

INTERNAL ANALYSIS

OFFICE OF REFUGEE RESETTLEMENT LEBANON EMERGENCY REPATRIATION EVENT JULY 19 - AUGUST 3, 2006



This document is an internal analysis of the Lebanon Emergency Repatriation that took place from July 19-August 3, 2006. The information enclosed is an informal, self-assessment that the Office of Refugee Resettlement created to examine and learn from its involvement in the 15-day emergency repatriation.

PURPOSE OF THIS INTERNAL ANALYSIS

This internal analysis provides general information about the Repatriation Program and, most important, a comprehensive summary of the Lebanon Emergency Repatriation Event (LER) that took place in the United States from July 19 to August 3, 2006. Initiated and created by the Office of Refugee Resettlement (ORR) for its own review and learning purposes, this informal document provides a framework of the repatriation activities performed, examines their impact at the federal, state, and local level; and identifies lessons learned, best practices, and financial impact.

This document highlights information useful in evaluating the performance of the 2006 emergency repatriation for the purpose of establishing priorities, revisiting and developing policy, providing guidance for State Emergency Repatriation Plans, and directing resources towards areas of need. The review is also being used to evaluate effectiveness and efficiency of the various strategies used during the provision of services before and after their implementation.

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Attachment 1: NERP Operational Guide

Attachment 2: Questionnaire

Attachment 3: Updated Processing Form

REPATRIATION PROGRAM OVERVIEW

The U.S. Repatriation Program was established in 1935 under Section 1113 of the Social Security Act (Assistance for U.S. Citizens Returned from Foreign Countries) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State (DOS) as having returned, or been brought from a foreign country, to the U.S. because of destitution, illness, war, threat of war, or a similar crisis.

The program contains four activities. Two are characterized by ongoing caseloads with individual repatriations under Section 1113 of the Social Security Act and the assistance provided to mentally ill repatriates found under 24 U.S.C. 321. The other two activities are contingency components regarding emergency repatriation responsibility assigned under Executive Order (E.O.) 12656 (amended by E.O. 13074, February 9, 1998; E.O. 13228, October 8, 2001; E.O. 13286, February 28, 2003). These include group repatriations, which – by the extension of the E.O. precedent – HHS often has the responsibility to provide services under Section 1113 authority. While these activities involve different kinds of preparation, resources, and execution, the core program policies and administrative procedures are essentially the same.

Overseas, DOS conducts the initial assessment and determination of program eligibility, and ensures transportation of eligible individuals into the U.S. Upon their arrival, a second assessment is conducted by ORR through its arrangements with the states, its contractor¹ International Social Services-USA Branch (ISS-USA), and other agencies to determine the type of temporary services to be provided. During emergency and group repatriations, assessments are made upon arrival to the U.S. by authorized staff identified by ORR. Every case requiring resettlement in the U.S. is coordinated between ISS-USA and the state of final destination.

Depending on the case, certain temporary services are provided for up to 90 days after their arrival. Temporary services/assistance is defined as cash payment, medical care (including counseling), temporary billeting, transportation, and other goods and services necessary for the health or welfare of individuals. This assistance is given in the form of a loan that must be repaid to the U.S. Government.

Certain temporary assistance may be furnished beyond the 90-day period if ORR finds that the circumstances involved necessitate or justify the furnishing of such assistance to repatriates and their dependents beyond the 90-day limit (42 United States Code [U.S.C.] 1313). In addition, under the legislation, eligible individuals are entitled to apply for debt waivers and deferrals. Appropriate procedures are followed to make this determination.

When Section 1113 was enacted, international travel for business or pleasure was limited by cost to an elite group of U.S. citizens. Ocean liners were the primary mode of

1. ORR holds a cooperative agreement with International Social Services (ISS-USA) to assist in the coordination and management of individual repatriation activities and provide support during emergency and group repatriations.

intercontinental transportation and most travel was between the U.S. and Europe, with New York as the major port. In addition, worldwide communication networks were sparse and unreliable; federal social services programs were just beginning.

In this climate, Congress established the repatriation program to provide repayable assistance to eligible citizens and their dependents. The “repayable” aspect of this assistance implies that Congress perceived the recipients’ needs as temporary and imminently, self-correctable. The program was instituted to meet the transitional needs of repatriates until their existing resources became available. The process of accessing these resources in the 1930s could have involved domestic travel to home banks or relatives, awaiting overseas transfers of assets and their collection, or other face-to-face transactions. All were time-consuming processes which required transitional funds for the expatriate’s transportation and maintenance until completed.

In addition, the repayable assistance available through the program served to keep the small number of repatriated citizens and their dependents from temporary poverty. By establishing a federal program, the states, specifically New York as the major port of entry (POE), were not burdened with destitute returnees. However, the years since 1935 have witnessed many changes in the international-traveling pattern, global interactions in general, and the federal approach to social services.

Today, repatriates who require transitional/temporary assistance from ORR are not merely waiting to locate and liquidate their financial resources but are often rebuilding their lives. Today’s repatriates exhibit a mix of problems exacerbated by limited coping skills, chronic illness, lack of a supporting network of family and/or friends, among other things. These eligible individuals may qualify for conventional public social assistance programs, which were not available during the inception of the program. Based on their often tragic circumstances, their ability to repay ORR for resettlement assistance is not likely, demonstrated by the current recovery rate of less than 2 percent.

Although not all individuals will require every service available, the program has to be prepared at all times to provide effective and efficient services to eligible individuals. Many repatriates have the financial means to arrange their own transportation and may not need temporary assistance. For those who are without available resources, the program arranges for all required services and serves as a conduit for individuals to transition to appropriate local programs.

The Office of Refugee Resettlement (ORR) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) oversees the federal government’s U.S. Repatriation Program. The Secretary of HHS has delegated these responsibilities to ORR within ACF.

EXECUTIVE SUMMARY

On July 12, 2006, hostilities developed between Israel military and Hezbollah guerrillas in Lebanon after the capture of two Israeli soldiers. On July 17, ACF/ORR was advised by DOS of an imminent emergency repatriation from Lebanon. On July 19, ACF/ORR and its partners began to offer assistance to repatriated U.S. citizens and others returning from Lebanon. Each repatriation site was staffed by several dozen federal and nonfederal employees and volunteers.

This successful emergency operation effort resulted in the largest U.S. repatriation of Non-combatant American Citizens since World War Two. During the 17-day operation, ACF/ORR and its partners offered needed services to approximately 12,421 American citizens and others who arrived on 61 flights to four major international airports. At the airport, 4,454 people were offered services at Baltimore-Washington International Thurgood Marshall Airport; 1,814 at McGuire Air Force Base in New Jersey; 1,982 at Hartsfield-Jackson Atlanta International Airport; and 4,171 at Philadelphia International Airport.

The reception effort was designed to provide necessary services to eligible individuals after they cleared Customs in the United States. Services offered at these airports were provided at the Emergency Repatriation Center (ERC) and included medical care, temporary lodging, transportation, cash payments, childcare, and other services.

To assist with the effort, on July 26, the U.S. Congress passed legislation raising the \$1 million cap on repatriation funding to \$6 million for fiscal year 2006. On July 27, the President signed the legislation into law. During emergency repatriations, both HHS and DOS Secretaries have authority to make decisions regarding the repayment requirement for all repatriates. For the Lebanon Emergency Repatriation (LER), Secretary of State Condoleezza Rice decided on July 18 to grant a blanket waiver of the repayment requirement for services provided overseas. On July 19, HHS Secretary Michael Leavitt decided not to grant a blanket waiver of the repayment requirement for services provided on U.S. soil.

