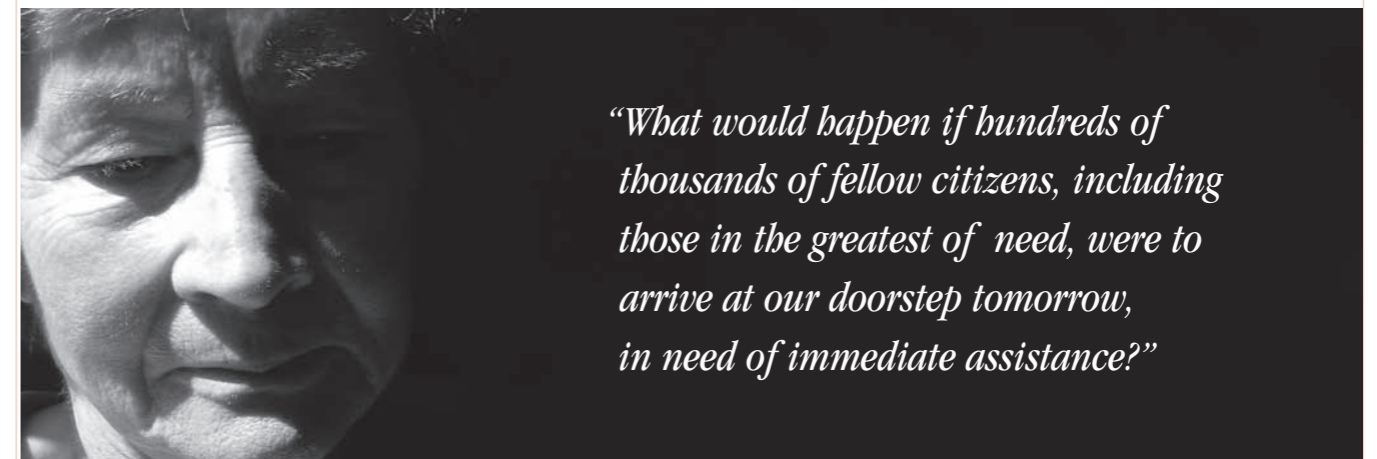
This report sets forth Nine Principal Findings and Recommendations and a summary of Best Practices that we hope will provide guidance to all communities that might receive large groups of evacuees in future disasters. This Section also includes City Summaries of the information gathered with respect to the current status of the evacuees in each city. The detailed City Reports, found in an available Appendix, integrate the stories and reports from all the subject area groups for each city of this report. They provide the overarching narrative for each host city and for each subject area in each city.

Principle Findings And Recommendations

Study Findings *continued*

7. **Rebuilding New Orleans' infrastructure is critical for the region, and not just the city.** The issues surrounding the rebuilding are very complex, with many chicken and egg dilemmas and legitimate policy questions about the kind and extent of rebuilding that makes sense. To the extent that the rebuilding process is protracted, it prolongs the evacuee status of many, putting additional pressure on host cities and creating a need for longer term evacuee assistance.
8. **Many organizations, both governmental and non-governmental, lack sufficient information technology for effective disaster management.** The host cities experienced great difficulty in accessing school records, medical records, housing records, benefit eligibility, and other basic evacuee information that would have been useful in expediting assistance. There was not a central database for identifying and following evacuees, and even organizations directly serving evacuees often could not find the people they were supposed to be helping. This lack of a data base also makes it impossible to say with any certainty exactly how people are doing a year after Katrina. Having conducted more than 350 interviews across six cities, we still have a picture of only a fraction of the evacuees.

Since the migration crossed city, and often state lines, a national database would have been useful. An example of this type of model includes a secure national prescription drug website available for pharmacists' use in filling evacuees' prescriptions. An effective means of tracking such basic information on behalf of residents during times of crisis, while also balancing their privacy needs, should be developed and properly implemented before another major disaster. Agencies and organizations also should ensure that essential records are backed up and maintained off-site.
9. **The key to effective disaster management is the existence of a coordinated plan.** A critical lesson of Hurricane Katrina is that American cities and their leaders must have a plan, drill the plan, and follow the plan. Every major city in America should ask and answer this question: *What would happen if hundreds of thousands of fellow citizens, including those in the greatest of need, were to arrive at our doorstep tomorrow, in need of immediate assistance?* It is clear that no American city is going to turn away evacuees. It is also clear that no American city can answer this question by assuming that the federal government will handle everything. The reality is that cities need to prepare for what used to be unimaginable but what is now a realistic possibility – the forced migration of hundreds of thousands of evacuees caused by a disaster. Developing and training a local community network of organizations, coordinating an emergency response plan, establishing a clear chain of command, and ensuring that organizations know their role and the role of the other organizations are key elements in effectively managing a disaster.



“What would happen if hundreds of thousands of fellow citizens, including those in the greatest of need, were to arrive at our doorstep tomorrow, in need of immediate assistance?”

Additionally, aid workers, host families, and others engaged in the day-to-day relief efforts are now developing similar mental health problems. Unfortunately, there is a shortage of mental health professionals and services in most of the host cities. The mental health toll could turn out to be one of the most significant long-term impacts of the storm.

- **In the area of education, most students were able to transition into new schools throughout host communities.** The National Governors' Association reports, as of April, that more than 157,000 elementary and secondary school students displaced by Katrina were attending schools in other states.¹⁰ Integrating students into schools scattered throughout the entire city put less demand on single schools near shelters, and most schools were able to provide counselors and other supports to address students' needs. Inaccessibility of student records, however, made it difficult for schools to provide appropriate instruction from the outset.
 - **Many evacuees cannot or have not found employment.** Unemployment in the Gulf Region ranged from 5.5% to 7.4% pre-Katrina.¹¹ Although in the days after the hurricane, unemployment shot up to 16.5%¹², declines were seen in December to just above pre-Katrina levels ranging from 6.4% to 8.8%¹³. A substantial number of evacuees face barriers which impede the search for employment, including childcare needs, insufficient transportation, inadequate training, and unresolved healthcare and mental health issues.
 - **Evacuees continue to need legal services to address longer-term issues.** Evacuees' legal service needs have changed from needing immediate help to file for disaster benefits to assistance in addressing housing and landlord-tenant disputes, issues resulting from the loss of identification papers, family law issues, and insurance issues. Increasingly, there are needs for assistance with consumer finance issues, such as the inability to make payments on credit cards and mortgage and rent payments on houses and apartments that are no longer livable. Additionally, probate disputes continue to increase as many people in the affected areas who inherited property from their families but do not have proper title to the property are deemed ineligible for state and FEMA relief.
4. **There are both needs *created* by Katrina (i.e. housing needs and mental health counseling) – and needs *revealed* by Katrina (i.e. adequate employment and good schools) that must be addressed.** Well before Katrina, New Orleans and its residents – like many of the nation's poor – faced education, health care, and other systems that had largely failed them. One of the challenges of this disaster recovery is the need to respond to both sets of conditions, recognizing, for example, that evacuees cannot be restored to and maintained in homes without skills and jobs that will generate an adequate income. It is necessary to address both these long-term, pre-existing needs, as well as the needs caused by the hurricane, to create an adequate safety-net which will enable New Orleans residents to rebuild their lives and their city.
 5. **The host cities and their residents have been required to make difficult trade-offs in opening their doors to Katrina evacuees.** Evacuees flooded into host cities in desperate need of public services. Some host cities were already stressed in providing assistance to permanent residents who also depend on public assistance with housing, health care, and other social services. As a consequence, local individuals in need were faced with longer lines and longer waiting lists for services in the immediate period after the arrival of the evacuees. In some host cities, that situation continues today.
 6. **Evacuee issues must be examined and addressed as a whole.** The law firm teams organized their city investigations and reports along specific issue lines – housing, education, employment, healthcare, legal, and other services. However, it quickly became clear that there is much overlap and interdependence between these critical issues and how they have been and will be addressed by the host cities. These issues – although individually important – cannot be examined in a vacuum. As an example, long-term employment for an evacuee hinges not only upon qualification for the job, but also upon the mental health status of the evacuee, and whether childcare, housing and transportation issues have been successfully resolved by the evacuee. The needs of evacuees are interlinked, and must always be addressed holistically.

