

**APPLESEED HURRICANE KATRINA
PROJECT**

ATLANTA CITY REPORT

August 2, 2006

**King & Spalding LLP
Atlanta, Georgia**

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ATLANTA

PARTICIPATING LAW FIRM:	KING & SPALDING LLP
CONTRIBUTING LAWYERS:	Robert Arrington, Suellen Bergman, Michael Cates, Bill Durham, Amy Edgy Ferber, Tyler Giles, Shelby Guilbert, Tiffany Harlow, Jennifer Hill, Erica Long, Jessica Neyman, Tiffany Smith, Scott Zweigel
CONTRIBUTING SUMMER ASSOCIATES:	Candisse Collins, Jennifer Csik, Christina Gibson, Asha Jennings, Damien Moore, John Rains
PARTICIPATING CONSULTING FIRM:	BOOZ ALLEN HAMILTON
CONTRIBUTING CONSULTANT:	Catherine McCann
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II. INTRODUCTION

At least 100,000 people evacuated to Atlanta in the days before and after Hurricane Katrina made landfall last August. The vast majority of these evacuees remain in the Atlanta area today. Atlanta's sudden population growth due to the large scale evacuation continues to challenge Atlanta's ability to meet all the social service needs of its new residents, and its ability to integrate the influx of so many new residents, even if only temporary, into local housing, jobs, schools, legal services, and the health care system.

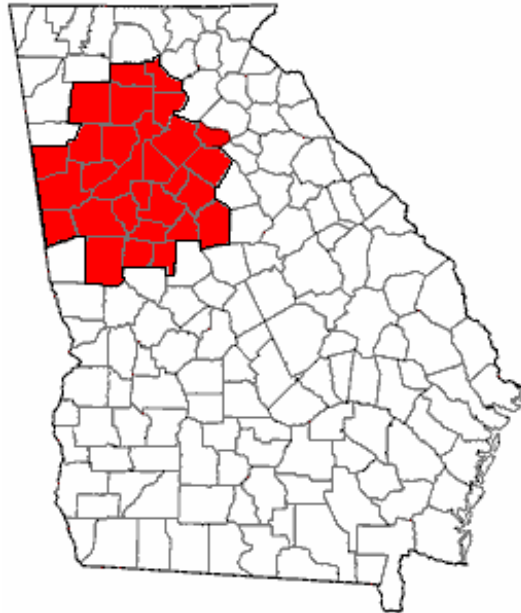
Despite some high profile incidences of fraud and crime tied to Katrina evacuees, the movement of such a large number of people to Atlanta in such a short time period was relatively well-executed by local government agencies and nonprofit organizations.

One possible explanation for the relative success of the evacuation to Atlanta may be that a large percentage of the people who came to Atlanta in the wake of Katrina “self-evacuated” because they already had a support network of friends or family in the area. It may be many years before we know how well these people are integrating into the local community, a question that depends in large part on rebuilding efforts in New Orleans, and whether those who self-evacuated here choose to remain.

The response of Atlantans and Georgians throughout the state to Hurricane Katrina evacuees was extraordinary, as tens of thousands of Georgians worked tirelessly to assist incoming evacuees. The evacuation to Atlanta, however, exposed significant strains between local governments and nonprofit organizations that should be addressed. These strains could hobble Atlanta’s ability to respond in the event of a significant man-made or natural disaster that hits closer to home.

One of the challenges in preparing this report was that the City of Atlanta itself contains only 429,500 residents, less than one tenth of the population of the overall Atlanta metropolitan area. The larger Atlanta metropolitan area contains over 4.7 million residents and encompasses portions of 28 counties.¹ The statistics cited in this report generally are based on the 28 county metropolitan Atlanta region. Based on the evacuation patterns, it is impossible to comment on “Atlanta’s” response to hurricane evacuees without examining this larger metropolitan area. The following map highlights the counties included in the Atlanta Metropolitan Statistical Area, and shows that metro Atlanta, broadly defined, covers an immense area of the state of Georgia:

MAP OF ATLANTA METROPOLITAN STATISTICAL AREA



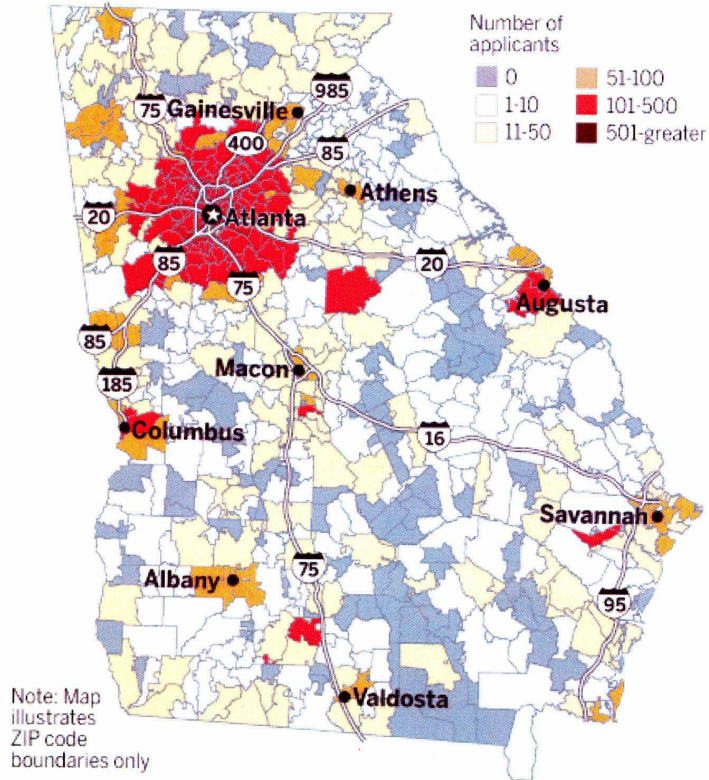
This investigation focused primarily on the efforts of government agencies and nonprofit organizations located in Clayton, Cobb, DeKalb, Fulton, and Gwinnett counties. These five counties, which have a combined population of nearly 3.3 million residents, comprise the core of the Atlanta metro area, and absorbed the vast majority of the evacuees entering the Atlanta area.

Atlanta's evacuee population differed from those found in the other large host cities in Texas and Louisiana primarily because many Atlanta evacuees initially self-evacuated to Atlanta in their own automobiles instead of being bused in, often choosing Atlanta because they already had families or friends in the area.ⁱⁱ

The exact number of evacuees who came to Atlanta is unknown. As of June 2006, 40,622 evacuated families were registered for FEMA Individual Assistance under Georgia zip codes. The actual number of evacuees is likely significantly higher

than 40,622, because this figure reflects the number of households, not individuals, and does not include evacuees who have not applied for Individual Assistance. According to Kenneth Skalitzkyⁱⁱⁱ of FEMA, approximately 300,000 evacuees are believed to have come to the state of Georgia at some point in September 2005. Based on FEMA's assumption that there are 2.5 persons per household, more than 100,000 evacuees remain in Georgia today, of which approximately 84,000 reside in the Atlanta metropolitan area. This represents a 1.8% increase in the city's population, most of which came in one week's time. According to zip code data compiled by FEMA, about 88 percent of the households who applied for FEMA assistance in October 2005 remained in Atlanta as of June 9, 2006. The map below, created by the *Atlanta Journal Constitution* based on FEMA application data, shows the distribution of evacuees in the state of Georgia as of April 2006.^{iv}

DISTRIBUTION OF HURRICANE EVACUEES IN GEORGIA APRIL 2006



III. HOUSING ISSUES

On August 30, 2005, the Atlanta Red Cross began opening shelters around the state and making preparations for large numbers of expected evacuees from the Gulf Coast. The task of providing short-term emergency shelter to Katrina evacuees was never a serious challenge for Atlanta local governments and nonprofit organizations because of excess shelter capacity and pre-existing plans to provide temporary short term shelter to Georgia citizens in case of man-made or natural disasters. The more difficult challenge proved to be providing short term public services to evacuees during their first

month in Atlanta once it became clear the evacuees were not immediately returning to their homes.