The estimated total amount utilized during this repatriation was approximately \$1.3 million. This amount does not including the cost for temporary assistance provided to 100 eligible individuals who were referred to different states for follow-up assistance. Follow-up assistance provided at the final state of destination included, but was not limited to, medical services, family resettlement assistance, and services to unaccompanied minors.

Upon conclusion of the emergency repatriation, ACF/ORR engaged in a series of after-event-analysis conferences and distributed questionnaires to states, federal partners, other participating agencies, and repatriates who received assistance at the POE. The purpose of these review activities was to gather information regarding lessons learned and best practices. Overall, responses to the after-event activities, which were rated on a grade scale, showed a very positive response and experience of the LER.

SUMMARY OF ACTIVITIES

On July 13, ACF/ORR received an invitation to attend a Washington Liaison Group meeting to discuss the situation in Lebanon. On July 14, DOS contacted ACF/ORR to advise of the possibility of a repatriation from Lebanon

Upon DOS notification (on July 17) regarding the imminent repatriation, ACF/ORR met with appropriate staff to discuss the situation, review and activate the National Emergency Repatriation Operational Plan (See Attachment 1).² On that same day, an ORR command center was established on the eighth floor of the Aerospace Building. ORR strategies for the LER included assessing information, establishing communication with federal partners and States, selecting Ports of Entry (POEs) and activating respective State Emergency Repatriation Plans where POEs were located, reorganizing the ORR office, monitoring and assessing the situation and ensuring orderly recovery after the event.

On July 17, upon DOS notification regarding the LER, immediate internal ORR meetings were scheduled to discuss the information at hand, assess the situation, decide on best approaches and plan for implementation. Simultaneously, email notifications went out to specific ORR staff and other key agencies (e.g., ISS-USA, OMEGA, PSC, ARC, and ITSC) to advise them of the situation and to prepare for the activation of the MOUs and agreements with different agencies.

Preliminary information received from DOS did not include details regarding the LER. However, general information about the first plane arrival date (July 19) and the estimated total number of individuals (approximately 15,000) expected to be repatriated was provided to ORR. During the initial planning, ORR identified information regarding plane schedules and manifests as one of the critical communications received from DOS. Staffs were immediately assigned to the DOS command center to serve as the plane arrival information conduit between ORR and DOS.

Early discussions between ORR and DOS led to the decision that ORR would determine the locations, in consultation with DOS, where commercial planes were going to land.

Timing and planning became a critical determinant for the location of the first airport. ORR's goal was to select a state with an international airport able to fulfill the airplane logistics/requirements and ready to implement its Emergency Repatriation Plan.³ In

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2. The National Emergency Repatriation Plan (NERP) was developed in 1983 to provide guidance and establish operating procedures for implementation of an emergency repatriation. In 2001, the NERP was revised and an operational guide was developed. During the Lebanon repatriation, the revised guide was utilized. Attachment 1 is the most updated copy of the NERP operational guide.
 3. Most state emergency repatriation plans were last revised by the program around 1985. Once a state was selected for possible activation of their plan, ORR requested a copy of their plan

addition, ORR's objective was to provide the most effective and efficient services, allowable under the program regulations, to a population that was arriving with unpredictable needs. Taking into consideration those determinants, it became of equal importance to have the first airport in proximity to ACF/ORR headquarters in order to dispatch the personnel needed to assist in the coordination and provide the support and assistance needed at the POE.

During the initial planning stage, certain information useful in decision making was not readily available. This included, but was not limited to, various repatriates' needs, plane manifests, and the availability of additional ORR funding. These factors contributed to the decision to begin operations at only one airport and gradually, based on the situation and increased need, request that other states activate their plans. Initial efforts were also concentrated on the first POE as it was becoming the operational road map for other airports.

Baltimore-Washington International Airport (BWI) was chosen to be the first POE. This choice was based on several factors: its hub capacity to receive and dispatch planes quickly; Maryland's readiness to implement its State Emergency Repatriation Plan; Maryland's past experience with reception of group repatriations; and its location's proximity to ORR/ACF Headquarters.

IMPLEMENTATION OF STATE PLANS

On July 17, ACF/ORR contacted Maryland's Office of the Governor to advise him of the situation and to request the activation of its State Emergency Repatriation Plan. Immediately upon notice, the State of Maryland began planning for its participation in the LER.

ORR staffers were also advised of the emergency repatriation and scheduled a meeting to discuss the logistics of the National Emergency Repatriation Plan (NERP) Operational Guide and ways in which they could be of assistance.

On July 18, ORR assigned 24-hour coverage at the DOS command center to ensure accuracy, uniform format, and promptness of receipt of flight schedule information. In addition, it was ORR's role to communicate decisions and inputs regarding planes landing in the U.S. ORR requested the assistance of Office of Public Health Emergency Preparedness (OPHEP) to help with the coverage at the DOS command center. This request was made for two reasons: 1) Only one ACF/ORR staffer had the necessary security clearance to enter the DOS command center, and 2) that staffer could not work 24/7 and did not start working at ORR until after the LER commenced.

Also on July 18, an email went out advising all federal partners identified within the NERP Operational Guide of the activation of the plan and calling for a debriefing

to review. After revision of the Maryland plan and upon authorization by the state, the Maryland plan was used as a guide for those states that did not have an updated plan.

meeting. The following agencies were invited: Federal Bureau of Investigation (FBI), Department of Homeland Security (DHS), DOS, DOD, HHS, Department of Housing and Urban Development (HUD), United States Department of Agriculture (USDA), and Federal Emergency Management Agency (FEMA). During the briefing, federal partners were advised of the situation and the activation of the NERP operational guide. In addition, they were briefed on established operating procedures for implementation of the plan and the responsibilities and working relationships among federal agencies. The roles of these partners are specified in the NERP Operational Guide.

Furthermore, agencies with active roles during the LER were encouraged to reach out to their regional counterparts and local partners to discuss their roles and responsibilities. During and after the event, communication was maintained mainly through cell phones, emails, and blackberries.

On July 19, the States of New Jersey, Pennsylvania, Massachusetts, Illinois, and Florida received an email notification regarding the Lebanon situation. These states were asked to be on stand-by for possible activation of their plans. In addition, a general notification email was sent to all fifty state coordinators identified on the ISS contact list regarding the Lebanon situation and possible activation of their plans.

BWI was ready to serve as the first POE in the U.S. ORR, in conjunction with other federal and nonfederal agencies, provided support and assistance during the planning stage of Maryland's operation. During this nine days operation, from July 20 to July 28, more than 4,450 individuals were offered repatriation assistance at this location.

Also on July 19, a determination was made to open a second POE. Circumstances that led to this decision included increased numbers of previously unpredicted plane schedules. After following the same determining factors for selecting a POE, Philadelphia International Airport was chosen as the second reception site. On July 19, ORR contacted the Pennsylvania Governor's Office and the Mayor's Office in the City of Philadelphia to initiate implementation of the plan. As in Maryland, a collaborative effort took place between the State of Pennsylvania, the City of Philadelphia, and federal and nonfederal partners. This collaborative effort resulted in the successful repatriations of more than 4,100 repatriates at this location in a period of seven days, from July 21 until July 27.