Study Findings *continued*

Atlanta

It is estimated that the greater Atlanta metropolitan area (population: 4,700,000) received approximately 100,000 Hurricane Katrina evacuees, of which up to 84,000 remain in the area. Unlike other host cities, the vast majority of Atlanta's arrivals self-evacuated to the city, drawn by ties to family and friends residing in the Atlanta area.¹⁴ While Atlanta's evacuee population as a whole seems to have required less assistance than evacuee populations in Texas and Louisiana, Atlanta nevertheless faced a situation in which it needed to integrate and service nearly 100,000 individuals in a very short period of time. This massive effort was complicated by the size of Atlanta, with the metropolitan area sprawling over 28 counties, securing cross-jurisdictional cooperation in relief efforts was a major and unique challenge faced by Atlanta.

As with most host cities, information about the current status of Atlanta evacuees becomes more difficult to obtain as the evacuees move into the community as permanent residents and relief agencies continue not to keep track of their whereabouts or, in many cases, terminate their services to evacuees.

One of the key services being provided to the Atlanta evacuee population is case management, which may include helping evacuees access benefits; find employment opportunities, health care, and affordable housing; enroll children in school; and integrate into community life. Case management becomes increasingly critical as services to the evacuee population are decentralized, and the population disperses in the metropolitan area. Agencies, such as St Vincent de Paul and United Way's Metro Atlanta Evacuee Resettlement Network (MAERN) are delivering case management services to evacuees in six Atlanta-area counties.

Similarly, in November 2005, the Georgia Department of Labor and the Georgia Department of Human Resources created Project Hope, a reintegration project to relocate evacuees and provide support to meet multiple needs, including employment, housing, food and emotional support. The reintegration counselors in the Atlanta metropolitan area work collaboratively to provide services to evacuees at a series of "One Stop Shops". The primary services provided to evacuees by the counselors are employment-related. The project's protocols call for ongoing contact between the reintegration counselor and the client, in contrast to many other agencies that have worked with evacuees on a sporadic basis. Although the reintegration project was slated to end in April, its life has been extended until August 31, 2006.

In February 2006, at a time when many other agencies and providers were scaling back their services to evacuees, the Regional Council of Churches opened its "Katrina Center." The "Katrina Center" currently sees about 12-15 families each day, down from 50-60 families per day. The Center still receives about 600 calls a month. Participating agencies at the Center provide case management, crisis counseling and a crisis hotline, health care, employment counseling, a clothes closet, and a food pantry. The "Katrina Center" serves the most desperate evacuees. As these evacuees have exhausted their available resources from FEMA and private organizations, the Center serves as a stop of last resort.

Staff at the "Katrina Center" report that housing appears to be the most difficult problem facing evacuees seeking assistance. The Center receives many calls from evacuees receiving eviction notices and needing rental assistance. Most of these evacuees have exhausted their monetary allotments from various agencies. In response to their calls, the Center contacts multiple agencies to see if any have remaining funds. Most agencies, however, are stretched thin.



As in other host cities, transportation is a significant issue for many evacuees, some of whom have been reluctant to commute from their new neighborhoods to jobs across town. This issue may be an additional source of misunderstanding for Atlanta residents, who are accustomed to hour-long commutes. One evacuee suggested that many Atlanta residents may have trouble understanding why Gulf Coast residents tend to travel great distances across town to see their families, but often refuse to do the same thing when offered employment. Several caseworkers and counselors agreed that transportation problems are a major source of distress for evacuees in Atlanta today, and that many evacuees now feel stranded in their personal and professional lives.

Approximately 7,300 evacuee children enrolled in metropolitan-area schools during the 2005-2006 school year¹⁵, apparently with no major disruption to existing school programs. The progress of these children was tracked separately by state education officials. Test scores for this group have not yet been released, but the children will not be included in Georgia's No Child Left Behind reports. The major problem appears to have been funding, as local school districts routinely spent in excess of the \$4,000 reimbursement per evacuee child they received.¹⁶ School officials expect evacuee student enrollment for 2006-2007 to be 1,600-3,200 fewer students than last year.

The immediate health care needs of the Atlanta area evacuees were not as pressing as those of evacuees in other cities, and by all accounts, were met through a combination of public and private efforts. As in all cities, the emerging mental health needs of evacuees have become a central issue. Social workers interviewed cautioned that it is important that the Atlanta community understand that many problems in the evacuee community, such as substance dependency and post-traumatic stress disorder, are just surfacing now and will be long term issues the community must address.

Project Hope continues to provide counseling and referral services, a 24-hour information and crisis counseling hotline, and a public awareness campaign. Outreach counselors were able to identify evacuees with mental health needs while evacuees were still living in FEMA-funded motel rooms, but since evacuees left the motels it has been more difficult to assess the needs of this population. Project Hope counselors have been creative in their struggle to locate evacuees, as they have targeted evacuees in schools, day care centers, grocery stores, and senior centers. Between November 2005 and June 2006, Project Hope registered at least 37,000 state-wide evacuee "contacts" by 70 full time outreach counselors. When counselors contact evacuees, they do not collect the client's name, address, or identification. Instead, they record only demographic information and their observations, and provide counseling and support.

Project Hope staff noted that it is very difficult to use this model to provide long-term mental health care to evacuees, in part because of difficulty tracking evacuees' whereabouts, and also because Project Hope's funding will expire in November 2006.

The impact of the remaining 84,000 evacuees in the Atlanta area is perhaps best viewed through the lens of the area's recent history. The population of the Atlanta metropolitan area increased by approximately 50 percent from 1990-2004.¹⁷ This long history of rapid population growth may explain why Atlanta was able to absorb so many evacuees without much evidence of any long-term negative consequences for the local economy. What is less certain is the long-term impact on the area's public housing, social services and mental health care systems, as the community continues to address the evacuees' needs in those areas.

Study Findings *continued*

related to the rebuilding of New Orleans. In response to a shortage of qualified workers in some employment categories, such as the construction trades, wages in some sectors have risen significantly. This positive employment picture is balanced out in Baton Rouge, as it has been in other host cities, by concern over the existence of a population of chronically unemployed evacuees.

During the 2005-2006 school year, approximately 5,600 evacuated children attended Baton Rouge area public schools, primarily in East Baton Rouge Parish.²⁰ An additional 1,500 students attended parochial schools. Public school officials plan to enroll 4,000 evacuee children in the 2006-2007 school year.²¹

The schools were challenged by logistical problems such as lack of access to student records, transportation issues, and timely adjustment of state school-funding formulas. Substantively, many of the evacuated students suffered from the after-effects of trauma, which the schools were not prepared to address on any large scale. Several interviewees commented that many of the New Orleans students appeared to be academically behind their Baton Rouge grade-level peers. Truancy became a problem when parents refused to send their children to local schools they had not seen. This situation was partly ameliorated by the development of alternative schools, including one exclusively for evacuees located in an open-air tent at the Renaissance Village trailer park. However, school district officials have decided not to keep the Renaissance Village school site open in 2006-2007, as they believe evacuee students will best be served by integration into the general school population. The sudden addition of thousands of evacuated students of color to the East Baton Rouge Parish School District further complicates court-ordered desegregation initiatives for existing students in the school system.²²

Baton Rouge area hospitals were often the point of first contact with the health care system for those leaving New Orleans. Both inpatient hospital admissions and emergency room visits spiked in the weeks following the hurricanes. Treatment was generally complicated by a lack of medical records and a lack of coordination between the supply of hospital beds and the needs of the evacuee population. Many of the evacuees received primary health care in shelters, and after the closure of those facilities at the end of 2005, mobile health units were sent to areas with large concentrations of evacuees. For many of the uninsured evacuees, the emergency room is their primary health care provider. This fact, together with the limited capacity in the local primary care clinics and the shortage of physicians and other medical personnel, is straining the already stressed hospitals. In response, the Capital Area Human Services District created a Hurricane Recovery Plan and is working to address these and other health-care issues.

As in other cities, evacuees in Baton Rouge presented a wide range of mental health problems, some pre-existing and others directly related to their recent traumatic experiences. While many patients received treatment at area hospitals and shelters, these facilities were ill-equipped to handle the overwhelming number of evacuees with mental health issues. Unlike other evacuee needs which have diminished over time, the need for mental health treatment has increased, and by all accounts, will continue to do so. There is a mismatch in Louisiana between the state's historical allocation of mental health treatment dollars and the pressing needs of the evacuee population that must be addressed in the near future. Specifically, the state has typically directed 60% of its mental health funds and 72% of its professional staff to inpatient care, whereas most evacuees will require mental health care in a community setting.²³ For Baton Rouge, the challenge will be to use new federal funding to create a larger community mental health infrastructure to meet the needs of those evacuees who remain in the city, as well as the needs of those who have assisted the evacuees.

