

**APPLESEED HURRICANE KATRINA PROJECT  
SAN ANTONIO CITY REPORT**

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## **SAN ANTONIO**

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### **II. INTRODUCTION**

Although estimates vary, it appears that San Antonio received between 25,000 and 35,000 evacuees from Hurricane Katrina. The city of San Antonio mobilized quickly and, by most accounts, fairly effectively to serve the many pressing needs of the evacuees. Again and again, we heard that the experience, leadership, and cohesiveness among city leaders made San Antonio's effort largely successful. Mayor Phil Hardberger set the tone early on by calling the displaced families "guests," and later, "new residents," instead of evacuees. The mayor also successfully called on the San Antonio business community to push for resources for the relief effort and job openings for the evacuees.

The evacuee relief effort in San Antonio benefited greatly from the availability of excess capacity in which to house large numbers of people on a short-term basis. The sprawling Kelly Air Force Base on the southwest side of town, once a major employer, had closed several years earlier, but many of its buildings remained. Most of the evacuees who needed immediate housing were initially brought to one of the two makeshift shelters quickly prepared at the former Kelly AFB.

But the relief effort was far from ideal. One observer described the emergency shelters in early September 2005 as “the most chaotic thing you’ve ever seen.” The word “chaos” was echoed by many others with whom we spoke in describing the earliest days of the shelters. To some extent, that may have been unavoidable for an evacuation that was unprecedented in this country’s 230-year history. But coordination issues, communication problems, and missed opportunities were raised again and again by the people with whom we spoke. The relief effort involved a complex interaction among city, state, and federal governmental agencies; dozens, if not hundreds, of volunteer and other non-profit organizations; and a variety of local businesses. Rigorous planning is required to make such an effort a success.

The demographics of the Katrina evacuee population presented challenges on many fronts. The San Antonio Metropolitan Health District and the United States Center for Disease Control surveyed 1,360 heads of households in mid-September 2005 that were being housed in evacuation centers. The data revealed that 89% of the evacuees interviewed were African American, and 91% were from New Orleans, and 28% had not been employed. Furthermore, 42% of those interviewed reported a household member with a chronic medical condition, and 28% had a household member with a physical or mental disability. Of those planning to remain in San Antonio (about half), 62% reported needing housing assistance. The authors of the study caution that the data are not necessarily representative of San Antonio evacuees not housed in evacuation centers.

But the anecdotal evidence tends to confirm that the evacuees were disproportionately poor in one of the poorest areas of the country, in addition to being less educated and having

fewer job skills as compared to the population at large. Many of them were disabled or had other special needs, thus requiring special treatment. Most of them experienced what can be charitably described as deplorable conditions in New Orleans in the immediate aftermath of the hurricane, and many were stranded for days as the government struggled to properly grapple with the situation and evacuate them from the city. Upon arriving in San Antonio, effectively homeless, they were faced with having to deal with a plethora of agencies and organizations, all of which were supposed to be there to help them. Many of these organizations were (or appeared to be) confused about their own role, so it is not surprising that the evacuees encountered trouble navigating the labyrinth of such organizations.

In this report, we report from several dozen interviews of most of the key responders in San Antonio's Katrina evacuee effort. To supplement our discussions with responders, we conducted a focus group of approximately 40 evacuees to gauge the response from their perspective. In addition to the comments voiced by the evacuees during the focus group, most of those in attendance completed questionnaires providing additional information. Although responses and attitudes among the evacuees with whom we met varied widely, a substantial portion 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 an undercurrent of the focus group.

### **III. IMMEDIATE RESPONSE**

Early in the morning of Thursday, September 1, 2005, San Antonio learned that it would be receiving evacuees displaced by Hurricane Katrina. The Texas State Operations Center relayed the communication to the office of San Antonio Mayor Phil Hardberger, which in turn contacted Chief Nim Kidd, the San Antonio Emergency Management Coordinator. Just over one hour later, the city's designated emergency management team convened in the Emergency Operations Center ("EOC"). The EOC is a physical location from which city and county departments, the San Antonio Police Department, Department of Public Works, the American Red Cross, and other volunteer groups coordinate their emergency management efforts. It is staffed 24 hours a day, seven days a week.

That same day, the emergency management team chose two buildings in the former Kelly Air Force Base, which is now largely vacant, as shelters for the evacuees. That evening, volunteers began clearing the facilities, supplying cots, and otherwise establishing them as suitable for habitation. At the same time, the Mayor's office negotiated a rental contract for those buildings with the owners.

The two buildings at Kelly AFB would ultimately hold approximately 10,000 evacuees. Two additional city-organized shelters were soon established – one at the site of an old Levi Strauss facility, which was designated to house about 1400 special-needs evacuees. In addition, abandoned portions of the Windsor Park Mall were used as a fourth shelter. Ultimately, San Antonio would house approximately 18,000 Katrina evacuees in the four shelters.

On Friday, September 2, 2005, the first evacuees began arriving at the former Kelly AFB by bus, airplane, and private car. Approximately 90 direct flights into Kelly arrived in the first 72 hours. The goal was to process all arriving evacuees through a central evacuee arrival center (at Kelly AFB), and, for the most part, that plan worked. Between Hurricanes Katrina and Rita, the city processed approximately 30,000 people through the arrival center. Estimates are that 50,000 evacuees came to San Antonio from both hurricanes, although many were able to stay with friends and family or pay for their own hotel rooms. A large majority of the Rita evacuees were in San Antonio only briefly. For those who went through the shelters, though, after “processing,” the majority were dispersed to one of the four main shelters at Kelly, Levi Strauss, and Windsor Park. Other evacuees were received by Baptist Child and Family Services and approximately 80 churches that housed small numbers of evacuees.