On July 19, the State of New Jersey was contacted to activate their emergency state plan at the Newark airport. Upon notice, the state started to coordinate all necessary activities. On July 22, ORR was advised by DOS that the Department of Defense (DOD) U.S. Transportation Command (TRANSCOM) was taking over logistical control of incoming planes. In addition, ORR was advised that DOD and DOS made the determination to use military planes which were going to land at McGuire Air Force Base. The State of New Jersey was contacted and advised of the changes made to the POE location. The state made immediate adjustments and began providing needed assistance at McGuire. At McGuire, collaborative efforts took place between the air force staff, ORR, the State of New Jersey and its partners (e.g., American Red Cross Salvation Army) as well as other

federal and nonfederal agencies. This successful repatriation at McGuire resulted in the provision of services to more than 1,800 individuals from July 22 to July 25.

On July 21, DOS contacted ORR to advise that a commercial Delta plane carrying individuals repatriated from Lebanon was on the way to Atlanta, Georgia. ORR was not provided with enough time to coordinate and establish an Emergency Repatriation Center (ERC) in Atlanta, but through its ACF regional office, and key staff from the City of Atlanta and State of Georgia, it was able to coordinate the reception of eligible individuals arriving on the Delta flight and provide all immediate needed services. Delta volunteered to provide free connecting flights tickets for those individuals traveling on that flight. Approximately 176 individuals were assisted from this Delta flight.

On July 25, ORR asked the State of Georgia to activate their plan. This POE was chosen based on previously mentioned determining factors and the fact that this airport had experience coordinating services for Lebanon repatriates. The state, City of Atlanta, ORR, and other federal and nonfederal agencies worked in collaboration to provide effective and efficient services to more than 1,800 individuals. The last airplane arrived in Atlanta on August 2 carrying more than 250 individuals.

States were notified with different arrival times for the last plane to land at their respective sites. With the exception of BWI, POEs decided to maintain their ERC intact for a minimum of twelve hours after this time. Based on the after-event analysis conferences and surveys, the states advised that no problems were encountered in their process of normalizing daily work activities.

ORR MOBILIZATION

Immediately upon notification of the imminent repatriation, ORR leadership advised all staff of the situation and requested that they give priority to assisting in this effort and volunteer time beyond regular work hours. ORR's office priorities were redirected towards responding to the LER. ORR staff responded to the call and became available to serve based on needs.

Part of ORR's mobilization included a 24-hour email and telephone line which was opened to serve as the center of internal and external communication. ORR staff were assigned to six main tasks:

1. *Statistical and financial record keeping*: Responsible for recording, maintaining and analyzing all statistical and financial data needed before, during and after the event.
2. *ORR command center*: Most operational and management decisions and notifications were made at this center.
3. *DOS task force*: 24-hour shifts were developed to cover this site. Plane logistics, including schedules and manifests were disseminated from this site.

4. *ORR reception/communication center*: 24-hour coverage provided to uniformly receive and disseminate information to internal and external audiences.
5. *Airports response team*: provided needed support (e.g., made assessment, onward travel arrangements) at the POE. In addition, a team manager was assigned to serve as the point of contact and to assist in the coordination and implementation of the state plan.
6. *Other operational services*: These included but were not limited to reviewing documents and providing administrative support.

POINT-OF-ENTRY PROCESS

When a chartered plane arrived at a POE, a team of state and federal officials was waiting at the gate. The team included at least one person from the following agencies: Department of Public Health (DPH), Centers for Disease Control and Prevention, U.S. Customs, and at times, a representative from the respective State and Department of Health and Human Services. DPH boarded the plane and briefly advised the passengers of the customs and repatriation process. DPH did a quick assessment of the medical needs of the passengers through visual inspection and discussions with the flight crew. If a manifest existed, DPH also referenced it to determine medical needs.

If a passenger required immediate medical care or special assistance, s/he was assigned a medical escort. The medical escort provided wheelchair assistance as needed and escorted the repatriate to the customs processing area. Medical care was available in areas of close proximity to the gate, if needed. Repatriates with medical problems were assisted through the customs interview process, with their luggage, and then taken to the ERC for needed services.

Repatriates without immediate medical needs were interviewed by customs before retrieving their luggage. All repatriates and their luggage passed through a final security checkpoint equipped with metal detectors prior to entering the repatriate center.

At some POEs, states asked repatriates to sign a sign-in sheet as they entered the repatriate center. However, signing in was not mandatory and states did not submit the sign-in sheets as part of their documentation for repatriate expense reimbursement.

Repatriates requiring medical care were escorted to the medical area within the ERC. Medical treatment within the ERC was provided either by the states, the Red Cross, or federal staff. Medical staff gathered information on the repatriates to create a patient file for each person receiving treatment. A large number of repatriates received treatment for dehydration and gastrointestinal maladies. Ambulances were onsite to transport more serious medical cases to local hospitals. Repatriates were not billed for any medical treatment received within the ERC. However, repatriates transported to hospitals were billed directly from the medical care provider. States submitted expenses associated with medical treatment to ACF/ORR as part of their reimbursement requests.

At the ERC, a welcome letter from ACF/ORR and a “Temporary Assistance for Repatriates” brochure were made available to each repatriate. The information included an explanation of the types of assistance that were available and outlined the loan repayment process. Interpreters, provided by the participating states, were available at each POE to assist repatriates with these documents.

Individuals seeking HHS assistance were interviewed by authorized federal staff to determine need for services and eligibility. Upon determination that a person/family was eligible for services, an HHS Repatriation Processing Sheet – which included a Privacy Act Statement and a Repayment Agreement as well as an HHS Repatriation Form – was provided for completion. (For copies of these forms, see Attachment 3) Repatriates were asked to sign the Repayment Agreement and processing form and complete the top portion of the processing form if they were requesting services.

The Repayment Agreement asked for the repatriate’s first and last name, address, social security number and telephone number. Though repatriates knew their respective state and city of final destination, many did not know their complete address. The agreement also contained the following language stating that providing a social security number was voluntary:

The Office of Refugee Resettlement requests your Social Security number in order to ensure it can contact you to receive reimbursement for expenditures made for your repatriation to the United States. Disclosure of your Social Security number is voluntary. The statutory authority for this collection is 42 U.S.C. Section 1313.

Some of the repayment agreements did not include social security numbers. Some repayment agreements also did not include information about the services received or the final loan amount. However, the processing form contained a section that was to be completed by the federal assessor and servicing staff identifying the services received (travel, cash, lodging), and associated cost. A copy of both forms was given to the repatriate.

Repatriates were directed to an assessment table that was staffed by federal HHS employees. The staff advised the repatriates that the cost of services received was a loan and determined whether the repatriate had cash or assets that were “readily available”. If the repatriate did not have resources available, staff filled out the bottom portion of the processing form.

Federal staff indicated the services that the repatriate could receive by circling either transportation, lodging, or cash advance. Only the amount of the cash advance was recorded on the form.

Repatriates who were identified as needing follow-up services at the state of final destination were referred to International Social Service (ISS), the ORR contractor, to

assist in the coordination and provision of services at the state of final destination. Approximately one hundred individuals were referred to ISS for follow-up services.

Each ERC had a federal authorizing official who then reviewed each processing form and initialed and dated the form, indicating that it had been approved. Staff made two copies of the paperwork. The original was filed for ACF/ORR; the copy was given to the repatriate. The repatriates were then directed to the appropriate tables to receive the approved services.

At the travel table, federal staff booked tickets for repatriates who needed financial assistance getting to their final destinations. These tickets were booked through Omega Travel, the HHS contractor, and charged to a separate account created for travel for Lebanon repatriates. Two copies of the travel information were generated—one for the traveler and one for ACF/ORR's files.