Within the city, pre-Katrina residents identify increased traffic congestion, increased workload for the police, increased quality of life crimes (such as public drunkenness), and the ongoing strain of providing services to evacuees who remain, as evidence of a changed community. In an ironic twist, city officials and the public are now grappling with how to allocate fairly millions of dollars of tax revenue generated by the booming hotel business. When assessing the experiences of the six host cities studied in this report, Baton Rouge clearly provides the most striking contrast between the city's economic and social costs in assisting evacuees, and the city's economic benefits of the hurricane and its aftermath.

Baton Rouge

Baton Rouge's geographical proximity to New Orleans and its status as the Louisiana state capital ensured that it would play a unique role in both the immediate aftermath of Hurricane Katrina and the rebuilding of New Orleans. What was less predictable was that Baton Rouge might find itself a permanently changed community one year after the hurricane.

For thousands of New Orleans residents streaming out of the city in anticipation of Hurricane Katrina's landfall, Baton Rouge was their intended destination. Many headed to the homes of family and friends, in the expectation that their stay would be short and their return to New Orleans only a matter of a day or two. They were joined by thousands of additional evacuees bused to the city after the breach of the New Orleans levees. While many of these evacuees would later move on to other host cities, Baton Rouge was the first stop for many New Orleans residents, and the city's ability to provide immediate relief was severely taxed. In addition to evacuees, Baton Rouge hosted many of the relief workers who poured into the area. The pre-hurricane Baton Rouge metropolitan area population of 700,000 swelled to an estimated 1,000,000 in the first few days of the New Orleans evacuation. By most estimates, approximately 25,000 to 50,000 evacuees remain in the area today.¹⁸

Baton Rouge's immediate response to evacuees was provided against the backdrop of the city's own storm damage. Power and telephone service was lost in much of the city, and some of the city's residents were themselves in shelters. In keeping with past practice, many of the city's first responders had traveled to New Orleans to assist in relief efforts. Existing disaster relief protocols were implemented by the public and private sectors to meet the needs of the early evacuees who were not housed with friends or family. As the scope of the disaster unfolded, additional shelters were developed, including large, public shelters and a substantial network of private homes and apartments organized primarily by the faith-based community. These latter served approximately 160,000 individuals, an astonishing private sector effort unique to Baton Rouge.

The pre-hurricane Baton Rouge metropolitan area population of 700,000 swelled to an estimated 1,000,000 in the first few days of the New Orleans evacuation. By most estimates, approximately 25,000 to 50,000 evacuees remain in the area today.¹⁸

As in other cities, evacuees with resources to purchase or rent permanent housing (including federal Section 8 housing vouchers) left the shelters, and moved into the larger community. Unlike some other host cities, the Baton Rouge housing market remains significantly impacted by the displacement caused by the hurricanes. The continuing demand for housing for relief workers, former New Orleans residents commuting to jobs in that city, workers engaged in reconstruction activities in New Orleans, and evacuees making decisions to live permanently in Baton Rouge has created a near 0% vacancy rate in the local rental market,¹⁹ and caused an exponential increase in the selling prices of homes in the area. There are several FEMA-sponsored trailer villages, including the inaptly-named Renaissance Village, an arid, dusty plot with no community facilities for residents. Area hotels continue to maintain very high occupancy rates. To date, free-market forces regulate the housing market in Baton Rouge, both to the benefit and detriment of the city's pre-Katrina residents.

The Baton Rouge Chamber of Commerce estimates that 15,000 additional jobs have been created in the area since Hurricane Katrina, another reflection of the unique impact on Baton Rouge. These include jobs at state agencies headquartered in the capital city to assist in work with hurricane victims state-wide, some of which were difficult to fill due to a lack of qualified workers. Additional new jobs in the area also are

Study Findings *continued*

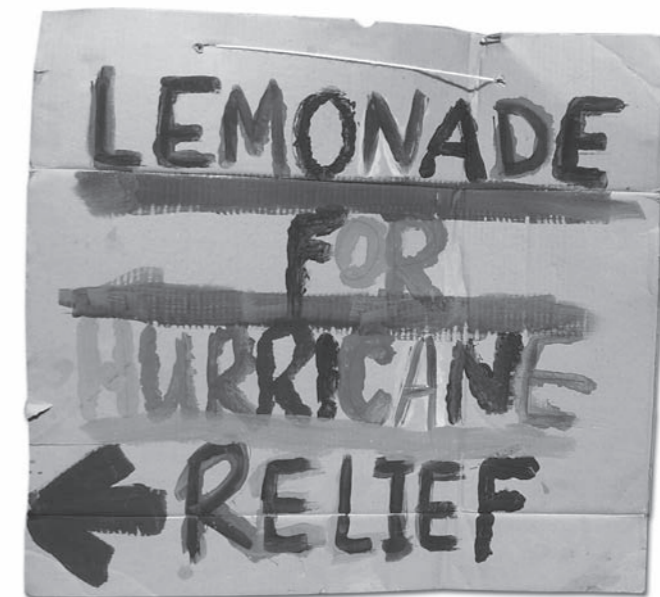
districts offered summer school opportunities to evacuee students, and participation ranged from 4 or 5 students to an estimated 50% of eligible students.²⁹ Area parochial schools initially enrolled 235 evacuee students last year, but plan for only about 10 of those students to enroll again this year.

By most accounts, the greater Birmingham area was prepared to meet a greater level of health care needs than those presented by the evacuees upon arrival last year. Unlike some other host communities, medical care for local residents does not appear to have been impacted significantly by the presence of Hurricane Katrina evacuees.

A number of concerns around health care were raised by those who work with lower-income evacuees, in particular, whether evacuees are taking advantage of the health insurance options available to them or, if not, how they are accessing the care they need. None of the three evacuees interviewed have health insurance. Two of the evacuees interviewed have neither seen a doctor nor obtained refills for prescription medications left behind in New Orleans. Free prescription refills for evacuees continue to be provided by at least one faith-based organization, but this limited service is not a long-term solution for evacuees with chronic ailments.

As in other host cities, emerging and future mental health needs are an area of concern. The medical director of Alabama's Department of Mental Health and Mental Retardation cautioned that approximately one year after Hurricane Katrina, evacuees' resilience could wear thin, resulting in mental health issues or symptoms of such issues, including, for example, post-traumatic stress syndrome, marital discord, or drug use. Building greater capacity to meet these needs is a current challenge in the Birmingham area.

The delivery of legal services to evacuees in Birmingham and throughout the state by pro bono lawyers and legal services counsel set an example of organization, centralized coordination and flexibility. The Disaster Legal Assistance Hotline operated by the Alabama State Bar and FEMA started operation the day after Katrina hit and was the first such Katrina-related legal hotline operational in the country. It was complemented by the new statewide and toll-free hotline and intake system established by Legal Services of Alabama. Legal Services also set up four intake centers around the state, including one in Birmingham. Such a coordinated ability to respond to the thousands of calls for legal advice was supplemented by continuously-updated manuals provided to evacuees to assist in understanding their legal rights and how best to resolve them.



Birmingham

In the weeks and months following Hurricane Katrina, Birmingham and the eight county metropolitan area (population: 1,100,000) received upwards of 20,000 evacuees.²⁴ Although evacuees continue to arrive from other host cities, current estimates are that approximately 1,500 evacuees remain in Jefferson County,²⁵ the smallest number in any of the host cities studied.

To meet the immediate needs of early evacuees, Birmingham was the first host city to open a centralized Hurricane Recovery Center. Housed in the city's Boutwell Auditorium, the Center provided space for relief organizations such as the Red Cross, HUD, and the Social Security Administration, as well as space for state and local agencies responsible for public transportation, employment, housing, and health care. Evacuees were provided information and referral services, and afforded opportunities to register for emergency and non-emergency aid, obtain bus tokens, fill prescriptions, register children for school, search for employment, and obtain limited medical care, meals and other supplies. The Boutwell Hurricane Recovery Center served as the model for other cities, and was replicated successfully in several other states prior to its closure in late September 2005.

Birmingham also participated in the first-ever activation of the federal National Disaster Medical System (NDMS), under which the Birmingham Regional Emergency Medical Services System provided triage services to arriving evacuees, and then matched evacuee needs with available beds at both private hospitals and Birmingham's Veteran's Administration Hospital. Birmingham's NDMS program was prepared to care for significantly more evacuees than it received.

Birmingham's experience in providing shelter, housing and other services to evacuees mirrors that of other cities. Upper and middle-income evacuees with resources secured independent housing in the community, and many now have moved into permanent employment and enrolled their children in area schools. A second group of middle-to-lower income evacuees relied on initial assistance in meeting needs, but they also now have moved into the community and are largely self-supporting. A third group of evacuees is now emerging that consists of those currently receiving temporary housing support from FEMA or other public housing programs, but still struggling to find employment and become self-supporting when assistance ends. Also included in this third group are those who originally moved in with family or friends, or had limited resources to secure their own housing, but are now in need of outside assistance.