A. Shelters

Atlanta had a much smaller shelter operation than many of the other large cities that housed evacuees. More than 3,000 evacuees were housed in Red Cross shelters in the Atlanta metro area. Nancy Brockway, Chief Program Officer of the Metropolitan Atlanta Chapter of the Red Cross (“ARC”), explained that Atlanta’s total shelter capacity was not overstretched because many of the evacuees in Atlanta actually chose to come here and had friends or family in the area where they could stay on a short-term basis.

Initially, twenty-two Red Cross shelters opened across the state shortly after Hurricane Katrina made landfall. The first Atlanta shelter, located in the Adamsville Recreation Center, reached capacity on Thursday, September 1st. Crowded conditions prompted Red Cross officials to move the 245 people housed there to the Alexander Memorial Coliseum at Georgia Tech University, but Adamsville remained open and continued to provide public services to evacuees.

The Georgia Tech Coliseum has 9,191 seats; and by Friday, September 2, at 8 p.m., approximately 300 cots had been set up on the floor, but there were reports that some evacuees, “fed up with repeated relocations, left Adamsville but didn’t come to Tech.”¹ Although the Coliseum could have provided shelter to many more people, it served mainly as a distribution point where the Red Cross operated a mini pharmacy and provided clothing, food, food stamps, and computer and phone lines to evacuees who did not need shelter. On September 7, the Coliseum stopped serving as a shelter. The Atlanta

¹ S.A. Reid, *Katrina: The Aftermath: On the Move: Families Move from Rec Center to Tech Coliseum*, ATLANTA J. CONST., Sept. 3, 2005.

Red Cross relocated the remaining evacuees to local hotels and motels. By September 14, 2005, Red Cross shelters in the Atlanta metro area were housing only 458 evacuees.

Some interviewees suggested that a lack of information about the needs of the incoming evacuees may have led local governments and nonprofit organizations to place too much emphasis on opening shelter space, which distracted groups from focusing on solutions to more difficult intermediate and long term goals. Within a week of the storm, the Red Cross and other nonprofit agencies began shifting their efforts from finding shelter space for evacuees to finding the evacuees hotel rooms. By September 20, 2005, the Red Cross was providing transitional housing for more than 21,000 evacuees in hotels, most of them throughout the 28 county metro Atlanta area. By September 30, hundreds hotels across the Atlanta area were serving as Red Cross “host hotels.” As originally designed, the host hotel program was supposed to provide housing for only 14 days, but most evacuees were still residing in hotel rooms paid for by Red Cross funds at the end of October. On October 26, 2005, the Red Cross transferred administration of this program to FEMA.

B. The “Megacenters”

Although the Adamsville Recreation Center was no longer functioning as a Red Cross shelter by Labor Day, many evacuees continued to show up at this location for assistance. Because the demand for the services being provided at Adamsville was so great, and because many evacuees were showing up at Atlanta Red Cross’s Atlanta headquarters, which was not equipped to provide services to so many people, the Red Cross decided to open three “Joint Disaster Recovery Centers” on September 9, 2005. These service centers soon became known as “megacenters.” The megacenters were

intended to provide “one-stop shopping” for services such as Red Cross and FEMA case management, outpatient medical care referral, prescriptions, financial assistance, housing assistance, and job placement services. According to ARC Chief Program Officer Brockway, these mega centers were not previously a part of the Red Cross’s disaster plan in Georgia, but were quickly devised in response to the Red Cross’s inability to efficiently serve evacuees arriving at facilities like Adamsville and Red Cross offices.

The ARC, along with different county emergency management directors in the metro Atlanta area, pinpointed locations around Atlanta that would be appropriate sites for Megacenters. The locations chosen were the Georgia International Convention Center near Hartsfield-Jackson International Airport (Fulton County), a former Wal-Mart building in Lawrenceville (Gwinnett County), and Life University in Marietta (Cobb County). At each site, evacuees had access to services from the American Red Cross, the Georgia Department of Human Resources, the Georgia Department of Community Affairs, the Georgia Department of Driver Services, the Atlanta Council for Aging, FEMA, GEMA, the Social Security Administration, and countless other government agencies and charitable organizations. On Monday, September 12, DeKalb County opened a similar Disaster Relief Services Center in the former Lithonia Lighting building in Lithonia.

The megacenters were open only for a short time, but they proved to be an innovative and efficient way of serving evacuees. By September 14, 2005, ARC had opened cases for 30,000 families,^v an unprecedented number in such a short time, but a task made easier once the megacenters were up and running. Over the course of the next month at the Lawrenceville megacenter alone, the Red Cross opened more than 11,000

cases and distributed over \$14 million in assistance. The megacenter at Life University processed more than 8,000 families and distributed over \$11 million in assistance, and similar numbers of evacuees were served at the megacenters at the Georgia International Convention Center and the DeKalb County Service Center in Lithonia. Despite long lines, ARC's Chief Program Officer Brockway emphasized that evacuees were generally pleased with the megacenters, which also provided childcare, food, and entertainment.

By September 15, 2005, many state agencies began pulling out of the Red Cross service centers due to decreased demand for state government services, and they began transitioning their services back to state and county offices at the local level. The Red Cross also closed the megacenter at the Georgia International Convention Center on September 15. Although closing this center may have made sense from an efficiency standpoint, some interviewees suggested that closures and changing locations created unnecessary anxiety and frustration on the part of many evacuees, particularly those with medical conditions and for those who had no transportation or were running low on gas money. Also, many evacuees and volunteers were frustrated when locations were closed without adequate prior notice.

The Red Cross had a more effective working relationship with some jurisdictions than with others. For instance, the Gwinnett County Board of Commissioners' gave the Red Cross an "unreserved mandate" to set up the megacenter in Lawrenceville. On the other hand, at the DeKalb County Service Center, the Red Cross operated as a guest of DeKalb County. As reported in the media, relations between the Red Cross and DeKalb County quickly grew strained. On September 18, 2005, the CEO of DeKalb County, Vernon Jones, publicly asked the Red Cross to leave the DeKalb facility, stating, "It is in

our mutual best interest to conduct our operations separately from now on.”^{vi} Other problems in operating the mega centers arose from the reluctance of some government agencies and nonprofit organizations to commit resources to the initial relief effort without guarantees of reimbursement from the federal government. Finally, smaller organizations complained that they felt ignored by the Red Cross, which did not appear to appreciate their potential role in the relief efforts.

Evacuees also complained that poorly trained volunteers and strict interpretations of privacy rules made for a difficult environment in some shelters and service centers.^{vii} Lack of trained Red Cross volunteers hindered efforts in shelters and megacenters. Many of the Red Cross’s most experienced volunteers were deployed to the Gulf Coast, leaving the Atlanta Chapter with an inadequate number of experienced workers. Newer, less experienced volunteers were taking on supervisory responsibilities, and it was often unclear to evacuees and volunteers who was in charge. Staff changes from one day to the next often resulted in conflicting information being conveyed to evacuees and non-Red Cross volunteers. Larry Hayes, a Katrina survivor from the Gulf Coast who is now the Fulton County Supervisor for Project Hope, explained the evacuee’s perspective. Hayes stated that volunteers were often so concerned with maintaining the confidentiality of evacuee information that it was difficult for the evacuees to obtain certain services. Volunteers often would not identify or provide unsolicited resources to evacuees with mental or physical health issues because of privacy concerns. Moreover, daily staff changes created confusion and meant that the most accurate information regarding resources for evacuees was obtained not through Red Cross officials, but rather through word of mouth from Gulf Coast evacuees.