The processing system included screenings by the San Antonio Police Department and intake by the Department of Community Initiatives. The SAPD confiscated a significant number of weapons and drugs from evacuees. The DCI took basic information from the evacuees, gave them an identification bracelet, and sent them to a medical triage area. Many of the evacuees were in poor health, both because of the conditions from which they evacuated and long-term health problems. Numerous other city and county departments, military personnel, and non-profit agencies also had space assigned to them at the arrival center.

Chief Kidd noted that as a result of the Katrina experience, San Antonio is training more city workers, and encouraging other responders, on the emergency management

software used in the EOC. The software is web-based and can thus be accessed from anywhere. Having a greater number of responders familiar with the software, he explained, will improve communication in future emergencies.

Once evacuees had been placed into the shelters, the reality of living conditions became an urgent concern. Although the conditions in San Antonio were much better than the reported conditions at the Superdome in New Orleans, not everything ran efficiently. There was a need for more showers and toilets than had been anticipated, there were some problems with regular disposal of garbage, and there were an insufficient number of cots at times. Air conditioning was a crucial necessity for the shelters, given the hot and humid weather in Texas in September. Fortunately, all of those problems were quickly resolved.

Shelter operations were coordinated through a Central Command Center, which primarily included government employees and those officially charged with the shelter command. At the beginning, the shelter was operated by the Red Cross in conjunction with the city of San Antonio. Soon, however, the federal government arrived and took control of shelter operations, again working with the city. FEMA played a large role in this regard. So did the federal Incident Management Team -- comprised of employees of the U.S. Forest Service, National Park Service, Bureau of Land Management, and various fire departments -- all of whom were trained in crisis management. The Incident Management Team provided coordination and oversight of the shelters, and stepped in wherever additional staffing was needed. Later, shelter operations were subcontracted to the Shaw Group, a private company.

Many other groups also assisted with shelter operations. Almost all of the food and water provided to the shelters was coordinated by the San Antonio Food Bank. Food was prepared by various groups, including Texas Baptist Men and the Mexican Army.

To coordinate these massive efforts, weekly meetings were held including EOC staff, medical volunteers, members of Volunteer Organizations Active in Disaster (VOAD), and non-profits involved in providing a wide variety of services at the shelters. Typically more than 100 people attended these meetings.

Central to the hurricane relief efforts in San Antonio is the local chapter of VOAD. VOAD had been an active group in San Antonio long before Katrina evacuees arrived. Member organizations send representatives to monthly meetings, where the organizations learn about the services and activities of one another. The prior existence of an active VOAD chapter made it much easier to coordinate services during the hurricane relief efforts.

The City established a busing system, which allowed evacuees to travel from the shelters to local stores, malls, and other common destinations. There was transportation among the various shelters, as different services were available at different locations, and evacuees were given city bus passes.

Child care for pre-school age children was a issue in the shelters. With varying degrees of success, government and volunteer organizations tried to meet the child care needs of the evacuees. One remarkable endeavor was the child care center established in the Windsor Mall shelter by the United Methodist Church, which provided over 1000 volunteers.

A public/private partnership led to the formation of the San Antonio Hurricane Relief Committee, which was comprised of leaders of the local chapters of the American Red Cross,

Salvation Army, and United Way, the San Antonio Food Bank, and the city of San Antonio. The Committee raised \$2.7 million, which was distributed among relief organizations in late 2005.

The shelters began being phased out in late September and were closed by December of 2005. After the shelters were closed, FEMA and many of the relief agencies re-established their operations in the Disaster Relief Center (DRC). The DRC had the significant advantage of continuing to house together most of the agencies evacuees would need to contact. FEMA closed the DRC on April 15, 2006. Because of the lack of hard numbers and complete documentation, it is difficult to determine how many evacuees still remain in San Antonio.

The evacuees with whom we met were generally complimentary of the agencies and people who provided services at the shelters. The telephone and computer resources provided to help evacuees reconnect with their families seemed to work quite well, and the separations that occurred in New Orleans appeared to work themselves out relatively quickly.

Multiple evacuees complained that they were not given advance notice of changes, including the very closure of the shelters themselves. Several people with relief organizations dually noted that there was no way to communicate with the shelter residents as a whole, because the shelters were loud and lacked a public address system.

The city of San Antonio estimates that it has incurred \$37,942,842 in evacuee-related costs to date, of which FEMA has approved and/or reimbursed \$35,797,146. FEMA has fully reimbursed San Antonio for all costs incurred to provide the shelters.

#### **IV. HOUSING ISSUES**

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. These figures might slightly understate the actual numbers, because they include only those who applied for FEMA benefits or registered with local emergency management agencies.

In lieu of having individual evacuees sign contracts with the management companies, the San Antonio Department of Housing entered into a series of contracts, each covering many housing units at the subject complexes. With the contracts in place, the management companies created lists of available units, which enabled the Department to quickly match families with suitable apartments. Over the course of three weeks, the Department of Housing placed 1,500 families into longer-term residences.

The financial structure in which the city of San Antonio created to pay for evacuee housing appears to be unique. FEMA's § 403 public assistance program is generally utilized to run city voucher programs, offering evacuees six or twelve months of free apartment housing. Rather than giving vouchers directly to evacuees, the City contracts required the apartment complexes to directly bill the Department of Housing. The City used its § 403 reimbursement funds to pay these landlords.