This third group is emerging in Birmingham at a time when it may prove more difficult to secure necessary assistance. The Unmet Needs Committee, a 40-organization body that provided holistic case management to evacuees, scaled down its operations in spring 2006 after providing assistance to set up 1,000 households. As time has passed, evacuees who did not take advantage of early offers of assistance with long-term needs have dispersed in the metropolitan area, and many have not been tracked by assistance providers. A limited-service public transportation system and the dispersed and confusing layout of the greater Birmingham area make many evacuees' search for employment and aid more challenging. An estimated 21% of Birmingham families already live below the poverty line,²⁶ and these local residents are more skilled in accessing public services and assistance than the evacuees.

At the beginning of the 2005-2006 school year, the five largest Birmingham-area public schools enrolled 863 evacuee children.²⁷ Birmingham public and parochial schools permitted Hurricane Katrina evacuees to begin classes and waived most, if not all, fees and tuition. According to Alabama State School Superintendent, Joseph B. Morton, "Those students came with no school textbooks, no permanent school records, in many cases, no clothes, and in almost all cases with more psychological and social needs than many of us can imagine." On the whole, Birmingham school districts had an organized response to Hurricane Katrina evacuees, accepting donations from many sources and attempting to meet the special needs of the evacuee students. By March, 2006, the number of such children in area public schools had dropped to 679²⁸, and that is the number of enrollees contemplated for the 2006-2007 school year. Some area school

Study Findings *continued*

Houston

Of the host cities studied, Houston and surrounding Harris County received by far the most evacuees (250,000) and reported the largest remaining evacuee population (150,000). Harris County comprises 1,778 square miles. There are 34 municipalities within Harris County, including, Houston. The population of Harris County is approximately 3.7 million. The population of Houston is 1.9 million. The sheer volume of evacuees who arrived, and who remain today, has dictated an exponentially larger response in Houston than in other host cities studied.

The immediate response to the arrival of the evacuees on September 1, 2006 was a well-coordinated, bi-partisan effort to establish four megashelters at the Astrodome, Reliant Center, Reliant Arena, and the George R. Brown Convention Center, collectively known as Reliant City. Reliant City served over 65,000 evacuees, in various capacities, before closing on September 20, 2005 in anticipation of the arrival of Hurricane Rita. The megashelters were literally cities within cities. Relief efforts for early arrivals also included offers of free transportation by bus or airplane to other destinations, in recognition that most of the evacuees bused to Houston had little or no say with respect to their relocation to Houston. The city established the centralized Disaster Recovery Center, which was forced to close briefly for the Hurricane Rita evacuation, in which over ninety agencies met with evacuees to provide assistance in housing, employment, food, clothing, child care, transportation, and counseling.

From the beginning, local officials attempted to move evacuees into permanent housing as rapidly as possible. The evacuees' move into the community has impacted an already tight public housing market. Prior to the arrival of the evacuees, more than 16,000 people were on a waiting list for public housing vouchers in Houston.³⁰ The waiting list for federal Section 8 subsidized housing vouchers has been closed since 2001. In addition, a study commissioned by the Texas Department of Housing and Community Affairs found an existing shortage of almost 14,000 apartments affordable to families earning up to \$26,360 per year – the income category thought to apply to most evacuees living in Houston. Even without considering evacuees, the affordable housing shortage is expected to grow to almost 24,000 by 2009.³¹

The Joint Hurricane Housing Task Force (JHHTF) was created to meet the evacuees' housing needs. Since its inception in September 2005, the JHHTF has placed approximately 150,000 evacuees into over 34,000 units in greater Houston metropolitan area. The JHHTF currently continues to provide rental assistance to 12,000 families under Section 403, which has been set to expire on multiple occasions, most recently on July 31, 2006. FEMA, faced with litigation over the extension of housing benefits, has extended benefits for evacuees found ineligible for continuing assistance until August 31, 2006 to allow them to make other provisions for housing.

The city of Houston is engaged in establishing resettlement plans that will focus on methods to help evacuees find housing, get job training and job placement, as well as provide essential resources such as public transportation and child care. The efforts are aimed at helping evacuees become



independent, self-sufficient members of their new community. Coordinating with various agencies, the city is creating a business plan for a resettlement model, which will include multiple projections on how many evacuees will stay or leave Houston, and the expenses associated with those decisions. Houston Mayor Bill White and New Orleans Mayor Ray Nagin, in conjunction with the Joint Hurricane Community Resettlement Program, are also working to create a resettlement program for evacuees.

Critical to the success of the resettlement plans will be the continuation of case management services currently being provided to the evacuees by various agencies in Houston. For instance, in February 2006, Katrina Aid Today was established through additional grants from the United Methodist Council on Relief and the National Disability Rights Network. As part of this effort, seven national nonprofit agencies with expertise in long-term disaster recovery are on the ground in Texas to help the most vulnerable survivors and evacuees. Many of these expert agencies emphasize case management. The United Way has led the creation of the Houston Long-Term Recovery Team, consisting of 17 community organizations which provide case management services. United Way's own 2-1-1 service has referred over 1,000 individuals to agencies providing case management services.

Many evacuees have received assistance in finding employment through job fairs and other programs offered by the city, as well as assistance from WorkSource reintegration counselors. Counselors emphasized that most evacuees have done an extraordinary job overcoming the devastation of Hurricane Katrina to actively pursue new employment and job skills training. However, it has been difficult for some evacuees to find jobs. Some remain emotionally traumatized by their experiences during Hurricane Katrina; others have delayed searching for work as they are undecided about returning to their homes. Many are limited by a lack of public transportation to areas where jobs are available. Still others have no prior job experience and require additional training, or have been dependent on public assistance for long periods of time. "We need to get a training network established... it's a matter of capacity," said Tom Costanza of Catholic Charities in New Orleans.³² Reintegration counselors have occasionally encountered individuals who stated they are uninterested in seeking employment. WorkSource recognizes that the process to assimilate the evacuees into the Texas workforce will be a multi-year effort.

Workers wishing to return to Louisiana are now assisted by Houston reintegration counselors, who have instituted monthly conference calls with their New Orleans counterparts. It has been a challenge for evacuees to return to New Orleans because repaired residential properties often are occupied the same day they become available, leaving no opportunity for evacuees in Houston to find housing. These monthly conference calls create a direct link for the counselors in Houston to obtain Louisiana housing information for those wishing to return to New Orleans.

Approximately 36,000 evacuee children enrolled in Houston-area public schools in the 2005-2006 school year.³³ The Texas Education Agency estimates that for some school districts, up to 50% of their evacuee students will not re-enroll this year, but there is a lack of hard data on which to make projections. One of the most striking education efforts was the creation of the New Orleans West (NOW) charter school. This

elementary school served evacuee students, and was created by the Knowledge is Power Program (KIPP) and staffed by Teach for America staff evacuated from New Orleans. The students' achievement rates were very high, and the NOW school will re-open for the 2006-2007 school year.



Study Findings *continued*

New Orleans

New Orleans suffered the greatest physical damage to a major urban American center in the nation's history, with total damage estimated in excess of \$100 billion.³⁵ It is estimated the flood waters moderately to severely damaged or destroyed more than 200,000 housing units, a calamity that proved to be the single greatest disaster and also the root of the city's current challenges. In the aftermath of Katrina, over 80% of the city was flooded. The clean-up so far has covered 15 times the volume of debris removed from the World Trade Center after September 11, 2001²⁰ – and the job is still not complete.

One year after Hurricane Katrina, estimates note that approximately 200,000 of the 450,000 evacuated residents have returned to New Orleans. To say that they have returned “home” is to imply that they have returned to the familiar; for most returning evacuees, this would be inaccurate. Entire neighborhoods – block after block, mile upon mile – remain virtual ghost towns. New Orleans today is a city in the midst of an unprecedented era of transition, but still largely without a clear vision of the process, the timeline, or the likely outcome. Our interviews reflected a sense of great optimism about the chance to build from a clean slate and to address many of the issues that have long plagued the city, but also very slow progress and great uncertainty.