Despite the controversy surrounding the provision of public services through Red Cross megacenters and the DeKalb Service Center, and the complaints of many evacuees, overall these centers appear to be one of the success stories of Atlanta's response to Hurricane Katrina. Given the volume of the evacuees, the shortage of trained volunteers before Katrina, and the size of the Atlanta metropolitan area, the megacenters efficiently provided services to large numbers of people. The one-stop shopping concept was familiar to evacuees and helped eliminate the need for expensive commutes in an unfamiliar city.

C. Long-Term Housing

The provision of long-term housing in the Atlanta metro area required the efforts and resources of four separate types of organizations, often working in conjunction with one another: (1) FEMA and GEMA; (2) housing authorities; (3) nonprofit organizations; and (4) the faith community.

1. FEMA and GEMA

FEMA funded the majority of housing assistance evacuees received. As in other states, FEMA communicated with the state of Georgia after Hurricane Katrina, specifying the items for which FEMA would provide reimbursement. These items included food, shelter, and security. Georgia then contracted with large agencies like the United Way to coordinate other smaller organizations. These organizations provided evacuees with housing and essential services. Ultimately, FEMA reimbursed Georgia, which reimbursed the United Way, which in turn reimbursed smaller organizations.

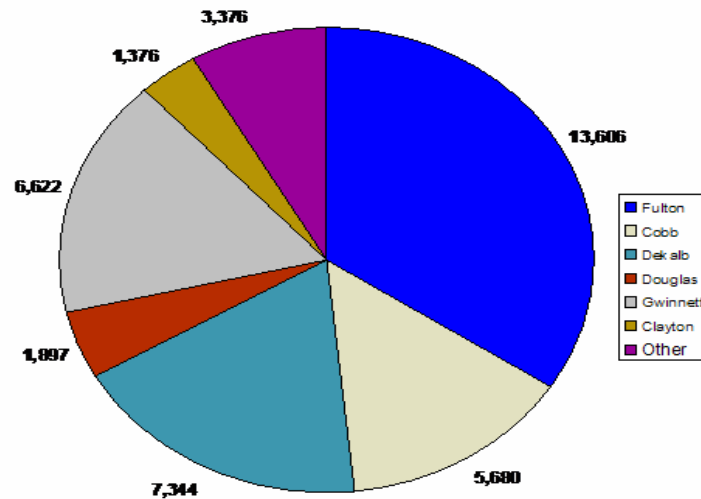
Also consistent with FEMA benefits available in other geographic areas, FEMA provided three primary categories of housing assistance to Georgia evacuees. Each

household could receive up to \$26,200 of total assistance. Initially, expedited assistance of \$2,000 per household helped evacuees meet their emergency needs of food, shelter, clothing, and personal necessities. FEMA provided this assistance to those residents severely impacted by Hurricane Katrina who did not have the usual means of identifying damage to their property or were unable to provide the immediate documentation necessary.^{viii}

Subsequently, FEMA provided housing benefits under its Section 403 “public assistance program,” which required only general qualifying characteristics for applicants. The Section 403 program provided immediate housing for evacuees upon a minimal showing of eligibility, as evacuees did not have to present documentation to qualify for this benefit. Any displaced resident of the affected regions who was unable to identify the damage to his or her property could receive this short term housing assistance. This program paid for hotel rooms and short-term leases for evacuees.^{ix} After extending the final deadline for receiving this assistance several times, FEMA ultimately ended this program in February 2006.

Thousands of evacuees were initially placed in Atlanta hotels. As the graph below indicates, approximately 40,000 evacuees were still living in Atlanta area hotels four months after the evacuations.

NUMBER OF EVACUEES IN GEORGIA HOTELS BY COUNTY AS OF JANUARY 1, 2006



After the Section 403 program ended, evacuees could continue receiving aid pursuant to FEMA's Section 408 "individual assistance program" by registering with FEMA. To receive this assistance, applicants had to qualify under more rigorous standards. Applicants were required to show, among other things, that their residence was uninhabitable. FEMA case managers managed these cases and assessed which evacuees qualified for continued housing aid. The Section 408 program provided individual rental assistance to evacuees, who had to assume their own leases. Under this program, FEMA provided the funds directly to the evacuee in an amount sufficient to cover the evacuee's exact amount of rent.

The provision of FEMA housing benefits was fraught with difficulty in Atlanta. Kenneth Davis, GEMA's Public Affairs Program Manager, described the biggest hurdle as the prevalent confusion between the Section 403 and Section 408 housing programs.

FEMA and GEMA also faced a challenge convincing local governments to assist FEMA and GEMA in administering these programs. Local officials feared that they would not be repaid and experienced difficulty finding short-term leases at the rates that FEMA agreed to pay. Moreover, FEMA did not formalize the Section 403 housing program until weeks after the storm. In the interim, many nonprofit agencies and faith-based organizations provided evacuees with housing. FEMA has agreed to reimburse agencies for some of these expenses, but the agencies have not yet received reimbursement for many of their services.^x

2. Housing Authorities

According to the Atlanta Journal Constitution, while the exact numbers are uncertain, it is likely that one of the highest concentrations of evacuees resides in DeKalb County.^{xi} The DeKalb Housing Authority (the “DHA”) worked closely with the Department of Housing and Urban Development (“HUD”) and with FEMA and GEMA to assist evacuees.

Initially, the DHA provided assistance to evacuees through DeKalb County’s megacenter in Lithonia, Georgia. The DHA worked in conjunction with landlords to give discounted rent to those who did not qualify for subsidized housing. In addition, the DHA registered those eligible for subsidized housing and enrolled them in the Katrina Disaster Housing Assistance Program (“KDHAP”).

Following the close of the megacenter, the DHA was involved with two programs to provide rental assistance and housing to evacuees. The first was the KDHAP, a HUD-FEMA initiative. This program helped pre-disaster homeless and HUD-assisted families locate temporary housing. HUD representatives were stationed at the DHA, and the

DHA representatives further monitored a call center to determine evacuees' eligibility. As of June 2006, this program still provided public housing to eligible evacuees.

The DHA also worked with FEMA and GEMA to maintain the Interim Sheltering Program ("ISP"). This program provided rental assistance and furniture to those not qualifying for KDHAP. From October 2005 through February 2006, this program provided rental assistance to nearly 550 evacuees.

The largest problem the DHA faced was in identifying a reliable, politically palatable source of funding for evacuee housing. Because FEMA regulations changed frequently, the DHA was unsure which services would receive federal reimbursement. Moreover, DeKalb County faced strains with respect to spending local tax dollars on non-residents. Because evacuees were not taxpaying residents of DeKalb County, the DHA faced pressure from local government not to spend taxpayers' funds to provide services for these individuals.

3. Nonprofit Organizations

While nonprofit organizations undertook their own initiatives, they also helped evacuees procure FEMA and GEMA aid and navigate often-confusing guidelines to obtain such benefits. The efforts of the United Way and Travelers Aid in this regard are described below.

a) The United Way

The United Way served as the largest coordinator of services in the Atlanta metropolitan area after Hurricane Katrina. While the United Way is not traditionally a first responder to national disasters, in the aftermath of Hurricane Katrina, it served that

function in Atlanta. From the beginning of the crisis, the United Way focused on coordinating and delivering housing, employment, and childcare services.

After working through the Labor Day weekend, United Way Atlanta hosted a meeting of what came to be known as the Metro Atlanta Evacuee Resettlement Network (“MAERN”) on September 6, 2005. Over 200 Atlanta area organizations and agencies were part of this network.