The San Antonio Housing Authority (SAHA) worked closely with the local branch of the Department of Housing and Community Development to identify those evacuees who had been former public housing authority residents in New Orleans. These residents were eligible for free housing for up to 18 months. Due to the scarcity of vital evacuee information, including social security numbers, the process for verifying former residents was

time-consuming and frequently inaccurate. Ultimately, nearly 125 families were placed in SAHA homes.

In addition, SAHA assisted an additional 300 families who had participated in the federal Section 8 voucher programs while in New Orleans. HUD's Katrina Disaster Housing Assistance Program (KDHAP) provided the Housing Authority the flexibility it needed to assist otherwise unqualified families with finding housing solutions. KDHAP was designed to help former HUD-housed families qualify for new long-term housing. Under the KDHAP voucher program, evacuees were able to choose a new home from rental homes throughout the country. SAHA estimated that more than 25% of evacuees housed in the shelter could have qualified for housing assistance under the KDHAP program.

SAHA officials noted that insufficient housing was available for individuals with special needs. This held true both with regard to ADA-accessible housing and housing in close proximity to resources such as medical clinics. Likewise, the City has had difficulty placing larger families into long-term housing.

Other programs were undertaken at both the federal and local level. HUD placed a moratorium on foreclosure of FHA-insured mortgages through June 30, 2006. The Department of Community Initiatives worked to help families reconnect and resettle with relatives throughout the country. Various local and national organizations, including the Salvation Army, Texas Baptist Ministries, Catholic Charities, and the Family Services Association, helped evacuees move into their new homes and provided furniture.

Like any endeavor on this scale, not all evacuees could be served as efficiently as hoped. A number of evacuees moved into area hotels and motels when it became clear that

the City lacked sufficient housing for all those staying in San Antonio. By March, nearly 300 individuals were still living in hotels paid for by FEMA.

SAHA reported tension arising from prioritizing the needs of Katrina victims over those of local San Antonio residents in need. Prior to the hurricane, the housing authority had a waiting list of approximately 25,000 local residents who were hoping to qualify for public housing or the Section 8 voucher program. SAHA stresses that it continued to qualify longer-term local residents from the waiting list at the same time it served evacuees.

On March 1, FEMA began shifting from providing § 403 housing reimbursements to § 408 housing funding, a process that is ongoing. Under § 408, FEMA provides individual rental assistance to evacuees, who are required to assume their own lease. Section 408 contains more stringent guidelines, however, making some ineligible for the Section 408 transition.

The § 408 program provides evacuees with a three-month housing stipend, but unlike § 403, does not cover utilities. The need to pay for their own utilities creates the risk that some residents will fall behind financially and become unable to keep up their rent payments. Some evacuees in our focus group noted the difficulty in having to pay for utilities with their strained financial resources. If § 408 recipients are unable to prove that they paid their rent in the preceding three-month period, they are ineligible for future § 408 payments, further complicating the problem and potentially rendering a substantial number of individuals homeless. The recognition that this can happen has had the unintended consequence of making landlords reluctant to rent to evacuees.

Many of our focus group participants 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 that to which they were accustomed. Others reported that the constant shuffling left them feeling unsettled or powerless over where they lived.

## **V. HEALTH CARE ISSUES**

### **A. Non-Profit Health Care Providers' Hurricane Response Efforts**

The massive job of providing immediate health care services to the evacuees fell almost exclusively to the San Antonio Metropolitan Health District (the “District”), which is a public agency charged with responsibility for public health programs in San Antonio and Bexar County. The District had a lead time of eight to twelve hours before the first wave of evacuees arrived at the receiving shelters.

The evacuees were transported directly to the arrival center, where they were screened for medical needs. The number and complexity of the medical needs exceeded the District’s immediate capabilities. The medical conditions presented sometimes resulted from the immediate exposure to the elements and flooding caused by the hurricane, but also included numerous cases of kidney disease, heart failure, diabetes, and some instances of unhealed surgical wounds, all complicated by lack of care and medications. In addition, the large number of evacuees in the shelters created environmental and sanitation problems and the potential for the spread of disease. The District and its volunteers were vigilant in tracking and successfully preventing the spread of diseases within the shelters.

When possible, evacuees were treated in the District medical triage center. The District, however, also made arrangements with local hospitals to accept evacuee referrals. An evacuee who presented at the shelter with a serious medical need was processed and immediately transported by ambulance to a local hospital for treatment. The District referred over 500 people to local emergency rooms in the first several days of the evacuation. About 140 of those referrals required hospitalization. Initially, the medical triage center at the main

shelter did not have diagnostic equipment or lab resources. After several days, a FEMA DMAT (disaster medical assistance team) arrived and established an urgent care center and emergency room in one of the largest shelters. The center was staffed around the clock with physicians and nurses and drastically reduced the number of evacuees sent to the local hospitals.

Prescription medications were a major logistical problem for the District. Many of the evacuees had been prescribed medications before the storm, but lacked accurate medical records, making it very difficult for District staff to prescribe medications and their dosages.

The District staff wrote over 25,000 prescriptions in the first few days after the evacuees arrived, as many of them required multiple prescriptions. In the time it took to fill the prescriptions from local pharmacies, many evacuees were reassigned to new shelters, making it difficult to direct the correct prescription to the correct evacuee. The District eventually set up central distribution sites for evacuees to obtain their medications.