The lodging and cash advance tables were manned by state employees. Cash advances were distributed in the amount recorded on the processing form which was authorized by federal personnel. Accommodations at local hotels were booked and paid for by the states, in collaboration with their partners. State employees made two copies of hotel bookings. One copy was given to the repatriate, while the other was maintained by the state to submit for future reimbursement. Both lodging and cash advances were reimbursable to the states by the federal government.

All repatriates were given access to some services, regardless of financial need. These services included medical treatment, mental health services, food, daycare, assistance with travel bookings (not through Omega), family reunification via email and telephone, clothing, toiletries and escort assistance. ACF/ORR did not bill any of the repatriates for these services.

EMERGENCY REPATRIATION CENTERS

Emergency Repatriation Centers (ERC) were areas assigned by participating states, in consultation with ORR, where eligible repatriates were able to receive temporary services. Not a "waiting station" for connecting flights, these centers served as a place where repatriates were processed, advised of services, and provided with effective and efficient temporary services in a timely manner. They also provided a site for short-term rest and family reunification.

Due to the different airport structures, the ERC was unique in terms of layout; however, core services were offered and provided at all sites. Detail information is included within the attached stated after-event analysis. Services offered at these airports included:

- **Medical Care:** Health care providers (e.g., physicians, pharmacists, paramedics, counselors, and nurses) were on site to provide assistance to anyone in need. These services included mental health services.

- **Temporary Lodging:** Temporary accommodations were arranged and provided for those who lacked the resources to pay for them and shuttle vans or buses were available and/or provided for travel to identified accommodation.
- **Transportation:** Individuals were assisted in booking travel reservations (e.g., flights, rail, car rental, and buses) to ensure they arrive at their final destinations safely and efficiently.
- **Cash Payments:** Individuals in need were provided small amounts of cash to meet shortfalls in paying for specific items.
- **Family Center:** Individuals had access to equipments (telephones and computers) to contact relatives. This was a place for family reunifications.
- **Daycare Center**
- **Provision of Food and Nutritional Services:** Culturally oriented meals were provided.
- **Escorts:** Volunteers and staff at the airport provided assistance with direction and were available to answer questions.
- **Other Goods and Services:** Clothing, toiletries, communications, and other products and services are provided as needed.

IMPACT OF REPATRIATION EFFORT

In order to examine the impact of this event at the federal, state, and local levels, ORR gathered quantitative and qualitative data measuring the financial, legal, and operational aspects of the event. Information was gathered via after-event-analysis (AEA) questionnaires and conferences, as well as data collected throughout the event.

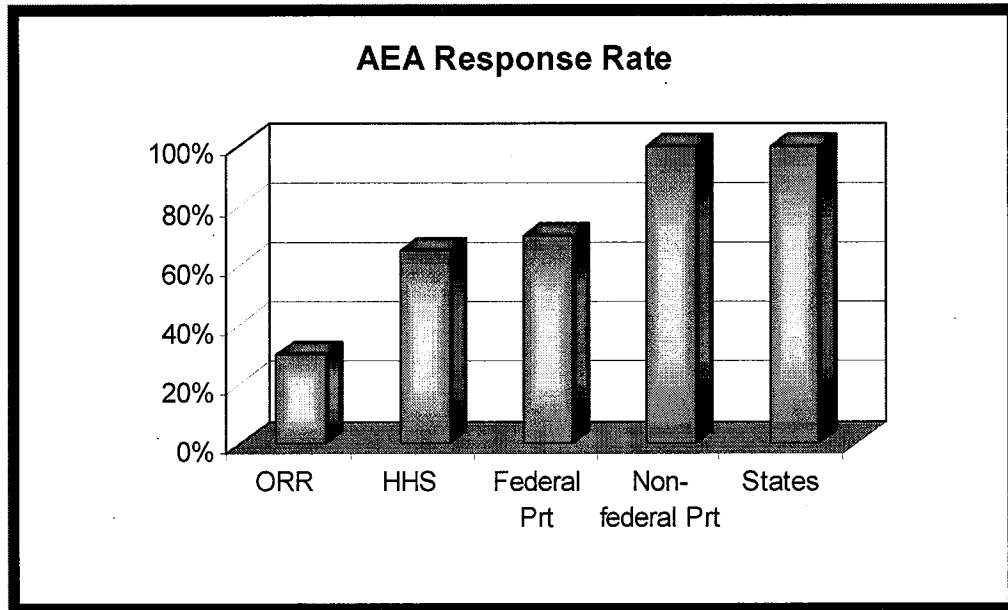
The questionnaires (see Attachment 2) were designed to capture the lessons learned and best practices. These questionnaires included open-ended questions for narrative summaries, as well as scale-based questions for rating of different components of the LER. The purpose of Part 1 was to gather information regarding the number of people involved and duties performed during the LER at the different locations (POE, DOS command center, and ORR office). The purpose of Part 2 was to gather information regarding the notification, activation, implementation, monitoring, and assessment of LER activities. The purpose of Part 3 was to gather quantitative information about the overall event.

ORR administered the survey via email to individuals that participated in the LER. The survey was given to approximately 50 ORR staff, 70 other HHS staff, 16 federal partners, one nonfederal partner (ISS-USA), and representatives from Georgia, Maryland, New Jersey, and Pennsylvania. State representatives were advised to meet with key personnel from all the agencies (e.g., volunteers as well as federal, state, and local agencies) that participated in the event to review, discuss, collect and respond to the questions identified

on the questionnaire. In addition, they were also requested to submit one questionnaire per state.

A good cross section of responses was received from this survey. ORR received a 100 percent response from the states; 100 percent response from nonfederal partners; 70 percent response from federal partners; 65 percent response from HHS staff; and 30 percent response from ORR staff.

Figure 1: Questionnaire Response Rates



In addition to the AEA questionnaires, ORR organized after-event conference calls with the participating states. These conference calls included representatives from those agencies that participated at the different sites. Agencies that participated during these conference calls included city and state agencies as well as other organizations such as The Salvation Army and ARC. In addition, these conferences involved HHS staff and federal and nonfederal partners who participated in their respective states. Furthermore, ORR also convened a conference with HHS partners and ORR staff separately. Each conference followed a comprehensive agenda that outlined the process of Lebanon emergency repatriation and asked for feedback from participants.

ORR also utilized information gathered during and after the LER. This information was gathered by different departments/agencies, such as ORR's Division of Budget, Policy, and Data Analysis, repatriation records from DOS, and information from ORR's repatriation contractor, ISS-USA.

SUMMARY OF DATA

During the LER, more than 20,000 individuals (U.S. citizens, their dependents, and others) were evacuated by DOS from Lebanon to a safe harbor. Upon arrival, some individuals decided to continue their journeys to other countries, but those who requested assistance to be repatriated to the U.S. were provided with air transportation by DOS.

More than half of the repatriates who were evacuated from Lebanon chose to come to the U.S. and arrived at four airports (Atlanta, BWI, McGuire, and Philadelphia). ORR and its partners provided assistance to a total of 12,421 eligible individuals in fifteen days, from July 19 through August 2. Within this population, we serviced 44 unaccompanied minors and 779 special need cases, of which 526 included medical conditions (e.g., problems with kidney, heart, or stomach). In addition, during the LER, DHS encountered some issues with individuals with criminal records and/or possible fraud. Appropriate steps were followed by authorized federal staff to resolve problems encountered.