MAERN’s goal was to develop a 90-day response plan to provide long-term housing solutions to Katrina evacuees in Atlanta. At the meeting, MAERN identified four categories of evacuees in need of housing: (1) “unsheltered” evacuees, who were still arriving in Atlanta one week after Katrina, as well as those who had evacuated to Atlanta but had exhausted their resources; (2) “sheltered” evacuees in emergency mass shelters, health care facilities, and hotels and motels; (3) “hosted” evacuees, who were staying with friends and families; and (4) “transitional/permanent” evacuees, who found their own apartments, homes or transitional housing, either using their own resources or the resources of various financial assistance programs. Recognizing by September 6 that most evacuees would not be able to return to New Orleans in the near future, MAERN’s initial goal was to find transitional or permanent housing solutions for all evacuees in metro Atlanta.

At the September 6 meeting, MAERN recognized that scores of Atlanta agencies and nonprofit organizations wanted to provide housing resources, but were struggling to find the legal authority to do so. Also, a key question was who would pay for evacuees’ housing. The United Way disbursed FEMA housing money in the City of Atlanta to many of these organizations, and also disseminated current information from FEMA and

the Red Cross. The United Way worked in several capacities to help find housing for evacuees. It worked with landlords to lower rental rates, implemented “county coordinators” to screen available housing units, collaborated with housing associations to address evacuees’ needs, and developed a protocol for host families to house evacuees. In December 2005, it developed a contingency plan for housing evacuees in the event the federal government terminated FEMA resources before evacuees in the FEMA hotel stay program were permanently housed. By November 18, 2005, the United Way and its partners had successfully moved 375 evacuee families into permanent housing. According to the United Way’s June 15, 2006 status report, it ultimately provided housing for 425 evacuees with United Way funds, and 440 evacuees with FEMA Section 403 funds.

Immediately following the disaster, the United Way encountered problems working with FEMA. Accordingly, within two weeks of Hurricane Katrina, the United Way, on its own initiative, prepared and distributed requests for proposals to organizations and service providers capable of responding to the disaster’s impact on Atlanta. In that short span of time, the United Way collected \$3,000,000 and received another \$2,000,000 in commitments to fund these proposals. It ultimately raised over \$10.8 million specifically for helping evacuees resettle in metro Atlanta. Christopher T. Allers, the Senior Vice President for Community Impact at the United Way of Metropolitan Atlanta, predicted that the United Way would approach future disasters the way it had to approach its work with the Katrina evacuees: by proceeding with the services it is prepared to deliver without necessarily waiting for government relief efforts to begin.

According to Allers, many charitable organizations' risk management concerns may have had the unintended consequence of slowing the movement of evacuees out of hotels and into the community. One of the United Way's early housing initiatives was to develop a brokering system where organizations could match evacuees with "host families" willing to house evacuees on a temporary basis. Few agencies were willing to serve as "brokers" for housing stays without a mechanism for providing background checks for evacuee families, coupled with some assurance that the volunteer brokers would not be exposing themselves to liability risks. Despite the efforts of the Pro Bono Partnership for Atlanta and King & Spalding LLP in September and October 2005 to advise the United Way and local charities, questions such as whether insurance policies cover risks involved in transporting evacuees or how church gymnasiums could be converted to shelter space without violating local ordinance codes were often left unanswered. Using this experience as a wake-up call, Allers hopes the legal community will work now to find solutions to some of these risk management issues before the next crisis occurs.

b) Travelers Aid

Travelers Aid of Metropolitan Atlanta ("TA"), is a branch of Traveler's Aid International, which "provides emergency services to stranded, disabled and mentally-ill travelers, low income newcomers, runaways and homeless and at-risk residents in crisis."^{xii} TA typically serves 9,000 clients in one year. Remarkably, in a matter of just a few weeks following Hurricane Katrina, the organization provided services to over 8,000 individuals and turned no one away. At the outset, TA paid for hotel rooms for evacuees for several weeks until FEMA funds were dispensed. Due to TA's substantial expertise

and neighborhood housing contacts, the organization was able to transfer 225 families into permanent housing. In conjunction with this effort, TA helped parents prepare and enroll children in nearby schools and provided gasoline cards to help evacuees with long commutes. The evacuees with whom TA worked had mostly self-evacuated from New Orleans; 25-30% of the evacuees that they serviced had some degree of self-sufficiency and the ability to obtain necessary resources. TA ceased paying for housing assistance for evacuees on June 30, 2006.

4. The Faith Community

Atlanta's faith community was instrumental in leading the effort to procure housing for evacuees. The Regional Counsel of Churches ("RCC"), which works with roughly 500 of Atlanta's congregations, was the central player. While the RCC did not initially intend to focus on housing, housing proved to be the area, which required the most attention.

The RCC played an influential role in extending the deadline for evacuees to leave hotels, and helped to ease the transition from hotels to more permanent housing. On December 27, 2005, the United Way called the RCC to enlist its help in delaying the evictions planned for January 7, 2006. In response, the RCC brought together evacuees and landlords to sign 255 leases in 2 days. Moreover, the RCC engaged in a successful letter-writing campaign convincing governmental agencies and Georgia's senators to extend the hotel deadline. Before the final hotel eviction deadline in February, RCC volunteers visited evacuees in hotels to ensure that they had procured longer-term housing. No accurate records document how many people the RCC helped.

The RCC, the Red Cross, and other organizations also organized a one-stop center to serve the most desperate evacuees known locally as the “Katrina Center.” The Katrina Center opened in February 2006, at which time it handled 50-60 families per day. It now handles about 12-15 families a day and receives about 600 calls a month as of June 2006. The center serves as the last resort for many evacuees who have exhausted their allotment of resources from FEMA and other nonprofit organizations. Locating affordable housing, and the funds to pay the rent, appears to be the most difficult problem facing the Katrina Center. The Katrina Center continues to field many calls from evacuees who received eviction notices and need rental assistance. Most evacuees have exhausted their monetary allotments from different agencies. Because of its relationship with a number of agencies, the Katrina Center is often able to find funding otherwise unavailable to the individual evacuee acting on his or her own behalf. The Katrina Center will close its operations gradually, as the organizations with which they work lose their funding. For example, the Catholic Charities received 16 months of funding.

IV. HEALTH CARE ISSUES

The Atlanta health care community responded to both short- and long-term needs of evacuees in Atlanta. Lydia Gonzalez-Ryan, clinical director of Children’s Healthcare Cancer Center & Blood Disorders Service, identified three different types of evacuees who required medical assistance when arriving in Atlanta: “planners,” “movers,” and the “unprepared.” The “planners” were those who self-evacuated before the hurricane, arrived in Atlanta prepared with copies of their medical records and history, and received treatment on a temporary basis. Examples of treatment included obtaining a prescription or a course of chemotherapy. The “movers” knew that they were relocating to the

Atlanta area permanently. For these patients, the hospital recreated their medical history and began treating them as the primary care giver. The “unprepared” included those evacuees who vacated quickly and were uncertain whether they would be returning home. Many of these came with no medical records, no insurance, and often no understanding of their illnesses. Doctors pieced together their medical histories and attempted to provide adequate, temporary treatment.

A. Activation of the National Disaster Medical System

According to Pamela Blackwell, Director of Emergency Preparedness and Response at Cobb and Douglas Public Health, and Leticia Mathis, Emergency Preparedness Specialist, patient evacuees were transported to Atlanta from New Orleans area hospitals and then integrated into the local health care system. The Department of Emergency Preparedness is funded through the Centers for Disease Control emergency preparedness funds. Because of its proximity to Dobbins Air Force Base, the office’s main purpose is to support the National Disaster Medical System (“NDMS”). Dobbins is one of nine federal coordinating centers for NDMS.