The District established separate insulin clinics for diabetics, as there were no facilities in which to secure syringes within the general shelter area. It also created a methadone clinic for individuals who appeared to be chemically dependent. Finally, the District was also responsible for providing immunizations and vaccines for the children in the shelters so that they could be enrolled in local schools. Although most evacuees lacked immunization records, the District relied on oral histories and, when available, registries, to determine the immunization needs of the children.

A significant number of the evacuees came from assisted-living facilities. Many of these evacuees entered the general populations of the large shelters, where volunteers would

attempt to meet their needs as best as possible under the circumstances. The District tried to place such evacuees in local nursing facilities, but many wanted to return to their communities and did not want a permanent placement. As a result, only a small number of assisted-living residents were placed in San Antonio assisted-living facilities.

In order to ensure the District's shelter facilities were properly staffed with qualified individuals, the District contacted the local medical society and medical school and requested assistance in filling the on-call rosters and meeting general staffing needs. In this manner, the District avoided many of the problems with credentialing volunteers, as the medical society and medical school provided credentialed volunteers. There were some issues, however, with the admitting privileges of the physician volunteers, many of whom did not have privileges at the local hospitals that had agreed to accept the evacuee referrals. This created logistical problems and overloaded staff physicians at local hospitals.

**B. Services for Evacuees with Mental Health Issues, Mental Retardation, or Other Special Needs**

As part of its mission to meet the medical needs of the evacuee population, the District established a mental health module. Although the District had the primary responsibility for treating evacuees with mental health/mental retardation ("MH/MR") issues and other special needs, there were many agencies involved in the care of these individuals. The District's mental health module was initially staffed by the members of the San Antonio Mental Health Consortium, a volunteer group. In addition, the Center for Health Care Services ("CHCS"), the state mental health authority for MH/MR, worked closely with the medical directors of the University Hospital System and other private hospitals to provide mental health services at the shelters.

In many cases, multiple agencies and organizations had overlapping responsibilities in the treatment of and care for special needs evacuees. Some organizations were designated by local authorities (such as the Mental Health Consortium), while others were under state authority (such as CHCS), and still others were mandated to provide services at the federal level (such as the Red Cross). The result was that there was no consistency or overarching organization in the treatment and placement of special needs evacuees, which prevented the agencies from effectively providing services. In one instance, several families who needed mental health services were located in a portion of a shelter run by FEMA, but CHCS psychiatrists were not permitted to treat them because FEMA did not recognize the CHCS.

As part of the intake process, evacuees were screened for special needs and directed to the mental health module for treatment and, if necessary, placement in a special needs shelter. The number of evacuees with special needs was unexpectedly high, and in the first days of the evacuation, the mental health module at the main shelter did not have the resources needed to properly evaluate and care for them. Several days into the effort, the District set up a “mash” unit at Kelly AFB, staffed with licensed psychiatrists and counselors, to better serve evacuees with the most serious mental health issues.

Although the District served evacuees with special needs such as those in semi-vegetative states, mentally-handicapped persons and autistic individuals received substantial assistance from the faith-based community, which created additional shelters for such persons. In addition, the District worked with faith-based organizations to identify mentally-handicapped persons and place them in facilities with individuals qualified to meet their needs. The special needs population numbered over 400 people and far exceeded the

District's special needs shelter capacity. The shelters established by the faith-based organizations purportedly provided excellent care and met a need that the District otherwise could not.

The provision of mental health services to the evacuees appears to have been adequate during the first weeks in the shelters; however, it appears that at some point, evacuees began receiving fewer mental health services. The cause of this trend is somewhat unclear. Circumstances suggest that emergency planning for the provision of mental health services 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 one's life. In addition, some of the entities providing the mental health services had difficulty accessing the evacuees once they left the shelters due to privacy policies.

Our focus group with evacuees suggested that this population is in need of continuing mental health services long after the passing of the initial storm. Indeed, the most critical need for mental health services may well be the months and even years after the storm during which displaced people are attempting to rebuild their lives. In many cases, the post-shelter experience includes extreme levels of uncertainty, frustration, and powerlessness drawn out over a period of many months. Yet there appears to be no organized attempt to provide mental health services to evacuees at this stage of the resettlement process.

One evacuee reported in his questionnaire response, more than nine months after the event, 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.” Another evacuee reported being diagnosed with post-traumatic stress disorder. When asked during the focus group whether they had been assigned a caseworker to help them locate the help they need (not only mental health-related), most of the evacuees appeared to be unaware that this resource was available.

**C. Medicaid/Medicare Benefits for Evacuees and Other Financial Considerations.**

Mayor Hardberger and other city officials continually stressed that city resources and staff were committed to serving the needs of the evacuees. As a result, ability to pay was not a factor in the early days of the evacuation when determining the medical needs of evacuees, and third-party payor information often was not obtained. However, many organizations, including the District and CHCS, maintained a strict accounting of the supplies, staff time, overtime, and other expenses committed to the treatment of the evacuees. Such costs were then submitted to FEMA for reimbursement, and we understand that the District and CHCS have been or expect to soon be fully compensated. In contrast, small non-profit providers were not eligible for reimbursement. As a result, such organizations must seek additional private funding to recoup the extra cost of treating evacuees.

As the medical services provided to the evacuees lapsed into a semi-permanent medical care system, health care providers began to rely on federally-qualified community health centers to serve the population and tried to use traditional facilities for patients who were covered under Medicaid or Medicare. However, the Medicare/Medicaid benefits available to evacuees were and continue to remain unclear.