Major decisions have yet to be made about which parts of the city will be rebuilt and in which order. Decisions must also be made about applicable building requirements and whether or when municipal services will be restored. Responsibility for funding the rebuilding is an unresolved issue. Critical decisions have yet to be made about whether the Army Corps of Engineers will bring the city's levee system up to the original design goal of protection against a 100-year event, and whether the coastal wetlands vital to the city's safety will be restored. These fundamental questions have slowed the rebuilding process and left many evacuees without the confidence or opportunity to return. Many of them are also waiting out the next hurricane season to see how New Orleans will weather the season. In turn, the evacuees' indecision requires each of the host cities described in this report to plan for the long-term needs of evacuees without knowing how many will stay or how long they will stay. The longer the wait, the less likely it is that many evacuees will ever return to New Orleans.

In critical areas such as housing, education, health care and municipal services, the ability to rebuild quality systems will depend heavily on New Orleans' ability to rebuild in general. For those who have already returned to New Orleans, these systems are functional, albeit many not consistently so. Mail delivery is sporadic, as is garbage collection. Adequate and regular public transportation remains a problem, making it difficult for those who depend on the system to get to jobs and other critical places. Access to health care is difficult. Many small businesses which meet daily consumer needs, such as dry cleaners, grocery stores, hair salons, gas stations, restaurants and cafes, remain closed as their owners decide whether or where to re-open.

The severe shortage of both temporary and permanent housing hampers the city's rebound. Many residents continue to live in transitional housing, FEMA trailers, or in improvised shelters. Building of new housing units, particularly affordable housing, has been constrained by scarce building sites and rising construction costs. Until complex mortgage repayment and insurance coverage issues are resolved, addition of substantial new housing units to the city will be delayed. While FEMA and HUD short-term support programs are available for low-income families, finding suitable housing remains difficult for these families. Approximately 50% of the city's rental units were lost in Katrina, and an additional 5,000 public housing units will be demolished by HUD in order to build mixed-income projects.³⁷

Not surprisingly, rent has increased dramatically in the ten months since the storm. Rental rates have increased 25-30%.³⁸ “One-bedroom apartments are renting from \$1,100 to \$1,300, and two-bedroom units are advertised from \$2,000 to \$2,400. Low-income and public-housing residents who lived in New Orleans before the storm are being priced out of their old neighborhoods. Unable to return home, they remain in their host cities.

Each of the megashelters provided a fully-staffed clinic to meet the health needs of evacuees. Upon their closing, the expectation was that most evacuees would access health care through existing community resources. At that time, it was estimated that there were 1.2 million uninsured persons living the greater Houston metropolitan area, and 500,000 under-insured persons.³⁴ Up to 50,000 of the remaining evacuees are estimated to be uninsured, thereby adding to the demand for free or low-cost medical care. By some accounts, the transition to community resources has been a difficult process for both providers and consumers. One clinic serving low-income patients reported an increase in daily patient visits from 15 per day to 100 after the closure of the shelters.

As is the case with other host cities, the mental health care need of evacuees is an area of increasing concern. Several specialized programs have been developed to meet these needs, including the Katrina Crisis Counseling Program (KCCP) and Project Resiliency. As of May 2006, it is estimated that KCCP serves between 2,400 and 3,000 evacuees per month. Project Resiliency is a recently-formed consortium of fifteen mental health and substance abuse groups in the Houston area who are working together to create a long-term plan for mental health care.

One major concern expressed by mental health providers is that it is becoming increasingly difficult to target and identify Katrina evacuees. Many evacuees now consider themselves to be Houston or Harris County residents. Others have deliberately distanced themselves from the perceived stigma of being a Katrina evacuee and either choose not to seek out Katrina-specific services, or do not identify themselves as evacuees when accessing community resources. Providers rely on Louisiana addresses to identify evacuees, but as time progresses, evacuees obtain and utilize Houston and Harris County addresses.

Transportation in Houston remains a serious problem for many evacuees, especially those who were placed in apartments outside METRO's service area, or far from the bus lines. The Red Cross has worked to make free transportation available to evacuees through the Harris County RIDES coupon program. Although the coupons have been available for almost a month, the Red Cross, the largest non-metered transportation provider in Harris County, has not yet received any.

Evacuees' legal needs relating to Hurricane Katrina are expected to continue until at least September 2007. Early legal services to evacuees focused on insurance settlements, mortgage payment and consumer credit issues, probate, housing vouchers, consumer fraud, family law and landlord-tenant issues. By June 2006, remaining evacuees were also facing termination of FEMA housing assistance, fraud by contractors rebuilding their homes and foreclosure threats from mortgage companies trying to persuade homeowners to pay-off home loans rather than to rebuild. Calls to legal services hotlines continue to produce 200 to 300 new clients per month for the Houston Volunteer Lawyers Program.

Study Findings *continued*

San Antonio

Although estimates vary, it appears that San Antonio received between 25,000 and 50,000 evacuees from Hurricane Katrina. The San Antonio Department of Community Initiatives estimates that as of April 2006, approximately 7,500 households, comprising 15,000 individuals, remain in San Antonio, having made the city a long-term, if not permanent, home.

The city of San Antonio mobilized quickly and, by most accounts, fairly effectively to serve the many pressing needs of the evacuees streaming into the city. The unique demographics of the San Antonio evacuee population presented challenges to the city. In mid-September 2005, the San Antonio Metropolitan Health District and the United States Center for Disease Control surveyed 1360 heads of households who were being housed in evacuation centers. The data revealed that 28% of the evacuees had not been employed; 42% reported a household member with a chronic medical condition; and 28% had a household member with a physical or mental disability. This unexpectedly high proportion of chronically ill and disabled evacuees initially exceeded the city's capacity to respond to their special needs. As the number of special needs evacuees became clear, the San Antonio Metropolitan Health District moved quickly to create a range of specialized shelters and programs for this population. These public programs were supplemented by voluntary efforts of the faith-based community and a wide range of health care professionals.

In June 2006, a focus group of forty evacuees provided both written and oral accounts of their experiences in San Antonio. This was the largest single focus group convened in the host cities studied, and the only group to complete a written questionnaire. As in the other cities, the responses and comments of the participants reflect only the views of a subset of evacuees, but we believe that their experiences and thoughts are generally representative of evacuees in all cities studied.

A substantial number of evacuees in the focus group were dissatisfied with their current housing, employment status, and ability to meet medical needs. A feeling of upheaval and displacement, with attendant stresses and some mental health concerns, was a strong undercurrent of the focus group. In describing his life, one evacuee noted that he had been experiencing flashbacks of the hurricane and added, "I haven't had a good night rest [since] I've been evacuated. I have dreams that I didn't make it or why did I... I'm emotionally unstable right now. I'm dealing with stress every night and it's hard to adjust to where I'm at."

A common concern raised during our interviews was the need for case management services for hurricane evacuees, particularly as a means of meeting long-term and interconnected needs such as housing, employment and health care. Relief efforts could have been more cohesive if evacuees were able to turn to one person or organization to direct them to the resources they needed. Case management services were provided from a wide variety of non profit sources, including Family Services Association, Catholic Charities, St. Vincent de Paul, and other faith-based organizations. Evacuees who were or are receiving case management services spoke highly of them. However, the availability of those services has been inconsistent and not well-publicized among evacuees who remain in the city. The shortage of case managers, and the unawareness among the evacuees that case managers are even available, continues to be a problem.

As in all cities studied, emerging mental health needs were identified as a pressing need. Emergency planning for the provision of mental health services in San Antonio primarily considered the need to provide services to assist the evacuees through the initial trauma of the event and not the ongoing traumas of displacement and the need to re-establish their lives. Although there is a need of continuing mental health services, there appears to be no organized attempt to provide mental health services to evacuees at this stage of the resettlement process.