The Department of Defense developed NDMS to transport injured troops in time of war. On August 30, NDMS was officially activated for the first time in history, and the staff prepared a hangar at Dobbins to await the arrival of patients. All evacuees, many of whom needed medical attention, traveled through a triage area. After receiving necessary assistance, medical personnel then decided the next destinations for each evacuee: whether to a hospital, a shelter, or a nursing home. Patients were then dispatched to the appropriate facility.

Dobbins was open for six consecutive days and never turned away a plane. Many of the other coordinating centers in the NDMS system only took one plane and then shut down, but Dobbins received 19 planes in total, taking in about 1300 evacuees. Six hundred of those evacuees required hospitalization. Various unexpected problems arose during the process. The first plane of evacuees contained no patients, just evacuees, their belongings, and in some cases, their pets. NDMS was not prepared to meet their needs. In addition, NDMS did not anticipate the arrival of nursing home patients and psychiatric patients, or the need for pediatric care. The NDMS system was not designed to handle such patients. The staff reacted quickly by calling nursing home partners to accept patients and hospital partners to access physicians and equipment to treat infants. Evacuees with psychiatric conditions were moved to general shelters, which also were not prepared to receive them. It was extremely good luck Katrina hit just before Labor Day. Hospitals typically do not schedule elective surgeries around the holidays; the for-profit hospitals on which NDMS relies had empty beds that Labor Day weekend and could, therefore, more readily accommodate the influx of patients. On a note of caution, several of the public health officials interviewed questioned the decision to relocate patients to Atlanta in the middle of hurricane season, given that the arrival of another hurricane closer to Georgia could have overwhelmed hospitals' capacity. Fortunately, that complication did not develop.

B. The Health Community in Shelters and Megacenters

Local public health departments mobilized to assist the Red Cross with health care needs at shelters and Megacenters. When the volume of ambulances to shelters rapidly increased, teams of physicians and nurses were dispatched to provide patient care

on site to prevent treatable conditions from overwhelming the emergency healthcare system. Evacuees generally needed prescriptions filled or access to durable medical goods like wheelchairs or diabetic equipment. By promptly filling prescriptions for evacuees, these medical staff probably prevented some people from becoming emergency cases.

The Red Cross and Salvation Army do not offer traditional medical care in emergency shelters. Despite the obvious need for medical care in the shelters, however, neither the Red Cross nor the Salvation Army seemed to have arranged for such needed services to be provided. When physicians from Emory University attempted to fill the gap by organizing a medical unit within a Red Cross facility, they met with resistance from Red Cross staff who were allegedly uncertain as to how the medical staff could be integrated into efficient shelter operations. Even after working with the Red Cross to set up the medical facility, some difficulty continued because of the lack of continuity in Red Cross staffing. With new Red Cross volunteer advisors every day, there was much frustration in having to “reinvent the wheel” in tackling the same coordination problem multiple times, particularly as there was no publicized hierarchy of responsibility at shelters and megacenters. The medical community found ways to provide services to evacuees, but the consensus in the volunteer medical community is that the Red Cross did not facilitate, and in some cases slowed, this process.

Because the Red Cross closed and opened several centers within a short period of time, it was often difficult for the medical volunteers to stay in contact with evacuees. Decisions to shift evacuees from shelters to hotels usually came without consulting or notifying medical volunteers, making it difficult for volunteers to track down evacuees

who had received medical treatment and needed follow up care. This created stress and tension for both the evacuees and their volunteer health care providers.

C. Hospitals

Atlanta area hospitals were largely able to absorb patient-evacuees into their systems. There were very few trauma incidents or critical patients. Grady Memorial Hospital, which is the busiest public hospital in the Atlanta region, admitted only forty-nine patients who were evacuees from Louisiana and Mississippi from August 29, 2005 through October 21, 2005.^{xiii} Most evacuees required outpatient care. Grady provided medical assistance to 712 outpatients and filled 4,146 prescriptions. The total cost to Grady to serve Katrina evacuees was approximately \$835,000. The hospital, however, has been reimbursed only a fraction of its expenditures: approximately \$400,000, which amount includes all promised FEMA funds.

One of the major lessons learned from Katrina is that evacuees were not only displaced from their homes, but also from their health care systems. Without being able to return home, they needed to be integrated into Atlanta's health care system and be provided with longer-term care. This integration process requires coordination with multiple hospitals and government agencies to make sure this happens without overburdening any one facility. Electronic medical records could have helped greatly, but were nonexistent or inaccessible.

One of Grady's most successful endeavors in the aid effort was the establishment of a call center to answer evacuee questions. Grady's phone lines were flooded with questions and concerns from evacuees regarding where they could receive basic services

like shelter, food, and clothing. In twelve hours, Grady staff were able to assemble the call center, which operated for one week, twenty-four hours per day. During that week, the hotline received 450 calls, mostly dealing with general health issues, housing, transportation, and finding doctors. Unfortunately, call center employees did the best they could to assemble information on services and benefits but lacked a unified resource bank.

D. Provision of Mental Health Services

1. Initial Response

Many mental health professionals mobilized to address the needs of Katrina evacuees in Atlanta, though it remains unclear whether the needs of these evacuees are being adequately met today. Jeanette David, a disaster preparedness planner with the Georgia Department of Human Resources (“DHR”) Division of Mental Health, Developmental Disabilities and Addictive Diseases (“MHDDAD”), who oversees mental health issues and disaster preparedness for the state of Georgia, was on the ground at shelters, service centers, and at Dobbins Air Reserve Base. David noted that varying levels of mental health services were provided to evacuees from the Gulf Coast. Providing continuing care was a primary concern, and immediately after evacuees began arriving in Georgia, her organization tried to identify patients who needed medications or who needed to be linked up with the public health system. David also explained that it was an organizational goal to provide psychiatric first aid to all evacuees, even those who did not have pre-existing mental health conditions, because most evacuees were experiencing acute stress disorders.

Other mental health professionals who wanted to volunteer their services to evacuees in Atlanta were initially discouraged because they had a difficult time finding a way to link with evacuees. Having a log or database of people with relevant crisis counseling experience for disaster situations could help bring services to consumers more quickly.

2. Project Hope

Several weeks after Hurricane Katrina, Georgia DHR created Project Hope, a reintegration project that was created by the Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities, and Addictive Diseases in November 2005, to relocate evacuees and provide both emotional and practical needs, including food, housing, employment, and emotional support of Katrina evacuees. Project Hope includes crisis counseling and referral services, a 24-hour information and crisis counseling hotline, and a public awareness campaign. It is funded by a grant from FEMA that is expected to continue through November 2006.

Project Hope was called upon to assist two distinct evacuee populations in Georgia: 1) evacuees with a prior mental illness, or a child with a mental illness, a population estimated to include 500-600 people; and 2) evacuees with no prior mental health issues, but who suffered mental trauma as a result of the storm. The majority of these individuals are thought to be in the Atlanta area. Between last fall, when the program commenced, and June 13, 2006, the date of our first Project Hope interview, Project Hope registered at least 37,000 evacuee "contacts." Each "contact" is usually someone who receives counseling on more than one occasion.

Project Hope received funding in October, but was not operational until November 2005. One of its first steps was to set up a 24-hour hotline that evacuees could call for counseling. Also in November, Project Hope placed mental health counselors on the ground, looking for evacuees in Georgia who might need mental health services. Counselors traveled to hotels or apartment complexes known to have high concentrations of evacuees to make sure these two target populations were being served. According to Project Hope's Crisis Counseling Manager, it was relatively easy for counselors to find mental health patients with specific needs while evacuees were still living in FEMA-funded motel rooms, but as evacuees left motels and began finding more long-term housing solutions, it became more difficult to locate and assess the needs of this population. Since that time, Project Hope counselors have been creative in their struggle to locate evacuees: they have targeted evacuees in schools, day care centers, grocery stores, and senior centers. Nevertheless, Project Hope counselors explained that it is very difficult to provide "long term" mental health care to evacuees, in part because of the lack of information they receive from FEMA about evacuee whereabouts, and also because of the short-term nature of the funding Project Hope has received. Project Hope staff include evacuees, who have been an invaluable resource in understanding and effectively reaching other evacuees.