## **1. Medicare/Medicare Benefit Background**

### **a. Immediate Health Care Needs**

On September 15, 2005, Texas applied for a waiver of the Social Security Act requirements for eligibility and covered services (a Section 1115 waiver) to permit Texas to enroll all evacuees in its Medicaid program.<sup>1</sup> Unlike traditional Medicaid, where eligibility is based on residence within a state, income levels, and family status, this limited “Phase I” waiver allowed Texas to enroll any evacuee from a county or parish declared a disaster area, without regard to income or family status. All evacuees could receive the full range of Medicaid-covered services from any provider (not just those previously enrolled in Medicaid), but only from August 24, 2005 through September 30, 2005.

### **b. Long-Term Coordination and Provision of Health Care Services**

“Phase II” of the waiver was designed to provide five months of Texas Medicaid coverage to eligible evacuees, beginning October 1, 2005 and ending at the latest by June 30, 2006. This coverage is available only to evacuees who meet certain traditional Medicaid eligibility classes and income requirements. Coverage is available only to children, pregnant women, parents, individuals with disabilities, and individuals who need long-term nursing care. There is no coverage for childless adults (other than pregnant women). Medicaid coverage is available only for these classes up to specified income levels, generally below 200% of the federal poverty level (“FPL”) for children, 185% of the FPL for pregnant women, and 100% of the FPL for parents.

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<sup>1</sup> Healthcare Services for Katrina Evacuees, Texas Health and Human Services Commission ([http://www.hhs.state.tx.us/news/release/091905\\_Katrina\\_MedicaidWaiver.shtml](http://www.hhs.state.tx.us/news/release/091905_Katrina_MedicaidWaiver.shtml)).

Once enrolled in the Texas Medicaid program under the waiver, evacuees receive the full range of Medicaid health care services. Evacuees may receive coverage, however, only for a maximum of five months from the date of enrollment, where the latest enrollment date was February 1, 2006. Evacuees have no cost-sharing requirements during this time.

The waiver also includes a provision for an uncompensated care pool. Under this pool, Texas may reimburse providers for services furnished to evacuees who were uninsured and did not meet the eligibility requirements for the “temporary” five-month Medicaid coverage. This pool, in addition to the one-month Medicaid coverage available under Phase I of the waiver, was the only opportunity for childless adults with low incomes (less than 200% of FPL) to receive state or federal-assisted health care coverage. The uncompensated care pool was available only for services furnished between August 24, 2005 and January 31, 2006. It appears that the federal government (through the National Disaster Medical System) funded this pool.

## **2. Implementation**

While Texas expanded Medicaid eligibility criteria under its § 1115 waiver to include a wider range of evacuees than typically would be covered, it is difficult to determine how many evacuees in San Antonio actually enrolled in Texas Medicaid or received care paid under the uncompensated care pool.

In a November 2005 presentation to the Senate Finance Committee, the HHSC noted that 9,048 evacuees throughout Texas had enrolled in Texas Medicaid by October 21, 2005 and 2,224 evacuees had received care through the uncompensated care pool. This relatively low number suggests that Medicaid eligibility may have been too narrow to cover evacuees

in a meaningful manner; that information regarding Medicaid enrollment was not adequately distributed, that enrollment was too difficult; or that evacuees without immediate medical needs simply did not enroll in Medicaid or obtain medical services.

Our focus group 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 before the hurricane. Several evacuees reported that they were signed up for Texas' CareLink health insurance program, but that they still had to pay under CareLink and they did not have the money to do so. Others reported that they were badly in need of dental care but could not afford it.<sup>2</sup>

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<sup>2</sup> Recent studies suggest that the health of evacuees has been declining following Katrina and that necessary health care is not obtained due to the lack of health insurance and availability of providers willing to furnish care to low-income patients. The study was conducted by the Mailman School of Public Health at Columbia University and the Children's Health Fund. *See Evacuee Study Finds Declining Health*, New York Times, April 18, 2006. (<http://www.nytimes.com/2006/04/18/us/nationalspecial/18health.html?ex=1146024000&e>)

## **VI. EMPLOYMENT ISSUES**

Responding to the massive displacement of people following Hurricane Katrina, the United States Department of Labor directed National Emergency Grants (NEG) to states receiving large numbers of evacuees. The Texas Workforce Commission received a \$75 million NEG, which it then distributed among the 28 regional workforce boards across the state.

Alamo WorkSource, the regional entity covering the San Antonio area, received \$3 million from this grant. It operates several career centers in San Antonio and the surrounding area. From these centers, Alamo provides job search assistance through employment leads and some vocational training.

Alamo WorkSource has been using its \$3 million grant in a variety of ways. It hired eight case managers and one supervisor specifically to help evacuees find jobs. Alamo paid for up to thirty days of child care for displaced families seeking employment. In conjunction with the Texas Workforce Commission, Alamo conducted two job fairs in September 2005 at the shelters. The turnout among employers at these job fairs was described as excellent, with less extensive participation by evacuees.

Much of the grant was used to finance Public Service Employment (PSE) positions. Under this program, developed by the Department of Labor, 410 evacuees in the San Antonio area were assigned to various organizations engaged in hurricane relief efforts. These organizations supervised the evacuees' employment. Alamo provided the PSE employees their compensation, which it set at \$8.75 per hour, the San Antonio living wage. The on-site employers supervised the PSE employees as in a typical job. Each PSE position was capped

at six months or 1040 hours, whichever expired first. In addition, Alamo WorkSource helped provide occupational training to about 70 evacuees through St. Phillips Community College. St. Phillips permitted Alamo to use its Advanced Technology Center, located on the former Kelly AFB containing the two largest evacuee shelters. Alamo and St. Phillips focused the training on industries such as construction and health care that appeared robust in both Texas and Louisiana.