A similar issue exists relating to health care. The focus group, though anecdotal, appeared to confirm that many evacuees who had access to a wide array of health care resources while in the shelter, are now doing without. One theme we heard from the evacuees was that, because of a combination of lack of money, lack of employment, and lack of insurance, they could not afford the medications that they had been taking

The problem for those who have returned to New Orleans is not a lack of jobs; in fact, because of the lack of housing, the city has a shortage of workers for the considerable work to be done. Approximately 64% of construction workers in New Orleans are Latino, half of whom are undocumented workers.³⁹ Undocumented workers face more exploitation, fewer legal protections, and lower wages. The average wage among documented workers is \$16.50 per hour, compared to \$10 for undocumented workers.⁴⁰ These workers often have to do the dirtiest clean-up jobs, working with dangerous substances in dangerous conditions and without proper protective equipment.⁴¹

The pre-Katrina Orleans Parish public school system can best be described as one of the lowest-performing and most racially segregated systems in the country, plagued by a seriously deteriorated physical infrastructure and ongoing mismanagement.⁴² In late 2005, the Louisiana legislature created the state-run Recovery School District (RSD) to assume responsibility for 117 of 121 schools in the Orleans Parish system. In addition, plans provide for creation of a series of charter schools to meet the projected needs of New Orleans students. Evacuee students have returned to New Orleans schools slowly; by June 2006, twenty-five public schools were open, serving about 12,000 students.⁴³ Plans for the 2006-2007 school year call for an anticipated 25,000 students to be served by thirty-eight schools. Under the RSD's plan and with federal funding support, the majority of these new or re-opened schools will be charter schools.⁴⁴ A significant barrier to establishment of an adequate public school system is a web of financing problems, including FEMA's requirement that the Orleans Parish School Board expend, and be reimbursed for, projected rebuilding costs of \$800 million⁴⁵ at a time when that body has \$450 million in outstanding debt obligations.⁴⁶

Prior to Hurricane Katrina, New Orleans maintained a two-tier health care system – private hospitals for the insured and Charity Hospital for the poor and uninsured. With the closure of Charity Hospital, private hospitals have now assumed the task and expense of caring for poor and uninsured patients. Temporary funding assistance has been provided to these hospitals, but as of 2007, the private institutions will have to absorb the additional costs unless comprehensive health care reform is in place. Various agencies studying how to improve the quality of health care in Louisiana and strengthen the safety net of care for the poor and uninsured have recommended integrating the two-tier system; disbursing funding proportionate to patients served; and increasing capacity, access to, and use of outpatient primary care clinics.

The area continues to suffer from a severe shortage of health care professionals, especially physicians. In New Orleans, approximately 4,400 physicians have been displaced by the storm.⁴⁷ An estimated 60 to 70% of physicians have not yet re-established their practices,⁴⁸ a reflection of both the loss of patients and their own indecision about returning to the city. Many primary care clinics remain closed and emergency rooms are full. Access to mental health care, as in all cities studied, is a growing concern for both returning evacuees and those who have responded to the needs of evacuees, including aid workers, first responders, health care and social service professionals. Available mental health care capacity, both inpatient and community-based, has been severely degraded. The suicide rate in New Orleans has risen dramatically – prior to Katrina the suicide rate was less than nine a year per 100,000 residents but has since increased to more than 26 per 100,000 through the end of 2005. The few available mental health providers are extremely busy, and the constant challenge of trying to meet overwhelming needs is taking a toll on these professionals as well. One psychologist described New Orleans as a city of "the wounded taking care of the wounded." Health professionals have seen increased alcoholism, drug use, spousal abuse, divorce, and suicide. By one report, only 22 of a previous 169 psychiatrists have returned to the city.⁵⁰

On the one hand, it is clear that the rebuilding of New Orleans rests on a series of interconnected challenges and decisions which require careful consideration and planning. On the other hand, there is a sense of urgency to make the process move faster, so that individual evacuees can make their personal decisions about their own futures. The balance between these two imperatives has not yet been struck.

Study Findings *continued*

Recommendations and Best Practices

All the host cities we studied struggled with similar issues. Although each city faced somewhat different circumstances, a number of common themes and lessons emerge. This section on "Recommendations and Best Practices" summarizes the cities' common experiences, the common problems they faced, the solutions that worked, and suggestions for improvement in each of the different issue areas studied.

A. Initial Response And Coordination

The local governments, agencies, churches, and individual volunteers in each host city rallied to provide for an unprecedented influx of evacuees. Within a matter of days, each of the cities had to create a full-blown "city within a city" for the evacuees. While circumstances varied and each faced unique challenges, all the cities organized structures to coordinate the work of multiple agencies, created shelters and service centers, and fed, housed, and cared for evacuees. From the various responses of the cities, we can identify the several lessons and best practices.

- Local agencies, both public and private, responded creatively and well. Local response worked best when:
 - one designated agency or group was in charge of coordination;
 - each agency or group had one designated person as its contact person and that contact person remained stable over time;
 - each government or private agency and faith-based organization "knew its identity" and had a pre-defined role within its area of expertise;
 - Red Cross relaxed its insistence on "control" of shelters and facilitated access by smaller organizations, especially volunteer healthcare provider organizations; and
 - local agencies were assured of reimbursement by federal agencies such FEMA.
- There was a breakdown in communications among the multiple agencies serving the evacuees. Communications worked best where:
 - strong working relationships and trust existed among relief agencies. These local relationships facilitated quick, informal, extemporaneous, and improvised solutions to problems. Communities should foster networking among relief agencies and work to strengthen these sorts of relationships; and
 - where an active local chapter of a multi-agency organization, such as United Way or Voluntary Organizations Active in Disasters ("VOAD"), existed. VOAD is a national organization with state and local chapters, providing cooperation, communication, coordination, and collaboration in disaster response. Communities should establish and strengthen local chapters of such organizations and designate them as coordinating groups in the event of a disaster.
- Inflexible bureaucratic organizations — FEMA and, to some extent, the Red Cross — are not the most adept at coordinating the responses of multiple agencies. Local agencies, such as a local VOAD chapter or the United Way, or collaborative groups, such as Houston's "Joint Unified Command," with enough power to collect and distribute information to resource providers and then to coordinate them worked best.
 - FEMA's governing statute, the Stafford Act, authorizes FEMA to utilize only enumerated organizations, such as the Red Cross. This obstructed FEMA's ability and willingness to work with and reimburse many smaller, non-enumerated agencies.
 - Red Cross' policies that rigidly define its mission — to provide food and shelter, but not healthcare or legal services — hindered Red Cross' ability to coordinate with providers of healthcare and legal services.
 - Flexibility is key. When disaster strikes, FEMA should be on site immediately and work closely with local agencies to make quick, informal decisions on reimbursement, without insisting on the full-blown grant application process.

before the hurricane. Several evacuees reported that they were signed up for Texas' CareLink health insurance program, but that they could not afford the co-payments. Others reported that they were badly in need of dental care but could not afford it.

Many of the focus group participants also expressed dissatisfaction or frustration with their post-shelter housing, either currently or in the transitional period of late 2005 or early 2006. Several reported living in homes that are smaller than those to which they were accustomed. Others reported that the constant shuffling left them feeling unsettled or powerless over where they lived. One woman explained, "I still don't have a place (house or apartment) I could call my own."

Another current concern for many San Antonio evacuees is employment. The underwhelming turnout of evacuees seeking employment assistance from Alamo WorkSource, an agency focused on matching employers with employees, coupled with the known demographics of the San Antonio evacuee population, suggests that many of the evacuees may need more focused employment assistance. Many of these people were unemployed in New Orleans or other Gulf Coast communities, and will likely require career counseling, training, and other services before they are truly employable.

***"I still don't have a place...
I could call my own."***

Estimates place the total number of students absorbed by San Antonio area schools at around 1,400. Area school districts had little trouble absorbing the new students or the additional costs associated with them, in part because the impacted districts tended to be experiencing declining enrollment. Had there not been such a trend, integration of the evacuee students would have been more challenging. Due to the large number of districts involved, it is difficult to estimate exactly how many evacuee students will remain in the San Antonio area districts for the 2006-2007 school year. On the whole, however, it appears that in the last year, the evacuee students have been fairly well-integrated into the San Antonio school system with only minimal impacts on the school districts. Members of the focus group did not express significant concerns about school-related issues.

While many social services agencies interviewed no longer work directly with evacuees, others reported increased demand for their services attributable to the evacuees who remain in the San Antonio area. The Salvation Army noted that its resources have been strained by increased numbers of evacuees. United Way homeless shelters typically serve 1300 people per day, and fill 764 beds per night. In the last nine months, however, the agency has served an additional 400 people per day, directly as a result of hurricane evacuees. This increased burden is not lessening. Since approximately October 2005, the San Antonio Food Bank has focused more on long-term recovery. Specifically, there are many evacuees now living throughout San Antonio who continue to need assistance from food pantries in the area. The increased burden on the Food Bank did not lessen when people moved out of the shelters — instead, the Food Bank continues to serve nearly twice as many people as it did before the hurricanes.