3. Crisis Communications

One of Project Hope's other significant endeavors was the establishment of a national toll free number for providing crisis counseling to hurricane evacuees. Existing call centers were overwhelmed and callers could not get through, a situation that only added to the acute distress evacuees were experiencing while trying to gather information

about available resources in Atlanta. In response to these concerns, Project Hope worked hard to establish a national toll free crisis counseling number, and Georgia took over answering crisis counseling calls from other states whose call centers relied on a network infrastructure that was destroyed on the Gulf Coast. While Project Hope was able to get a toll free number set up, many evacuees themselves had serious difficulties communicating with their families when they arrived in Atlanta. Many cell phone towers were not working for Gulf Coast cell phone subscribers, making it difficult for them to communicate with or reach out to missing family members, which added to their stress and feeling of dislocation and again underscored the need to address the communication infrastructure.

While the Atlanta health services community has identified several needed improvements because of Katrina, three stand out. First, medical records should be stored electronically to ensure that doctors and staff have access to all information necessary to provide adequate treatment to evacuees. A central database could further assist medical professionals and families in tracking patients transferred from hospitals in a disaster zone. Second, hospitals would benefit from greater cooperation and communication with non-profit organizations and other hospitals. In the future, hospitals and volunteer organizations like the Red Cross should discuss how they could partner and help each other before disasters strike. Third, the mental health community could better serve disaster victims if there were a better way to track the moves of evacuees in the Atlanta area.

V. EMPLOYMENT ISSUES

In response to the massive displacement of people to Atlanta following Hurricane Katrina, all levels of government and various organizations contributed to the effort to

employ evacuees. The Georgia Department of Labor (“DOL”) received a \$3 million National Emergency Grant (the “NEG Grant”), which it then distributed among the 20 regional workforce boards across the state. Additionally, the Georgia DOL received an \$870,000 federal grant to fund its reintegration efforts.

There are eight reintegration counselors in Georgia, some part-time and some full-time. These counselors have been charged with resettling evacuees using the federal grant money from the U.S. DOL. The eight counselors work in conjunction with 60 other counselors from “Project Hope.” The reintegration counselors work in 10 counties and, as of December 22, 2005, helped upwards of 800 hurricane victims.

The Reintegration Project, started by the US DOL, kicked off its Georgia efforts on October 12, 2005. The initial plans included placing counselors at workforce development offices in participating cities, including several offices in metropolitan Atlanta. The offices in which these reintegration counselors work are commonly referred to as “One-Stop Shops.” There are twenty One-Stop Shops in Georgia, also called Workforce Investment Offices, working with fifty-three Georgia DOL Career Centers. Although the reintegration project was slated to end April 2, 2006, many states, including Georgia, requested and were granted extensions for the program to continue past the scheduled deadline. Thus far, 13,532 individuals have visited one of the 53 workforce offices, 7,112 have been served by reintegration counselors, and 543 have found employment using the reintegration program, either by being placed in a job by one of the counselors or by obtaining work on their own.

Those working directly with the Reintegration Project have identified some of its successes and failures. Its successes arise from having counselors in the field, who are

connected to the services providers and who could meet with evacuees on a regular basis. The counselors also had the ability to interpret FEMA guidelines and to notify individuals of available funding sources. Some disadvantages are the lack of formal training for the counselors, and the difficulty in interpreting the grants and authority under which they operated.

Jennifer Moore, a reintegration counselor housed at the Atlanta Workforce Development Agency (“AWDA”) in downtown Atlanta, has served approximately 287 people since Hurricane Katrina. Although the Workforce Development Agency prides itself on being a one-stop shop for evacuees, the reintegration grant under which the office operates is unable to fund housing or services other than employment. An exception to this is childcare, which the agency supplements for many of the individuals it serves. Moore recently drafted a proposal requesting monies for eye and dental care for eligible workers, which is especially important in placing evacuees in driving jobs. Moore does not believe her work or the need for more help will ease by August, when the program extension expires again.

Ann Shirra, a manager with the Rapid Response unit at the Georgia Department of Labor, is a member of a three-unit team, made up of 25 DOL employees, that oversees the job training for evacuees. The DOL offices were open during Labor Day weekend right after Katrina hit. More than 11,000 adults requested assistance from the DOL during that first week. DOL conducted 18 job fairs, including its most recent in June 2006, helped employees prepare resumes and practice for interviews, connected them to its job bank, and provided skills training. Still dealing with emotional trauma associated with the Katrina disaster, most evacuees, however, were not ready to seek employment within

the first several months. The Rapid Response unit learned that it was going to take longer than usual to place the evacuees in jobs because the problems the evacuees faced were more serious than those of the average employee laid off from his or her job. The paramount concerns for many families were enrolling their children in schools and helping them adjust to their new homes. Evacuees also placed greater priority on obtaining transportation and housing before finding a new job.

Another problem for the DOL was assessing the ability and desire of many evacuees to relocate to other areas. Many people stayed with relatives or friends at first, and then moved to other states. Others temporarily stayed in hotels but then moved on to other localities or to other states.

VI. EDUCATION ISSUES

In the aftermath of Hurricanes Katrina and Rita, around ten thousand student evacuees poured into Georgia's educational system - an educational system that was already undergoing massive restructuring because of the No Child Left Behind mandates. To monitor student success and respond to these evacuee needs, Georgia schools mobilized a comprehensive relief effort to provide local, state and federal assistance to Katrina victims.

A. Primary Education

1. Evacuee Enrollment

Georgia Department of Education ("GDOE") records indicate that almost ten thousand evacuee students enrolled in Georgia schools. Nearly seventy percent of these students enrolled in metro Atlanta-area schools. The highest concentration of these

students enrolled in the City of Atlanta, Cobb, Fulton, Gwinnett, DeKalb, Clayton, and Fulton County school systems. DeKalb County alone enrolled 1,315 students.

The McKinney-Vento Act (the “Act”) requires immediate admittance of all homeless students. Documentation, student records, and health records are not required or expected for admittance. Thus, all students, regardless of documentation, who claimed to be from hurricane-impacted areas, were immediately enrolled in Georgia public schools under the Act and were treated as homeless students for the duration of the school year.

2. State and Federal Response

GDOE immediately responded to the influx of student evacuees by creating a website that served as a clearinghouse for educational assistance information. Governor Perdue also lifted restrictions on school class size and other “procedural” barriers to enrolling students in Georgia schools. Over the weekend of September 12, 2005, GDOE began enrolling students in schools at the Red Cross megacenters and began planning for the influx of large numbers of evacuee students into Georgia classrooms. By the third week of September, over 7,300 evacuee students had enrolled in Georgia’s public schools.