Early on, Alamo WorkSource conducted a vigorous marketing campaign to make evacuees aware of its services. It advertised on local television and radio stations, posted flyers at the shelters (and staffed the shelters), and contacted community organizations and churches. Through March of 2006, Alamo served 2,080 evacuees, which, in its view, was somewhat disappointing given the total evacuee population in San Antonio. It attributes this primarily to two factors.

First, Alamo WorkSource was unable to obtain information from FEMA concerning the locations in which evacuees were living. Alamo did not seek individual information. The release of which might have violated privacy laws. Instead, it sought general information about the locations of the communities housing the evacuees so that it could distribute flyers and leaflets in those areas.

Secondly, many of the evacuees did not have employment skills and thus might have chosen not to seek jobs in San Antonio. San Antonio received a disproportionate number of disabled evacuees who were airlifted out of New Orleans. Many of these people were not employed in New Orleans and some are simply not employable. The SAMHD/CDC survey identified above found that only 21% of those surveyed had been employed in skilled

occupations before Hurricane Katrina, 51% worked in unskilled occupations, and the remaining 28% were not employed. These demographics present an obvious challenge for any city seeking to quickly integrate a significant number of persons into its work force.

The numbers from the focus group of evacuees were even more striking. Of the 34 members of the focus group that completed questionnaires, only three reported that they were currently employed. It should be noted that the collection of evacuees was unscientific, being comprised primarily of clients of the local legal aid clinic, and the starting time (5 pm) might have discouraged employed individuals from attending.

The Texas Workforce Commission (TWC) partnered with Louisiana to help displaced persons in Texas locate employment in Louisiana. The TWC re-hired six retired employees to take phone calls from Louisiana employers after advertising in Louisiana to make employers aware of Texas' efforts. The TWC then entered these employers into its database and created a 29<sup>th</sup> board (the other 28 are regional boards such as that which oversees Alamo WorkSource) specifically for Louisiana.

The response from Louisiana employers was good, particularly in booming industries such as construction. There was a significant proportion of displaced employees who wanted to return to Louisiana. But only 64 evacuees have been placed with Louisiana employers through this program. This may be explained by the lack of homes available with operating sewage systems or schools for the displaced families' children. Without that infrastructure, evacuees are understandably reluctant to return to New Orleans.

Other organizations sought to provide the so-called "soft" employment or career counseling services that the Alamo WorkForce does not offer. These services include job

preparedness skills, exploring job skills and interests, developing a resume, preparing to obtain a GED, and sharpening interview skills. In particular, Goodwill Industries of San Antonio and San Antonio College Women's Center were each contacted by the city of San Antonio to develop such a program for Katrina evacuees. The city soon told both, however, that FEMA would not provide funding for the "soft" employment services, and thus they could not be reimbursed.

San Antonio College Women's Center provides career counseling services to the college's students. Some of the students are evacuees (in the last semester 62 evacuees were enrolled), and thus had access to career counseling services ranging from improving self-image to discussing appropriate workplace attire, but, without FEMA funding, the Women's Center did not provide these services to the evacuee population at large.

Goodwill Industries of San Antonio forged ahead with its employment program despite no promise of reimbursement. (Goodwill ultimately received a grant of \$350,000 from the San Antonio Hurricane Relief Fund.) Goodwill operates nine Workforce Development Centers adjacent to (most of) its retail outlets. Its services are free to the public. The centers help people apply for jobs, work on their resumes, search for jobs online, sign up for skills enhancement programs, or prepare to obtain a GED.

In all, 376 San Antonio evacuees enrolled in Goodwill's job help center. Goodwill also supervised 168 of the PSE employees paid through Alamo WorkSource's grant. Goodwill believes that much of its work with evacuees is still ahead because the PSE jobs are ending and FEMA housing benefits are becoming more limited, triggering a financial crisis for many evacuee families.

## **VII. EDUCATION ISSUES**

Estimates place the total number of students absorbed by San Antonio area schools at around 1400, with that number increasing to over 1600 for Bexar County as a whole. Of these, the majority of students were enrolled in two districts: the North East School District took in approximately 475 students and the North Side School District enrolled close to 400. (Unlike many cities, San Antonio has multiple school districts – 16 in total.)

The populations of college and K-12 students varied greatly depending primarily on the type of San Antonio school that they were entering. Most students transferring into area universities had established links to San Antonio, either through a parent or near relative. They arrived with an established housing plan or with non-shelter options for living quarters. Like the local universities, some suburban school districts saw an influx of New Orleans students who had links to San Antonio through grandparents or other near relatives. Many of these students came from private schools in New Orleans, with the aim of finding a similar school environment. By comparison, school districts in closest proximity to the shelters found that the majority of their students were housed in shelters or other FEMA-financed housing.

One challenge faced by administrators and students was the integration of students into a new classroom environment that differed greatly from that to which they were accustomed. The average student-to-teacher ratio in the New Orleans area was about 11:1. By comparison, Texas schools had an average ratio of 22:1 in elementary schools and slightly higher in more senior grade levels.

In order to ease the transition into these larger classrooms, paraprofessionals accompanied the transfer students to their classes. They spoke with the students about problems they were encountering and worked to resolve them. In some cases where behavioral issues persisted, special classes were established to give certain students particular attention.