Study Findings *continued*

- A centralized volunteer management system would better deploy volunteers and would resolve the common problem (in all disaster relief efforts) of a surplus of volunteers at the beginning and insufficient numbers quickly thereafter. Call centers and websites which collect information about the skills of volunteers and then pair them with particular projects requiring that skill could provide a clearinghouse for volunteers.
- Centralized shelters, health care facilities, and "one-stop shop" service centers for government and private agencies, providing the full range of services to evacuees, worked well. All communities need to plan in advance where they would locate such a facility. As shelters and emergency health care facilities close, a central service center should continue to operate. It should also be supplemented by mobile units that visit to hotels, apartment complexes, trailer parks, and other areas where evacuees are housed.
- Separate shelter facilities need to be planned and established immediately for evacuees with mental illness, physical disabilities, and special needs. General population emergency shelters are not designed to handle people with special needs.
- Lack of records containing important, and sometimes critical, information hindered every area of relief. This information included medical records, prescriptions, school records, and registrations and eligibility records for public housing, Medicaid, and unemployment benefits. Tackling this problem will require further study, negotiation, and an unprecedented level of cooperation among local governments and school districts, state governments, and the federal government. Major issues include:
 - whether one central database (e.g. McKinney-Vento grantee utilized Homeless Management Information System (HMIS)) for all types of information preferable to a number of smaller single-subject databases (e.g., for medical records, school records, unemployment eligibility records, public housing records, etc.);
 - how realistic it is to achieve uniform and compatible records in hundreds of independent school districts or in federally-funded programs administered with different eligibility requirements in different states;
 - what is the feasible geographic scope of an appropriate database; and
 - how privacy and security concerns are met and what emergency waivers of some privacy provisions, and particularly HIPAA, should be established to permit public and private agencies to access data on individual evacuees.

B. Longer-Term Response

As the scope of the devastation to New Orleans and the Gulf Coast became clear, it became evident that evacuees could not return promptly, and that host cities were facing much more than a short-term relief effort. The matrix of virtually impossible problems that required simultaneous solutions in New Orleans are detailed in our New Orleans City Report. These problems forced, and are continuing to force, host cities either to provide for large populations of evacuees over the long haul or to assimilate them into their general population as new residents. The dynamics of this process are ongoing and will continue for some time. While long-term responses are still works in progress and far from complete, we can identify several common challenges and promising initiatives.

- There was no planning for services to significant populations of evacuees over extended periods of time or for assimilation of large populations of evacuees into communities. Agencies and host cities have responded to this need through the coordination of case management services. Case managers help evacuees with long-term needs such as finding employment, housing, health care clinics, and integrating into community life. Addressing an individual's set of interlocking issues on an integrated, case management basis was very helpful.

- Post Traumatic Stress Disorder ("PTSD") impacted significant numbers of evacuees. This disorder did not generally arise, or, at least, was not diagnosed, until 3-6 months after the disaster and evacuation. The impact of PTSD should be anticipated and there should be resources and trained volunteers to address these issues.
- Over time, services to evacuees have dwindled and will continue to dwindle; FEMA and other disaster funds run out; volunteers lose interest; stress takes its toll on professional aid workers; and public attention and sympathy wane.
- Given the demographics, needs, and services required by evacuees, (1) disaster relief must be extended to remaining evacuees and host communities and/or (2) additional funding and resources must be provided to host communities so they are able to provide services to former evacuees who are new residents.
- Individual donations need to be better coordinated and more efficiently distributed. A scripted donations protocol, similar to that used in Florida, which encourages cash donations and discourages in-kind donations would avoid problems encountered in some host cities. A centralized donation fund would discourage competition among organizations over publicity and donations. With unrestricted cash donations, the relief agencies, collectively, could triple the buying power through economies of scale.

C. Housing

As host cities worked to move evacuees out of shelters, they all worked with FEMA and HUD to provide "temporary" housing in hotels and FEMA trailers and, ultimately, in apartments and houses. HUD, with a larger budget than FEMA, provided housing vouchers under its Katrina Housing Disaster Assistance Program through its existing Section 8 program and local Housing Authorities to nearly 15,000 families. These benefits were funded by FEMA, initially under Section 403 of the Stafford Act, providing reimbursement for short-term emergency shelter for evacuees, and, then, under Section 408, the standard, longer-term program to assist eligible individuals impacted by disasters. Recent experience shows that many low-income people placed into short-term housing after disasters are not able to transition easily into long-term housing. Fourteen years after Hurricane Andrew uprooted thousands of people in Southern Florida, there still remain individuals who have made short-term accommodations long-term solutions.

The host cities' experience with FEMA and HUD suggest several conclusions.

- HUD should have sole responsibility – and receive additional funding – to meet long-term housing needs. HUD has local agencies in place and is better equipped than FEMA to handle these issues.
- Local Public Housing Agencies and FEMA should participate in central "one-stop shop" locations where evacuees can find all needed services and resources — first, at shelters and, then, at centralized service centers.
- Local Public Housing Agencies should be permitted to enter into contracts directly with management companies to accelerate the movement of evacuees out of shelters and into long-term housing. Section 403 funds should be used to ensure that housing providers are paid under these contracts.
- Federal regulations under the Stafford Act should be revised to allow for payment of security deposits and utility fees, in addition to rental subsidies. Rent assistance provides little benefit if the family will be evicted due to its failure to pay utilities.

Study Findings *continued*

E. Education

Approximately 372,000 school children were displaced from the Gulf Coast by Hurricane Katrina. The challenge of providing education to these children fell squarely on the shoulders of host cities and their school districts. A number of the critical issues relating to the relationships between evacuees and host cities played out in the schools, as younger evacuees became students and confronted local students and teachers. A significant number of common experiences and lessons emerged.

- School district telephone hotlines and outreach to evacuees at shelters, hotels, and apartment complexes with information about local schools and the registration process were effective in speeding registration of evacuee students.
- Cities should keep secure electronic student records that can be transferred immediately to, or be accessed by, host city schools in the event of an evacuation. While Louisiana ultimately was able to provide records that verified students' grade levels in Louisiana and needs for special services, host city schools (a) needed records immediately and (b) needed up-to-date information on Individual Education Plans, curriculum descriptions and standard test scores (to place students in the proper grade), disabilities, and medical records, all of which were unavailable. In the longer term, host cities that maintain such portable records will prove valuable to other schools, as students change schools.
- Federal funds did not cover the entire cost to districts of serving evacuee students. Funding formulas should be adjusted to ensure that neither evacuee students nor school districts are impacted by insufficient reimbursements.
- Host schools reported an immediate need to hire additional teachers due to the influx of new students and longer-term needs to expand alternative and special programs to meet the unique needs of the evacuee population from New Orleans. They also needed to hire additional counselors to address the post-traumatic stress syndrome prevalent among evacuee children.
- Reimbursement for the expense of these services by host school districts through FEMA and the Emergency Impact Aid Program was slow and cumbersome. Pre-disaster guidelines and streamlining of the distribution process would assist host school districts in providing for evacuee students.
- Some host districts found that "homeless liaisons" — a position required by the federal government — were well-suited to deal with, and to teach others to deal with, the problems experienced by evacuee students. Classifying evacuee children as "homeless" made them eligible for certain programs, including free lunches, regardless of documentation.
- Some host city districts worried that acceptance of evacuee students would make it more difficult for their schools to comply with No Child Left Behind standards. The Department of Education is allowing districts to segregate the data on evacuee students this year.
- Host cities took some variation of two different approaches to assigning evacuee students — some purposely dispersed evacuee students among a number of schools while others purposely concentrated them together in one school, frequently in a building that was vacant at the time Hurricane Katrina hit. Additional study needs to be done on the relative impacts of these two approaches on evacuee students' mental health, academic progress, and integration into the host city.

- Local Public Housing Agencies and FEMA should be flexible and consider waiving certain requirements in emergencies. Such waivers could include:
 - traditional lease requirements, such as background checks and credit checks; and
 - income eligibility and affordability requirements; and
 - restrictions on renting at above fair market rent in HUD housing voucher programs.
- Local Public Housing Agencies should spearhead the identification of local housing units and establish a central service center for landlords where housing contracts can be signed and landlord issues be addressed.
- There is room for significant improvement in the transition from Section 403 benefits to Section 408 benefits. Many evacuees receiving Section 403 benefits were unable to establish their eligibility for Section 408 benefits because the eligibility requirements were not communicated or were not communicated correctly. FEMA guidelines and timeframes for the transition must be clarified and simplified. FEMA needs to provide better communication to evacuees to improve implementation of program changes.
- Local Public Housing Agencies need to know the identity and location of evacuees. Changes to the Privacy Act and/or FEMA regulations should permit FEMA to disclose such information to local authorities in an emergency situation.
- Local housing agencies should consider in advance how they might balance the needs of both evacuees and pre-disaster city residents seeking Section 8 benefits.

D. Employment

Host cities' efforts to provide jobs to evacuees followed a common pattern. U.S. Department of Labor funds, administered through existing state employment agencies, were remarkably successful in locating jobs, but were less successful in filling available positions for a variety of reasons. Several common lessons were learned and best practices adopted in the employment area.