On December 30, 2005, President Bush signed federal legislation providing emergency federal funding to both public and private schools related to the cost of educating hurricane evacuee students during the 2005-2006 school year. This federal aid helped reimburse Georgia schools for the cost of absorbing evacuee students. For the first three quarters of 2006, Georgia received \$28,881,250 in federal aid. This aid was divided into Emergency Impact Aid for Displaced Students, Aid for Displaced Students Enrolled

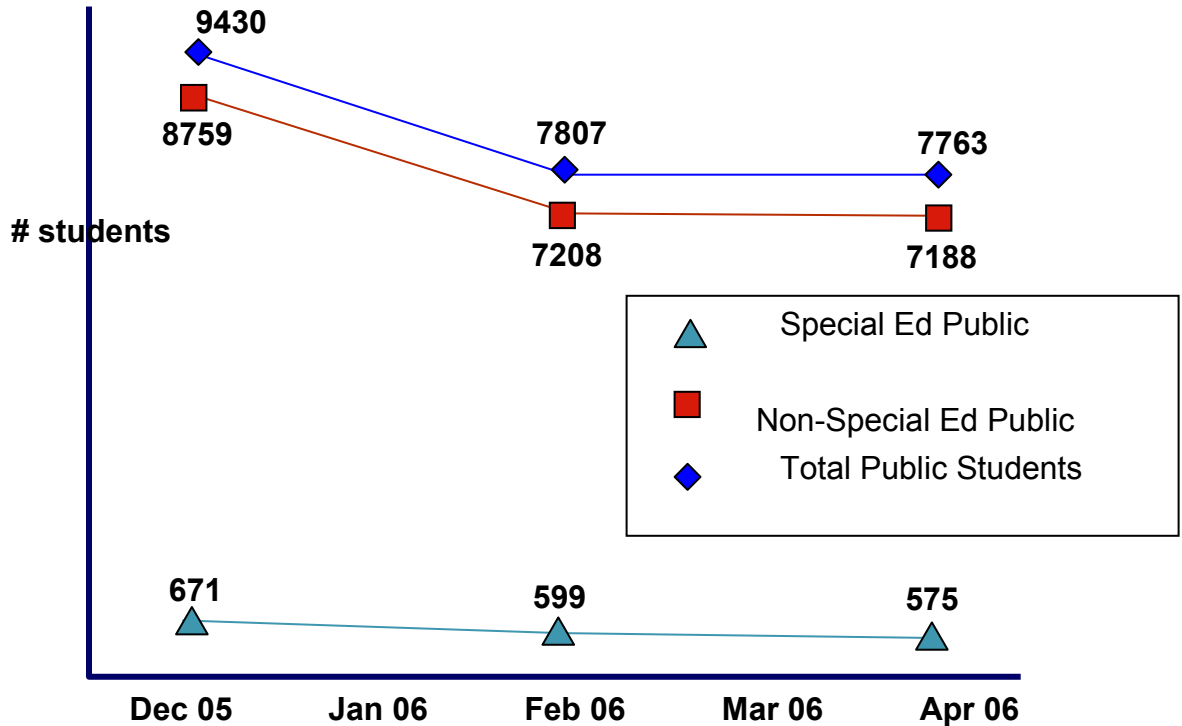
in Non-Public Schools, Regular Aid, and Individuals with Disabilities Act Aid, each of which had separate qualifications.

Georgia Local Educational Agencies (LEAs, generally school districts) were responsible for streamlining aid to Katrina evacuee students. LEAs first compiled data on evacuees and subsequently implemented procedures for providing aid. The state relied heavily on LEAs for information necessary to obtain federal aid. LEAs were responsible for providing monthly counts of student evacuees enrolled in the public and private schools within the LEA's area. Once the LEA submitted the student information to the GDOE, GDOE submitted the request to the federal government and then provided funds to local schools based on the population information. LEAs were also responsible for keeping records showing compliance with Emergency Aid program requirements. This included a detailed accounting of expenditures, administration expenses (capped at 2%), and evacuee student enrollment.

3. Evacuee Student Performance

The State of Georgia monitored evacuee student population test scores and progress as a separate group from Georgia students, primarily because new state legislation links school success and teacher effectiveness to student test scores. On June 8, 2006, Georgia Superintendent of Schools Kathy Cox announced that evacuees' scores on this year's standardized Criterion-Referenced Competency Tests, which measure yearly progress under the federal No Child Left Behind law, would not be included in the state's adequate yearly progress report. Educators predict that evacuee students will score substantially lower than non-evacuees.

Katrina Evacuee Students Enrolled in the Georgia Public School System*



* Source: Georgia Department of Education website.

B. Higher Education

Many evacuees sought admission to Georgia's colleges and universities. Most had no transcripts or evidence of prior enrollment. The following case study describes how Atlanta's Spelman College and the University of Georgia, Georgia's largest university, handled the influx.

1. Evacuee Assistance: Spelman College

By the morning of August 29, 2005, four students who had evacuated from Louisiana showed up in Spelman's admissions offices asking to register for classes. These students did not have access to their college transcripts, could not get in contact

with their deans, and had no money. Spelman enrolled the students as guest students immediately and required the students to pay only half tuition if they promised to pay the balance at a later date when they were able.

By 1 p.m. that same afternoon, more students had learned about Spelman's "guest policy," and 50 more students from the New Orleans area were in the lobby of Spelman's administrative building. By the fourth day following the hurricane, Spelman administrators had seen or spoken with over 400 students, most of whom had no physical evidence of grades or school enrollment. Spelman had enrollment capacity for only 30 new students, but ultimately the school allowed a total of 42 evacuee students to enroll.

Spelman took in two primary groups of students: (1) freshman students who had applied and been accepted into Spelman but had decided to attend another university in New Orleans; and (2) upper-class students who could most benefit from Spelman's course offerings by taking classes relevant to their majors. Spelman referred students it could not accommodate to other institutions that offered more major-relevant classes or free tuition. Through these efforts, Spelman became the hub of a network of colleges seeking placement for evacuee students. Spelman also was able to assist parents who were looking for their children who had left New Orleans. The Coca Cola Company, The Andrew W. Mellon Foundation and the Southern Educational Fund provided money that covered the tuition costs for all 42 new Spelman students.

2. Evacuee Assistance: University of Georgia

Within weeks of Hurricane Katrina, students from over 300 displaced families sought admission to or aid from the University of Georgia ("UGA" or the "university").

The university admitted 147 undergraduate student-evacuees, 74 of whom

accepted UGA's offer of admission, and 31 of whom were accommodated in university housing. The university also admitted 11 graduate evacuee-students. In its admissions decisions, the university gave first priority to prior UGA applicants, second priority to non-applicant Georgia residents and residents from the affected areas, and third priority to non-applicants from other areas.

On the evening of Wednesday, September 7, the Board of Regents released a statement that students enrolling from colleges in the Katrina affected areas would be allowed to defer payments of regular tuition and fees and room and board. UGA also waived out-of-state tuition fees.

One major issue that may not have been adequately addressed by UGA was the fact that over 100 pre-existing UGA students were from the region affected by Katrina. Despite the obvious financial impact that the storm had on their families, these students received no financial break from the state, while Georgia residents who were attending out-of-state schools in New Orleans and then transferred to UGA were offered deferred payments. Even students from other states who attended New Orleans schools and enrolled in UGA for the Fall 2005 semester as transient students ultimately received in-state tuition and the ability to defer of payments.

C. Other Issues

The process of enrolling students ran very smoothly considering the magnitude of the disaster. A far greater challenge in absorbing student evacuees was finding the money to educate them. State assistance in the form of QBE funding² per student was never provided. Instead, local school systems had to spend their own money to educate

² QBE stands for 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.

evacuee-students. Though systems have received approximately \$4,000 per child in federal aid since March 2006, all the systems spent more per child than the allotted \$4,000. Interviewees called for immediate access to an emergency relief fund. The state experienced a decline of about 1,600 evacuee student enrollments between the fall and spring semesters during last school year, and educators are uncertain whether they will experience a similar decline after the long summer break.