From July 7 to July 28, a total of 4,454 eligible individuals arrived at BWI on 19 flights. From July 21 to July 27, a total of 4,171 eligible individuals arrived at Philadelphia on 16 flights. From July 22 to July 25, a total of 1,814 eligible individuals arrived at McGuire on 19 flights. On July 22, and from July 29 through August 2, a total of 1,982 eligible individuals arrived to Atlanta on seven flights. (See Figures 2 and 3.)

Figure 2: Flight Information

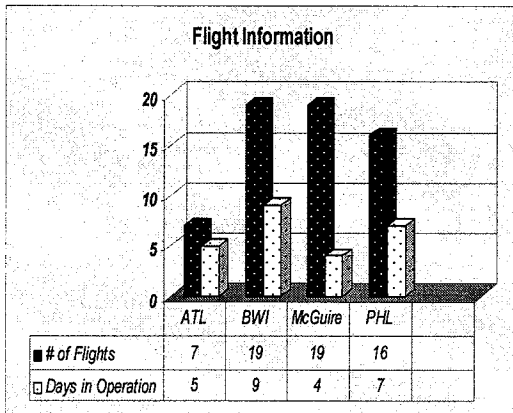
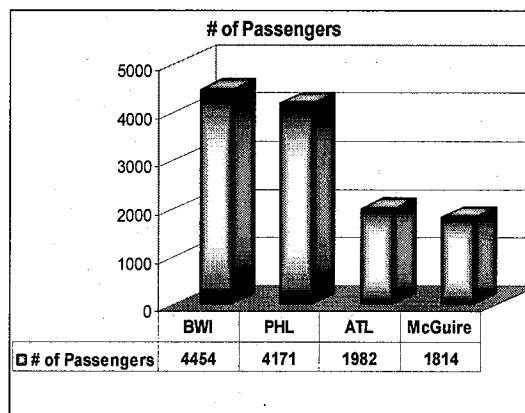


Figure 3: Total Passengers



As illustrated in Figures 4 and 5, including the 44 unaccompanied minors and the 779 special need cases, BWI received the highest number of minors (20) but the least number of repatriates with special needs. McGuire assisted the highest number of special/medical needs cases (259), and was the second lowest in terms of unaccompanied minors (7). Philadelphia had 210 special and/or medical needs and 11 unaccompanied minors; Atlanta had 288 individuals with special and/or medical needs and 6 were unaccompanied minors.

Figure 4: Unaccompanied Minors by State

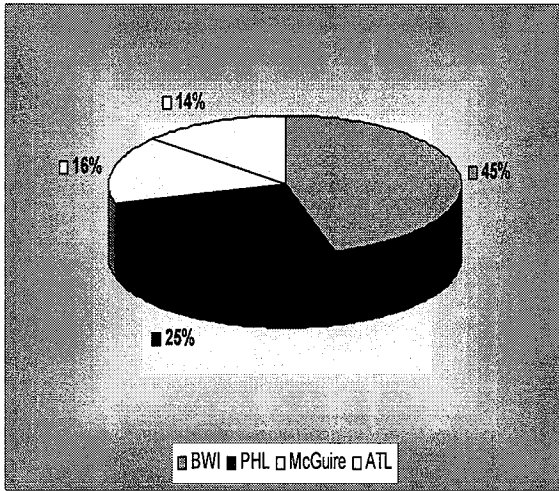
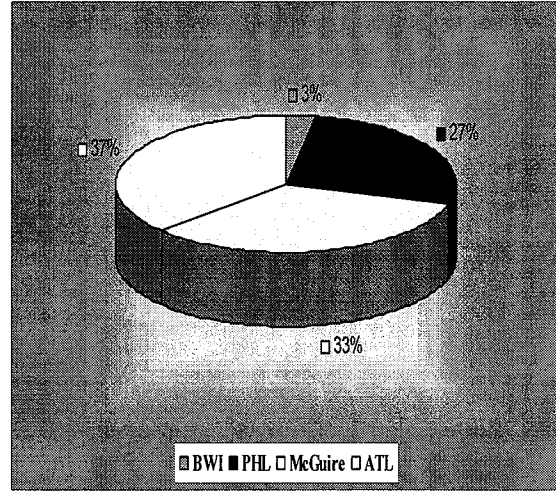


Figure 5: Special Needs/Medical Cases by State



Besides the special needs/medical and unaccompanied-minor services provided at each of the four airports, repatriates were also offered cash assistance (see Figures 5 and 6) and hotel vouchers (see Figure 7). Fifty-seven repatriates who arrived at BWI received cash assistance, a total of \$4,558 (average of \$80). Philadelphia dispersed \$2,050 to 36 people (average of \$57) while Atlanta allocated \$300 to 6 repatriates (average of \$50). McGuire was the only airport that did not hand out any cash assistance.

Figure 6: Cash Assistance by State

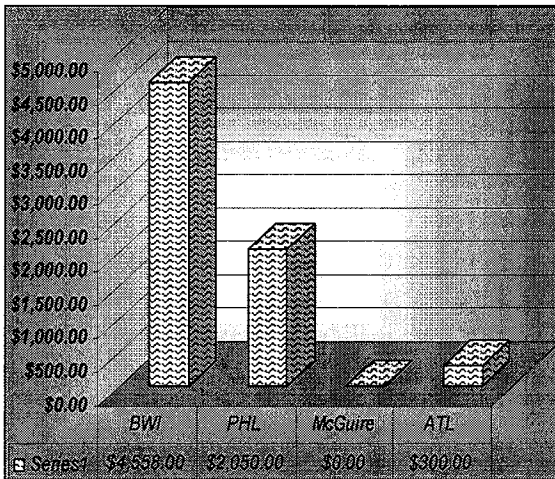
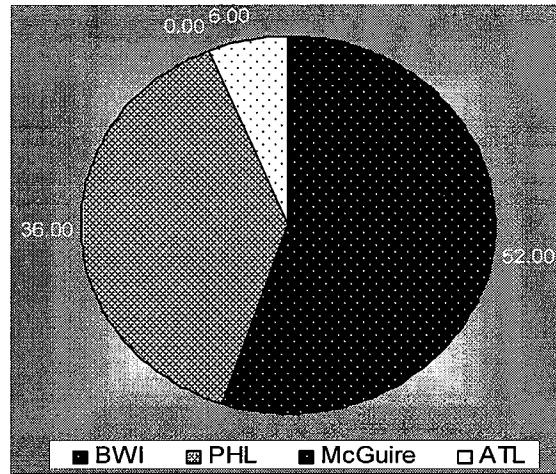
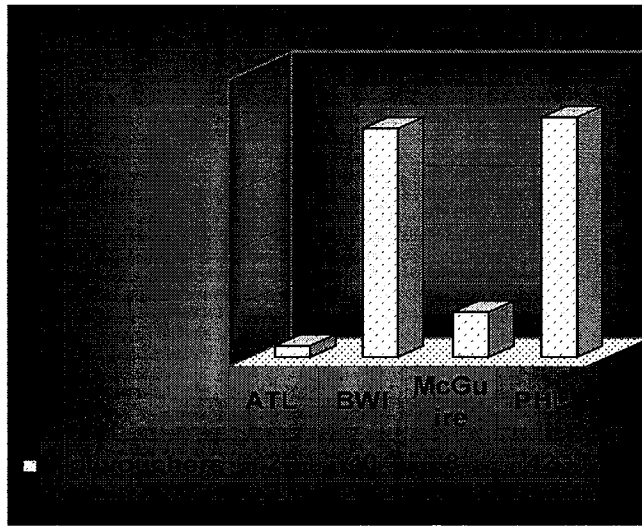


Figure 7: Number of Cash Recipients by State



In terms of hotel vouchers, Philadelphia distributed 42 vouchers; BWI, 40; McGuire, 18; and Atlanta, 2.