- Local call centers, employment offices in centralized "one-stop shop" service centers, and job fairs in host cities worked well to match evacuees seeking jobs with available employment opportunities. The U.S. Department of Labor's Hurricane Recovery Website (through CareerOneStop) provided evacuees with job openings on a national basis. Communication of information about these resources to evacuees was key.
- Lack of jobs was not the most urgent problem faced in employing evacuees. Despite labor shortages, a significant number of evacuees did not obtain, or did not seek, jobs for a variety of reasons — some were traumatized and demoralized by the disruption in their lives; some were preoccupied with seeking food and shelter or could not begin a job search until they found permanent housing; others lacked job skills and necessary education and training; and many had been chronically unemployed in Louisiana.
- Large numbers of evacuees needed training in fundamental job skills and career counseling before they could be placed in jobs. The relative success in finding jobs for evacuees who were qualified and ready to work and the inability to find enough qualified evacuees able to fill job openings suggests a shift of emphasis and funding from job services to job training and counseling.
- Transportation and lack of child care were serious hurdles for evacuees seeking jobs. Agencies were most successful in placing evacuees when they were able to provide transportation and child care for job hunts and interviews.
- Reintegration Counselors, who helped evacuees find employment, were a success story, though it would have been helpful if they could have started sooner.

Study Findings *continued*

- Given the large number of evacuees who will lose their health insurance with their jobs after a disaster (and spend through any assets), the federal government should consider increasing its eligibility limits to enroll uninsured evacuees into Medicaid who otherwise would not qualify.
- Mobile healthcare units, especially for basic primary care, are an efficient and cost-effective means to furnish healthcare to evacuees. This is especially true once evacuees are moved from shelters and dispersed into other housing.

G. Legal Services

The legal needs of evacuees were met by heroic efforts on the part of host city legal aid lawyers, backed up by volunteer lawyers organized through local bar associations and law schools. Several common experiences, lessons, and best practices can be identified.

- Evacuees faced a number of legal problems, including child custody matters in cases in which parents had evacuated to different states; landlord-tenant issues; public housing assistance issues; FEMA denial of benefits; consumer fraud; and insurance issues. Recognizing that many evacuees initially had other immediate needs to address, and could not focus on their legal needs, and that legal needs evolve over time, legal services need to be staged to meet the ongoing needs of evacuees.
- Joint efforts by local legal services organizations and bar associations created clinics to answer legal questions and to provide advice to evacuees. Lawyers were able to provide legal advice at legal clinics at shelters, telephone hotlines, existing legal service offices, and mobile units set up at hotels, apartment complexes, and trailer parks where evacuees were concentrated.
- Centralized intake systems staffed by paralegals helped significantly to free experienced legal services lawyers to perform their ongoing role of providing extended legal representation to the needy, and to refer evacuees to appropriately trained volunteer attorneys and the most convenient clinic locations.
- Provision of legal services could be enhanced if state bar associations and Supreme Courts could establish rules to relax licensing requirements for providing limited legal services over a defined period of time following the declaration of a disaster. Such rules (such as that adopted by Louisiana in January 2006) would permit out-of-state attorneys to volunteer and assist local volunteer lawyers.
- Since insurance claims are generally considered “fee generating,” legal services agencies cannot take those cases. This creates a problem for evacuees with small claims that are not attractive to practicing lawyers. This gap in the availability of legal services is aggravated by the fact that many insurance policies require claims to be filed within one year of the date of the event.

F. Health Care

Local health departments and medical providers scrambled to provide care to evacuees, who arrived with significant health conditions, but without medicines, prescriptions, or medical records. Significant confusion was encountered during the host cities’ initial responses, especially with coordination of healthcare providers’ access to shelters and the unforeseen need for separate, specialized shelters for evacuees with mental health problems and special needs.

Mental health problems, and especially post-traumatic stress syndrome, have emerged as a major issue among evacuees, especially as their time as evacuees stretches on and on. Estimates show that there are 500,000 people in need of mental health services because of Hurricane Katrina, and there are not enough mental health professionals to address the need. In addition to these observations, we were able to identify a number of best practices.

- Medical services must be provided to evacuees in shelters. Although Red Cross and government agencies responsible for setting up shelters are not charged with providing healthcare services, it is critical that medical services be made available in shelters and at central service centers. Red Cross should plan in advance with healthcare providers to coordinate provision of healthcare services. Red Cross should facilitate, and not hinder, the provision of medical services to evacuees in shelters.
- Local health departments successfully employed centralized databases of beds available at all hospitals in a metropolitan area to match incoming evacuees who needed hospitalization with available hospital beds.
- Separate shelters providing specialized services and living arrangements must be made available to the mentally ill and persons with special needs from the outset.
- Call centers manned by nurses who can provide limited medical advice and referrals were successful.
- Provision of medical services was hindered by lack of access to evacuees’ medical and pharmacy records. Programs to address this issue might include:
 - providing patients who are hospitalized at the time they are evacuated with some form of identification and with their medical records or basic patient history, including drugs prescribed, allergies, next of kin, recent surgeries, etc;
 - establishing electronic storage of medical records and pharmaceutical records in a central database in the patient’s home city, which could be accessed and supplemented by doctors in a host city, if the patients are evacuated. These records would remain available regardless of the number of times an evacuee moved between host cities or within a host city. Although Katrinahealth.org was established with little notice or training, it has been praised as an exemplary model for record storage and access.
- Appropriate exceptions to, or waivers of, HIPAA restrictions should be established to permit flexible access to, and use of, medical and pharmacy records in emergency situations.
- State Medicaid plans need to prepare to enroll evacuees who do not have identification or an enrollment card tied to the beneficiary’s residence. Medicaid administrators must plan for identifying, tracking, and assigning cards to new beneficiaries without any of the standard mechanisms in place.



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- ⁴ Pamela Winston, Olivia Golden, Kenneth Finegold, Kim Rueben, Margery Austin Turner, & Stephen Zuckerman, Urban Institute, *Federalism after Hurricane Katrina: How Can Social Programs Respond to a Major Disaster?*, p. 9 (published June 27, 2006) [hereinafter *Federalism after Hurricane Katrina*].
- ⁵ Shaila Dewan, Evacuee Study Finds Declining Health, New York Times, April 18, 2006
- ⁶ Id.
- ⁷ Id.
- ⁸ Id.
- ⁹ UCLA Center on Minority Health Disparities, *UCLA Psychologist to Lead National Effort to Address New Orleans' Enormous Mental Health Needs Aug. 8-9; Religious Leaders will Participate (2006)*.
- ¹⁰ The National Governors Association office indicates that they have been gathering information on the number of displaced students anticipated in the 2006 - 2007 school year. In April, they indicated that states had welcomed in more than 157,000 elementary and secondary students who had been displaced by the disasters. At this time (July, 2006), they indicate: "As expected, many southern state schools are projecting large numbers of the students to stay."
- ¹¹ Unemployment rates in New Orleans Metro were 5.6%, 5.6% and 5.8% for the months of June, July and August 2005 respectively. In Louisiana on a whole, they were 5.5%, 5.6% and 5.6% for the same months. In Mississippi, unemployment was 7.2%, 7.1% and 7.4% for the same months. *Brookings Institution Report*, page 12.
- ¹² Unemployment increased to 16.5% in New Orleans Metro in September from 5.8% in August 2005. In Mississippi, it shot up from 7.4% in August to 10.4% in September 2005 and in Louisiana, unemployment rose from 5.6% in August to 12.1% in September 2005. *Brookings Institution Report*, Katrina Index Tracking Variables of Post-Katrina Recovery, page 12
- ¹³ Unemployment declined to 6.4% in Louisiana, 8.6% in Mississippi and 8.8% in New Orleans Metro.
- ¹⁴ Based on FEMA's assumption that there are 2.5 persons per household, approximately 84,000 evacuees remain in the Atlanta metropolitan area today and more than 100,000 in Georgia

- 15 Georgia Department of Education, “Over 7,300 Hurricane Katrina evacuee students enrolled in Georgia public schools,” found at <http://www.doe.k12.ga.us/katrinarelease0912.htm>
- 16 The “Quality Basic Education” Act, which Georgia enacted in 1985, in an attempt to provide funding for direct and indirect instructional costs to Georgia’s public schools. The amount of money each school district receives under the act is tied largely to the number of students in each district. Although districts have received approximately \$4000 in federal aid per evacuee student, QBE allocations have not yet matched expenditures beyond the federal aid provided
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