VII. LEGAL SERVICES ISSUES

The Georgia disaster legal services program (the “program”) was put into place years before Katrina in response to Tropical Storm Alberto in 1994. The program model, designed to be implemented in all future emergency situations, calls for two separate tasks that must be performed after a natural disaster. First, volunteers from the program’s twelve offices around the state must travel to disaster outreach sites where full-time legal services lawyers and volunteer private attorneys meet disaster victims. At this point, the lawyers’ role is primarily to provide information and education about how to apply for emergency food stamps, employment, and housing benefits; how to file insurance claims; and how to apply for FEMA benefits. Later, typically two to three months after the disaster, the lawyers often represent clients in actions arising from the disaster, such as FEMA administrative proceedings and dispossessory court hearings. According to Mike Monahan, Director of the State Bar of Georgia’s and Georgia Legal Services Program’s Pro Bono Project, these types of cases are “right up our alley because they are about the same poverty issues we deal with at Georgia Legal Services every day.”^{xiv}

After Katrina, Georgia Legal Services opened over 700 matters in Georgia on behalf of evacuees. In the first 6 months after Katrina, Georgia Legal Services (“GLS”)

also filed 72 actions in court or in administrative fora on behalf of Katrina evacuees. Atlanta Legal Aid and the Atlanta Volunteer Lawyers Foundation, two organizations that provide virtually all of the civil legal services to low-income people in Atlanta, opened approximately 270 cases on behalf of evacuees. These cases involved a wide array of legal issues including the denial of FEMA benefits, other housing issues, and family law issues.

GLS and Atlanta Legal Aid Society ("ALAS") have collaborated, with the Atlanta Volunteer Lawyers Foundation ("AVLF") and others, on two web sites for lawyers and nonlawyers that offer guides to free legal information and legal services: www.LegalAid-GA.Org and www.GeorgiaAdvocates.Org. On these sites, one can find on-line libraries of disaster law documents, research, templates, and survey tools that make it much easier to train volunteers and provide information to disaster victims quickly and efficiently. The legal services agencies serving Georgia have also invested in "Mobile Law Units" ("MLU"). MLUs were originally intended to reach the elderly, disabled and others in need of legal services who could not travel to a legal services office for help.^{xv} When it is difficult for the client to come to the office, the MLU can go to the client. GLS is now investing in "Disaster Mobile Law Unit Systems" that could be deployed quickly to federal disaster recovery centers in the future.^{xvi} Each unit would essentially be a kit that contains a laptop computer, a portable printer, and wireless internet card, and all of the necessary cords and batteries needed to get the computer up and running at a disaster site. Loaded onto each computer would be a set of hot documents and other relevant disaster law materials that could be supplemented as necessary. These computers would be set up so that a volunteer attorney could simply turn on the computer and immediately start

providing legal information, completing intake forms, or drafting standard form legal documents for evacuees on site at a disaster center.

FEMA provides money to the ABA Young Lawyers Division to operate disaster hotlines in states where there has been a disaster declaration. Even though thousands of evacuees were in the state and in need of legal services, and even though hundreds of Georgia lawyers wanted to volunteer for the hotline after the ABA solicited nationally for volunteers, there was no ABA disaster hotline in Georgia because Georgia was not declared a federal disaster area. Collaboration with the ABA on specific issue areas, such as the effect of the new bankruptcy law, also would have been very helpful and could have been used across the region.

Despite the groundwork already completed to handle the legal needs of disaster victims, not all evacuees in the Atlanta area received legal services. Social workers and evacuees have offered suggestions for communicating legal information broadly to evacuees:(1) use public service announcements to explain tenancy and education issues; (2) provide pamphlets regarding issues specific to disasters and long-term evacuation, such as how to obtain a death certificate or set up a bank account in Atlanta; and (3) issue a detailed emergency services manual to all metro area law firms and volunteer organizations that is consistent and updated annually. In addition, it may be critical for volunteer lawyers to have both Internet access to up-to-date libraries containing disaster law information and a way to communicate that information effectively to the evacuees.

While the Georgia legal services community, including the hundreds of private lawyers who volunteered to assist evacuees, has done much to help Katrina evacuees, volunteer lawyers, organizations, and law firms are well advised to continue their efforts

to better communicate legal information to evacuees who have no control over the government's or social agency's decisions to move them from one location to another and who cannot be expected to focus on future legal needs until they are assured that their immediate basic needs will be met. Further, many volunteers signed on immediately after Katrina, but because they did not hear anything for a couple months, they assumed that "If I haven't been used, there must not be a problem." Katrina has made it clear that, depending on the type of disaster, the need for pro bono disaster legal services may not manifest itself until months after the disaster strikes and that it is incumbent on the legal community to continue its efforts to reach out and be easily accessible to those in need.

VIII. CONCLUSIONS

While Atlanta did not experience the same influx of evacuees as other cities, and while Atlanta's evacuee population seems to have required less assistance than evacuee populations in Texas and Louisiana, Atlanta nevertheless faced a situation in which it was forced to integrate nearly 100,000 individuals into the Atlanta metro area in a very short period of time. Fulfilling evacuees' short-term housing and health care needs in the days after the hurricane did not prove to be as large an undertaking as it was in Houston or Baton Rouge. Meeting long-term housing needs and providing other services, however, presented a challenge across all areas. In addition, the challenge of serving evacuees revealed weaknesses in the specific national organizations that are the traditional first responders. Uncertainty remains regarding the proper roles for government agencies and nonprofit organizations in responding to natural disasters in Atlanta, and tensions and

inefficiencies in the relationships among these agencies and organizations must be addressed.

ⁱ According to the US Census Bureau, the Atlanta-Sandy Springs-Marietta, GA Metropolitan Statistical Area contains 28 counties.

ⁱⁱ According to Jeannette David, director of Project Hope (see project description at page [] of this report), 88% of the evacuees in Atlanta came from the New Orleans metropolitan area. Atlanta received few evacuees from the Mississippi Gulf Coast.

ⁱⁱⁱ Kenneth Skalitzky, Volunteer Agency Liaison, FEMA, Region IV

^{iv} Jack Wilkinson, *Katrina Sent Thousands to Atlanta Area*, ATLANTA J. CONST., Apr. 6, 2006, at C1. This article is also the source of the map copied on page 8.

^v Erine Suggs, Sheila M. Poole, Mary Lou Pickel, *Katrina: The Aftermath*, ATLANTA J. CONST., Sept. 14, 2005.

^{vi} Hoff, Valerie, WXIA TV-11, "Red Cross Kicked out of Dekalb", September 20, 2005, article found at http://www.11alive.com/news/news_article.aspx?storyid=69412

^{vii} According to Larry Hayes, a Katrina survivor from the Gulf Coast who is now the Fulton County Supervisor for Project Hope

^{viii} Atlanta social workers have questioned the practice of providing cash to evacuees directly by FEMA, as well as other organizations like the Red Cross. For example, Denise Pope, a licensed social worker and Project Hope manager, suggested that it might be more empowering for disaster victims to be given vouchers for food, clothing, or transportation, rather than money. Many caseworkers observed a tendency for evacuees to "self-medicate" by spending FEMA and Red Cross money on alcohol or jewelry as opposed to using it for future necessities.

^{ix} FEMA did not administer this program until October 26, 2005. Until that time, the hotel stay program was administered by the Red Cross in Georgia.

^x Based upon response from multiple non profit agency interviews conducted in early July 2006.

^{xi} Jack Wilkinson, *Katrina Sent Thousands to the Atlanta Area: No Data on How Many Chose to Stay*, Atlanta Journal Const., Apr. 6, 2006, at 1C.

^{xii} Traveler's Aid Atlanta, information available at <http://www.travelersaidatlanta.org/>

^{xiii} According to Cheryl Hayes, Vice-President of Patient Financial Services and Primary Care at Grady Hospital, interview conducted July 7, 2006

^{xiv} Interview conducted July 11, 2006

^{xv} LSC Resource Library, "Georgia Legal Services Program and Atlanta Legal Aid Society Mobile Law Units," AbstractNo: 030052, May 2003, www.lri.lsc.gov/abstracts/abstract.asp?level1=SPA&level2=Rural&abstractid=030052&Imageld=1.

^{xvi} According to an interview with Mike Monahan, Director, Pro Bono Project of the State Bar of Georgia and Georgia Legal Services Program.