Figure 8: Number of Hotel Vouchers



QUESTIONNAIRE RESULTS

Responses to the questionnaires, which were rated on a grade scale, showed a very positive response and experience of the LER. Grade scale was labeled as follows: A (5.00), A- (4.67), B+ (4.33), B (4.00), C+ (3.33), C (3.00), C- (2.67), D+ (2.33), D (2.00) and D- (1.67).

Representatives from Georgia, Maryland, New Jersey, and Pennsylvania rated the airport logistics as B (Good) with a score of 4.31 on a 5-point scale; collaboration, A- (Excellent, 4.90); communication, B (Good, 4.31); social services, B+ (Good, 4.56); and miscellaneous aspects of the repatriation, A- (Excellent, 4.87).

A (Excellent) B (Good) C (Average) D (Poor) F (Very Poor)

Airport Logistics	4.31 (B+)
Collaboration	4.87 (A-)
Communication	4.45 (B+)
Social Services	4.49 (B+)
Miscellaneous	4.46 (B+)

Aspects of the LER that were analyzed in the questionnaire included:

1. Notification

Overall, notification of the LER to local, regional, and state partners was effective. After receiving an alert from DOS, ORR contacted the designated state coordinators via email and telephone to activate the state emergency repatriation plan. Both written and verbal communications was efficient and effective.

ORR was advised by ACF regional staff that the information provided by ORR during the LER operation regarding staff responsibility was not as clear as it could have been. In addition, regional staff expressed an interest in working more closely with ORR during any future emergency.

- **Challenge:** Distributing a comprehensive notification with available information to all the key players.

Plan of Action: ORR will develop a standardized notification email and telephone script that will outline clear goals, objectives, expectations, and other pertinent information for each emergency repatriation. In addition, ORR will be revisiting the NERP Operational Guide and other documents to assist states in developing more comprehensive plans.

- **Challenge:** Third party notification to key offices and agencies involved in repatriation.

Plan of Action: ORR will create a telephone tree to identify points of contact and disburse notifications of future repatriation. In addition, ORR will continue to develop relationships with ACF regional offices to develop collaborative efforts during all program activities.

2. Roles and Responsibilities

Some roles and responsibilities of parties involved in the LER were unclear and posed challenges. Although services to repatriates and legislative responsibilities were fully met, some internal dynamics created tension and a stressed work environment.

To address these issues, updated state repatriation plans and the federal guidelines will include clearly outlined roles and expectations for all agencies involved in future emergency repatriations. To minimize additional stress and tension among the repatriation team, uniform information and chain of command (outlined in Attachment 1) as well as the guiding philosophy of the ERCs should be systematically communicated to all parties. During the AEA conference calls, questions arose whether the ERC is a rest area for repatriates to stay as long as they deem necessary for the purpose of receiving services while waiting to be connected to the next flight, or a service center with the goal quickly processing, providing services and moving repatriates out of the ERC once services have been provided and coordinated for them to continue to onward travel.

In addition, Memorandums of Understanding (MOU) should be updated to remove any ambiguous language and further clarify roles of all parties involved.

- Challenge:** Roles, responsibilities, and expectations of local, state, regional, and federal agencies are unclear.
Plan of Action: ORR will update the federal guidelines and assist states in updating their emergency repatriation plans.
- Challenge:** The language used in some state and federal MOUs is too ambiguous, and guidelines are outdated.
Plan of Action: ORR will sign new MOUs with clearly defined responsibilities and expectations with pertinent agencies at the local, state, private, and federal agencies.
- Challenge:** Decide whether the ERC is a place of rest for repatriates or a quick processing and service center.
Plan of Action: ORR will follow up with the states to ensure that each state plan describes the operational structure of each ERC. Approaches may vary based on the type of emergency.

3. Airport and Flight Logistics

The quick response and collaboration experiences at Georgia, Maryland, New Jersey, and Pennsylvania while activating their plan and establishing a ERC at their respective airports is commendable and should be replicated in the future. However, there are several issues related to airport logistics and flight schedule that must be addressed in order to best serve future repatriates. On average, the four states rated customs as providing excellent services to repatriates with a score of 4.87 (A-), but expressed the need for improvement in luggage coordination, which received a score of 3.62 (B-). The chain of command (3.98/B-) did not score as well as airport overall operations (4.59/B+), airport setting (4.32/B+), or TSA services to repatriates (4.87/A-). (See Table 1).

Table 1: Airport Logistics

Given the nature of an emergency response, how would you rate the following?	
Airport operations	4.58 (B+)
Airport setting	4.17 (B)
Chain of command	3.92 (B-)
Services provided by Customs to repatriates	5.00 (A)
Services provided by TSA to repatriates	4.50 (B+)
Luggage coordination	3.40 (C+)

Other concerns include the need for more physical space to organize the ERC into two areas: One for those receiving financial assistance and another for those making their

own arrangements. Unavailability of airline representatives and limited public transportation at night and inadequate signage at the airport contributed to confusion. The most consistent source of frustration for many ERC staff was the unreliable flight times and unexpected flights. Such unpredictability caused great tension and staff burnout.

- **Challenge:** Familiarity with airport layout and designation of bigger space for the ERC
Plan of Action: State representatives responsible for setting up the ERC should make periodical visits to the airport to become familiar with the layout. Or, key airport staff should provide, on a needs basis, a blueprint of the airport to be included in the state plan. In addition, a MOU should be made with appropriate airport personnel to agree upon the space that will be available during repatriation.
- **Challenge:** Inadequate signage at the airport to guide repatriates
Plan of Action: States should create clearly written signs (in English and in the language of the country of departure) to post in strategic locations where they would be most visible and useful in directing the repatriates. (Most airports, however, had an escort guiding the family and/or groups to the ERC. This strategy showed to be effective, efficient, and provided a sense of calm and stability to the repatriates.)
- **Challenge:** Lack of secure space for storing or handling luggage
Plan of Action: States should arrange for a secure place to maintain the repatriate's luggage. In addition, repatriates should be informed of the process to follow in order to release and/or collect their luggage upon rendering of services.
- **Challenge:** Lack of access to airline representatives and unavailability of public transportations late at night.
Plan of Action: Continue to provide airline websites, telephone lists, and other airline access information to allow staff to make arrangements as an alternative to using airline counters. In addition, states should write agreements with different airlines to have some ticket counters opened during the event.
- **Challenge:** Unreliable arrival times and unexpected flights
Plan of Action: ORR will continue working with DOS to establish a plan to streamline flight schedules.
- **Challenge:** Many staff worked more than 12 consecutive hours during the repatriation, which resulted in high level of stress and exhaustion.
Plan of Action: Each state should implement a 12-hour shift protocol to minimize staff burn out.
- **Challenge:** Defining clear chain of command that is appropriate for cross-agency cooperation
Plan of Action: ORR will develop a written command structure that will be shared with each state. In addition, states should also have a similar plan in place.

4. Collaboration

The LER would not have been possible without strong collaboration and cooperation among local, state, federal, and private partners. The success of the event was reflected on how well parties worked together to provide services to repatriates. This section received the highest score from state representatives. State collaboration with local governments and volunteer agencies received an A (5.00) while the collaboration with other partners was rated at 4.87 (A-) and with TSA, DOS, HHS-OSHA a 4.75 (A-).