Administrators faced a particularly difficult task placing students into appropriate class levels. Administrators could access only limited information regarding students' prior school records, although the Louisiana Department of Education and the Texas Education Agency collaborated to make records available to San Antonio school officials. For high school and younger-aged students, only basic data was available through Louisiana's information system, such as name, grade level, and disciplinary history. Information regarding the students' classroom course of study in Louisiana schools, or any disability, was largely unavailable. At the college level, information regarding enrollment in particular courses and their curriculum was also lacking.

Securing the safety of the evacuee students was somewhat challenging because there was no one at the shelters responsible for ensuring that these students made it to school or returned. Moreover, some parents were not there promptly to pick up their children from buses. At least a few children were placed in shelters without their parents, and, because the shelters lacked a public address system, there was no way to announce the arrival of a bus. To ensure that all the students were returned to the proper shelters and matched with their families, at least one district provided chaperones on buses transporting students to and from the Kelly shelters. In addition, some agencies providing services at the shelters were enlisted

to watch over the students once they were returned to the shelter until they were picked up by their families.

In addition, there were logistical problems as students began to move out of the shelters. Many students wanted to stay in the schools they were initially placed in, but they often received semi-permanent housing in a different school district and busing was not provided between districts. One school administrator with whom we spoke saw this lack of continuity as a problem, while another administrator believed that it was appropriate to transfer these students so that they could assimilate more quickly into their new communities.

The school districts with which we spoke had little trouble absorbing the new students or the additional costs associated with them. The buses transporting the children from the shelters to the schools were provided and operated by FEMA. In addition, 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 2006-07 school year. 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.

## **VIII. LEGAL SERVICES/OTHER ISSUES**

### **A. Legal Services**

The legal service needs of evacuees have been handled in the San Antonio area largely through the efforts of the Texas RioGrande Legal Aid, Inc. (TRLA). TRLA wanted to offer its services from the shelters immediately, but there was some administrative delay in allowing TRLA to operate from the shelters.

TRLA hired one attorney and four paralegals specifically to deal with evacuee-related issues. The attorney and two of the paralegals are still with TRLA. These positions have been funded by the Texas Equal Access to Justice Foundation. TRLA also trained attorneys from the local bar to assist evacuee clients and assisted a similar organization in Louisiana to train Louisiana attorneys to deal with similar issues.

Much of TRLA's work for evacuees involves challenges to FEMA's application of the Stafford Act. Most frequently, TRLA drafts appeals of FEMA's denial of benefits. For example, evacuees received money in their accounts but sometimes would not receive information as to how they could or should spend it. One man reportedly used one such deposit on dental work his wife needed, but FEMA later told him that he was required to use it for housing and unless he had receipts showing that it had been so used, he would be disqualified from future payments. Other issues involved FEMA's requirement that certain evacuees apply for Small Business Administration loans before they would process their FEMA applications, a requirement TRLA challenged as being inconsistent with the Stafford Act. Finally, TRLA assisted other clients in challenging FEMA's shared household rule and its application thereof. Generally speaking, the shared household rule meant that a group that

lived together in Louisiana was eligible for only one housing unit in their new location. In practice, this rule was often relaxed based upon circumstances, but not always consistently. TRLA identified particularly compelling cases and referred those clients to a New York law firm that initiated a class action against FEMA.

In addition, evacuees have presented legal issues to TRLA comparable to those of the general population, such as family law, consumer issues, insurance law, social security payments for disabled persons, and other issues. Some of these non-FEMA issues have been referred to private attorneys who had volunteered to help on a pro bono basis.

Other legal issues arose as a result of poor communication between the various agencies and the evacuees. For example, the Red Cross offered a day care center for evacuee families at which they could leave their children while they dealt with issues such as meeting with FEMA and/or other agencies and the associated paperwork. One of TRLA's clients was a 22-year-old woman with three children who reportedly dropped them off at the day care by a sign that stated that the maximum length of stay was four hours. When she returned to the day care three hours later, she was notified that the policy had been changed to two hours, that the center had called Children's Services, and that Children's Services had taken her children. TRLA had to bring this matter to court before the client had her children returned to her.

Texas Legal Services Center (TLSC) and Texas Equal Access to Justice Foundation (TEAJF), both headquartered in Austin, each established hotlines where Texas evacuees could call for telephone consultation. TLSC hired one attorney to assist evacuees full-time and assigned part of another attorney's time for that purpose. TEAJF staffed its help line

largely with law students. The hotlines report receiving a large number of housing-related issues.

TLSC and TEAJF each helped to refer unemployment law cases to the National Employment Law Project (NELP), a organization based in New York serving the working poor and unemployed. NELP worked with the U.S. Department of Labor to develop a more streamlined process for handling unemployment claims more quickly.

In the coming months, much of the legal service organizations' effort will be focused on FEMA denials of housing benefits, as FEMA completes the transition from § 403 to § 408 of the Stafford Act. TRLA is currently encouraging evacuees to avail themselves of a refund of Louisiana's four percent sales tax for property destroyed by the hurricane.

## **B. General Service Organizations and Other Needs**

### **1. Case Management Services**

A common concern raised during our interviews was the need for case management services for hurricane evacuees. Many people believe that the relief efforts would have been more cohesive if evacuees could turn to one person or organization to direct them to the resources they needed. Based on our focus group of evacuees, lack of case managers (and unawareness among the evacuees that case managers are even available) continues to be a problem.