Table 2: Collaboration

Given the nature of an emergency response, how would you rate the following?	
State collaboration with local government partners	5.00 (A)
State collaboration with volunteer agencies	5.00 (A)
State collaboration with other partners (specify)	4.83 (A-)
State collaboration with TSA, DOS, HHS-OSHA	4.66 (B+)

5. Communication

As indicated in Table 3, communication was rated as B+ with a score of 4.5 out of a 5-point scale. The communications involving state personnel appear to have been excellent with a score of 4.75, an A-. However, communication from ORR headquarters needs to be improved from B- (3.50), which is the lowest grade in this assessment category.

Table 3: Communication

Given the nature of an emergency response, how would you rate the following?	
Communication between staff/volunteers and federal staff/volunteers	4.40 (B+)
Communication among federal personnel	4.20 (B)
Communication among state personnel	4.83 (A-)
Communication between Maryland and its partners	4.83 (A-)
Communication from headquarters/Washington, D.C.	3.60 (C+)
Overall communication	4.66 (B+)

Other changes are necessary to enhance communication with those involved in the repatriation. To eliminate confusion, duplicate, and contradictory messaging, agencies have to develop and implement clear roles, expectations, and responsibilities. Each state

had a different communication experience. In order to resolve this issue, states should address their identified concerns regarding communication.

Challenge: Streamline the flow of information and limit the spread of inaccurate information.

Plan of Action: Each state should outline a clear chain of command that can also be used as a reliable source of information.

6. Social Services/Temporary Assistance

Another aspect of repatriation are social services. Fourteen components of social services were assessed by state representatives. Daycare received the highest mark of 5.0 (A) while Interpreters received the lowest rate at 4.0 (B). The overall quality of service to repatriates was excellent (4.87/A-) with room for improvement. Other social services such as resources for travel arrangements, helping unaccompanied minor children, and cash assistance were rated well, but require improvements.

Table 4: Social Services

Given the nature of an emergency response, how would you rate the following?	
Repatriation Center Operations	4.52 (B+)
Repatriation Center Setting	4.08 (B)
Family center	4.83 (A-)
Services to unaccompanied minor children	4.75 (A-)
Health Services	4.71 (A-)
Travel Services	4.54 (B+)
Provision of food and nutritional services	4.75 (A-)
Lodging	4.50 (B+)
Clothes/toiletries	4.50 (B+)
Cash assistance	4.20 (B)
Daycare center	5.00 (A)
Interpreters	3.83 (B-)
Red Cross volunteers availability	4.83 (A-)
Overall quality of service delivered to repatriates	4.83 (A-)
Services and assistance for volunteers and staff	4.17 (B)

- Challenge:** Difficulty identifying unaccompanied minor children
Plan of Action: ORR will work with DOS to implement a standardized pre-departure document that requires information regarding unaccompanied minor children. In addition, states should develop a procedure for reunifying children with their family.
- Challenge:** Making travel arrangements efficiently using the Internet and telephone
Plan of Action: States should compile and distribute a list of websites and telephone numbers to be included in the state emergency plan. This information should be made available during the event.
- Challenge:** Unavailability of cash assistance for repatriates
Plan of Action: States should allocate funds to provide cash assistance to repatriates during an emergency.
- Challenge:** Inadequate number of interpreters at the repatriation center
Plan of Action: States should identify and have multiple on-call interpreters.
- Challenge:** Need more trained and duty-specific volunteers
Plan of Action: States should prepare debriefing/training sessions with potential volunteers (e.g., ARC, The Salvation Army) with a list of concrete responsibilities that can be delegated to them before they arrive at the airport.

7. Miscellaneous

The overall execution of the LER was rated as an excellent operation with a grade of A- (4.87). However, a number of recommendations were conveyed to ORR as to how these issues can be resolved and future operations improved. Media Presence and Supplies were rated very good with a grade of B+ (4.87) while forms and equipment support and availability are at 4.25 (B) and 4.28 (B), respectively. (See Table 5)

Table 5: Miscellaneous

Given the nature of an emergency response, how would you rate the following?	
Media presence	4.60 (B+)
Forms	4.40 (B+)
Equipment support and availability	4.37 (B+)
Supplies (papers, ink, pens)	4.50 (B+)
Overall execution of the Lebanon Repatriation Plan	4.83 (A-)

- **Challenge:** States and other partners are uncertain what is reimbursable and how they will be reimbursed
Plan of Action: ORR will provide clear reimbursement guidelines and standardized forms to document their finances.
- **Challenge:** Protecting repatriates' privacy from the news media.
Plan of Action: Each state should consider arranging a special area for the media, away from repatriates to protect privacy and respect. A procedure may be necessary for allowing the media to interview the staff and the repatriate.
- **Challenge:** Equipment and supplies
Plan of Action: States should take inventory of needed and currently available equipment and supplies and plan for ways in which resources will be utilized and how they will acquire them.
- **Challenge:** Cultural insensitivity. For instance, providing certain meals, performing certain medical procedures (physical exam) by a male doctor to a female patient.
Plan of Action: States should research basic history and culture of the repatriates and provide culturally competent services.
- **Challenge:** Inadequate number of trained personnel
Plan of Action: States should provide periodic training to their key repatriation emergency staff. ORR will be available to assist in the training and will conduct periodic consultations to educate and train local, state, private, and federal employees.
- **Challenge:** Difficulty collecting data and documenting information
Plan of Action: ORR will prepare and distribute standardized forms that can be utilized by all states
- **Challenge:** Difficulty receiving timely airline booking assistance
Plan of Action: States should secure agreements with airlines
- **Challenge:** Repatriates and staff cannot identify who is on the repatriation team
Plan of Action: States and ORR should provide clothes (t-shirts, ball caps, vests) that will clearly identify repatriation team members.

Note that a list of possible POE sites were selected to concentrate the efforts in case of an emergency. However, during an emergency, any airport can be utilized. All states are required to develop plans and to work with neighboring states in case a different and simultaneous emergency evolves at the state during an emergency repatriation. In addition, neighbor states should work in developing alternative plans in case other types of services are needed.

In addition to these surveys, ORR internal assessments were conducted and found the following best practices and/or lessons learned:

1. *Emergency Repatriation Center HHS temporary assistance process:*
 - Upon arrival at the ERC, individuals requesting HHS assistance will first stop at the HHS assessment table where staff will evaluate the cases and make a determination regarding eligibility for services.
 - A labeled folder will be created for each case and contain the signed assessment and repayment forms. Once the assessment has been made and type of assistance needed has been identified, the folder will be placed on the appropriate processing table trait (cash, travel, lodging, or exit). Names on the labeled folders will be called by appropriate processing staff in the order they were received, unless a reasonable exception is made. Processing staff will ensure that the total amount for the services rendered and the repatriate's initial appear on the appropriate assessment form in the designated space. In addition, staff have to ensure that all supportive documents (itinerary, hotel, and cash vouchers) are placed in the folder. The same processes will be followed by each processing table.
 - After all services have been provided, the last processing staff will take the folder to the "exiting table" where the exiting staff will ensure that forms have been appropriately completed and that the repatriate has received his/her itinerary and has signed all the forms.
 - Exiting staff will be responsible for maintaining these labeled files in safe locations. These folders will be given, on a daily basis, to the POE authorized federal manager located at the RRC.
 - Once the event is over, folders will be provided to the Repatriation Program Director and/or his/her designee for appropriate handling.
2. *Ensuring completeness of assessment forms:* This form has been updated (see Attachment 3). This form will require the processing staff to initial under the type of assistance provided to the eligible repatriate and to ensure that the amount corresponding to such services is listed and initialed by the repatriate. In addition, an "exiting table" has been added in the RRC to ensure that forms are properly completed.
3. *Processing the assessment and repayment forms after conclusion of the event:* Individually labeled folders will be given to the Repatriation Program Director and/or assigned staff for processing. Information contained on these documents will be recorded electronically and hard copies will be maintained on file.
4. *Advising individuals of the services available at the ERC:* Individuals will be provided with a welcome package containing information regarding the Repatriation Program and services that they are eligible to receive at the ERC.