There have been sporadic case management services from a wide variety of sources: Family Services Association, Catholic Charities, non-profits, St. Vincent de Paul, and other faith-based organizations. The availability of those services, however, has been inconsistent and not well-publicized.

Family Services Association is one organization that has provided case management services. FSA also has obtained a grant from the city of San Antonio to manage the Katrina and Rita Resettlement Program, whose mission is to “help with the location and management of Katrina evacuees who were resettling in San Antonio, with an emphasis on those evacuees who were living in hotels and motels.” Through this program, FSA hopes to be able to assessing satisfied and unmet needs of the evacuees and identify available resources. FSA employees will serve as case managers for evacuees and in that role will work as intermediaries with state and federal agencies; provide referrals to local medical, employment, child care, and housing resources; and assist evacuees in completing applications for aid and employment opportunities. The program is scheduled to last through October 2006, and the goal is for FSA to serve 2100 people. The success of the program will depend in part on the agency’s ability to locate evacuees. The city has provided addresses for individuals it has helped relocate. In addition, FSA has advertised its services through radio announcements and by hanging flyers in communities with high evacuee populations.

## **2. Food**

In response to the arrival of Katrina evacuees, the San Antonio Food Bank organized a massive food drive in San Antonio, with support from the HEB chain of grocery stores. Indeed, the Food Bank shipped more than ten tons of food to the former Kelly AFB before the evacuees began arriving. The response of local residents was overwhelming – the food drive generated some 17 truckloads, or approximately 650,000 pounds, of food. In a typical month, the Food Bank stores and processes approximately two million pounds of food through its 45,000 square foot warehouse. In September 2005, it handled some six million

pounds of food, and leased an additional 75,000 square foot facility in order to do so. A significant problem was that, in the first few days, the general public and various restaurants wanted to just show up with food. There was no way to organize or coordinate those gifts.

Preparation of food for evacuees at the shelters involved a cooperative effort of several groups. The Texas Baptist Men worked in the kitchen, the chef from the Food Bank Community Kitchen assisted, and the Mexican Army arrived to help prepare meals as well.

One frustration was the delay in using the assistance offered by the Mexican Army. The Mexican Army arrived with a mobile kitchen and plenty of food supplies, and was prepared to immediately help at the San Antonio shelters. Because of FDA regulations, however, none of the food the Mexican Army brought could be fed to evacuees. Nor could the Mexican soldiers begin working at the shelter until they were trained to prepare food in conformance with FDA regulations. The soldiers were accommodating, received the training requested of them, and ultimately did provide invaluable assistance with food preparation. Many individuals, however, expressed concern and embarrassment over the failure to immediately accept the generosity of the Mexican government.

Since approximately October, the 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.

### **3. United Way, Salvation Army, and VOAD**

The United Way administers the 211 system in Texas, which evacuees could call for information concerning various forms of assistance. 211 is a Texas-wide program designed to assist the Red Cross in emergency situations, and it is the primary way in which United Way was involved in the relief efforts. In the future, the United Way would like to establish a coordinated system whereby 211 takes the calls from those in need, then re-routes them to Bexar County (or another county, as appropriate) for case management assistance.

The United Way has also assisted evacuees with financial literacy. For example, it has been active in efforts to provide financial education, including asset-building and opening savings accounts. This was of particular concern because many of the evacuees had little or no experience handling money. When FEMA distributed \$2000 checks to evacuees, many of them left the shelters, but were unable to manage their finances because of their financial inexperience. In addition, the United Way received a grant from Bank of America to provide tax assistance to hurricane evacuees throughout the Gulf Coast region.

Suzanne Carter, a United Way employee, is President of the San Antonio VOAD chapter. As President of VOAD, she conducts the monthly meetings, which typically have about twenty attendees. During the hurricane relief efforts, it was not uncommon to have over 100 people in attendance. Because of the large size of those group meetings, a subgroup of VOAD was spun off to coordinate the efforts of the faith-based groups. Those efforts included providing housing, food, clothing, furnishings, money, counseling, and fellowship to evacuees at the individual church level.

The Salvation Army is also a member of VOAD. In addition to other services regularly provided, the Salvation Army took responsibility for managing warehouses of goods donated to the hurricane relief efforts – primarily food, clothing, and furnishings. In 1998, the Salvation Army had been in charge of donations-in-kind during flood relief efforts. At that time, it was inundated with so many donations, it was not able to distribute them all. Having learned from that experience, the Salvation Army tried to channel donations toward the specific needs of evacuees through newspaper advertisements and press conferences.

Thousands of volunteers devoted hundreds of thousands of hours to sorting donated goods for the Salvation Army. It sent counselors, spiritual leaders, and bibles to the shelters, and helped connect family members with one another. The Salvation Army organized two warehouses at Kelly AFB, where evacuees could use vouchers to shop for clothing and other items such as home furnishings. Private companies donated items such as clothing and games for distribution at the Salvation Army’s “store.”

In addition to benefits offered to all evacuees, the Salvation Army offered additional assistance to individual evacuees. It runs a regular food pantry, and still is providing groceries to many evacuees. The Salvation Army paid first month’s rent and a security deposit for evacuees who brought in receipts. The Salvation Army estimates that the value of its services to hurricane evacuees have been approximately \$130,000 per month during the last few months.

Consistent with the United Way’s experience, the Salvation Army explained that its resources have been strained by increased numbers of evacuees. For example, United Way homeless shelters typically serve 1300 people per day, and fill 764 beds per night. In the last

nine months, however, it has served an additional 400 people per day, directly as a result of hurricane evacuees. This increased burden does not seem to be lessening.