5. *Sending information to PSC for collection:* Because of the number of individuals repatriated from overseas, it is more effective and efficient to send PSC information electronically for processing of the loans. This information could be sent in an Excel spread sheet.
6. *Providing states with reimbursement guidance:* ORR will review its reimbursement request guidance to provide detailed information regarding reimbursement procedures. SSA 2061 and 3955 will be updated.
7. *Emergency repatriation financial check and balance system:* Budget, Policy, and Data Analysis (BPDA) will continue to serve as the lead in the revision, processing, monitoring, and reimbursement of costs from the states and other agencies involved during an emergency. This role will be performed by BPDA unless the program assigns a staff to perform those duties. BPDA director and/or assigned staff will ensure that reimbursement requests have all supportive documentations before disbursement is provided. BPDA director and/or assigned staff will consult with the Repatriation Program Director and RRC managers before approving payment.
8. *ORR staff role:* The Emergency Repatriation Volunteer Team List will be updated to include other volunteers. Roles and responsibilities will be provided to the team in writing. In addition, roles and responsibilities of other volunteer staff, not part of this team, will also be provided in writing.
9. *Program in-house staff support:* ORR is revisiting the possibility of bringing the program back to in-house operations. A proposal will be developed.
10. *Written notice:* ORR will review and develop different notification templates (e.g., states, PSC, and partners).
11. *Fly Away Kit:* ORR will review and update the Emergency Repatriation Fly Away Kit.
12. *DOD NEO Tracking System:* ORR will be looking into the possibility of implementing this system during future emergency repatriations.

FINANCES

The fiscal impact of the LER on HHS was minimal given the scale of the operation. On July 26, 2006, Congress passed a resolution to increase the Repatriation Program's fiscal cap to \$6 million.

ORR follows the Office of Management and Budget's cost principles in reimbursing costs. As of December 2006, ORR had disbursed \$1,346,311 to provide temporary assistance to 12,421 eligible individuals repatriated from Lebanon. Of this amount,

\$1,141,442 has been disbursed to the states for their administrative costs and the remaining \$204,719 represented temporary assistance provided directly to 331 eligible cases. Note that the number of cases does not represent the number of individuals and household heads, but *cases*. A case can be defined as “an eligible individual and/or group of individuals processed under the same HHS form.” One case may represent more than five individuals.

Of the \$204,719 spent, \$196,198.60 was used to pay for transportation; \$4,554 for cash; \$3,446.52 for lodging; and \$520.07 for other. As authorized by 45 CFR § 212.7(a), ACF/ORR granted 42 hardship waivers totaling \$20,657. In addition, ACF/ORR was not able to collect on 24 cases totaling \$8,895 due to missing address/information,⁴ individuals declining certain services, and/or services rendered by a state without ACF/ORR approval.⁵

Of the 331 cases that were processed, 27 cases were referred to the states for follow-up assistance. Under 45 CFR 212.4, repatriates are eligible to receive up to 90 days of temporary services and under certain circumstances, an extension could be granted by ORR for 90 additional days. As of February 2007, ORR did not have a final amount for direct temporary services and/or state administrative costs.

ORR followed internal procedures in seeking recovery of direct temporary assistance costs from repatriates. ORR has a contract with Program Support Center (PSC) to provide a range of financial management services, including debt collections. Once a case is referred to PSC, it becomes PSC’s responsibility to follow established federal requirements in seeking recovery of loans. For the remaining 265 loans totaling \$175,168, as of December 2006, all eligible cases were referred to PSC which processed the loans.

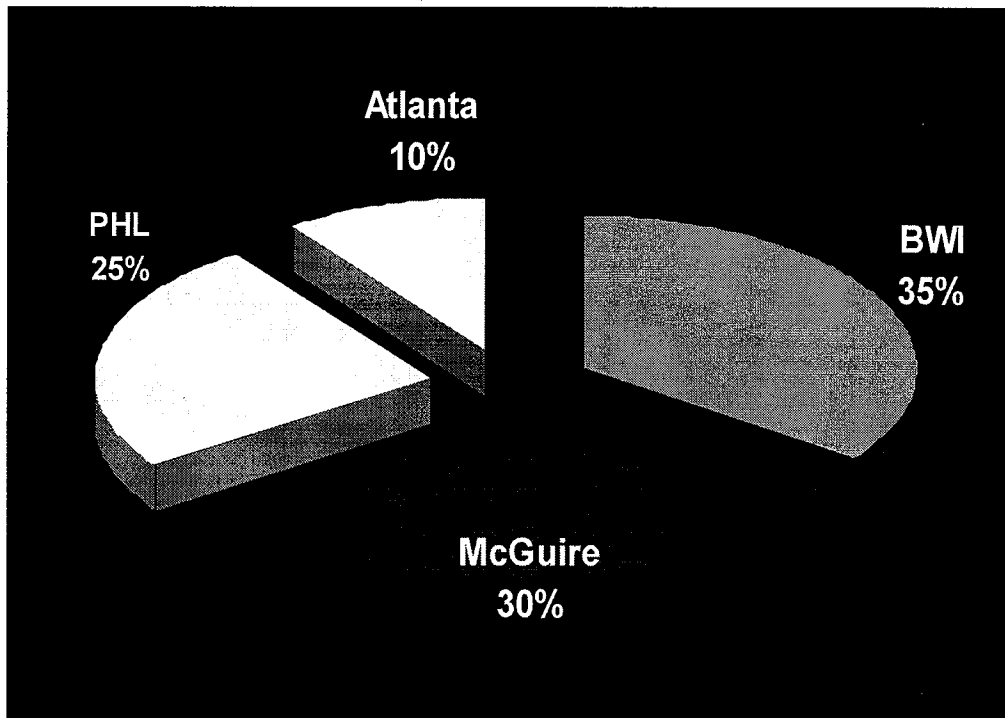
Approximately 55 percent of ORR staff participated in this event. Employees from different HHS agencies/departments provided support during this emergency. The HHS staff contribution was invaluable and the emotional impact on HHS staff was immeasurable. HHS pulled financial and human resources from regional, local, and state offices while seeking volunteers to provide additional support. Staff from various HHS offices withdrew from their regular duties and redirected their attention and energy to the LER. More than 90 HHS staff from ACF and regional offices, as well as other federal

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4. Once a repatriated individual’s situation was assessed by an authorized staff member and determined to be eligible for a HHS loan, the lack of having an address in the United States did not preclude that eligible individual from receiving services.
 5. During preliminary planning, ACF/ORR authorized the State of Maryland to reserve a number of hotel rooms. These rooms were not fully utilized by eligible repatriates as the number of repatriates needing them was less than anticipated. Upon finding that the repatriation event did not require that many blocked hotel rooms, ACF/ORR advised the state to decrease the number of hotel rooms. However, for a number of evacuees, the state provided lodging without ACF/ORR authorization. Nonetheless, these funds would have been disbursed to the state regardless since the hotel rooms had been approved by ACF/ORR during preliminary planning stages.

departments joined regional and local staff in Baltimore, McGuire, Philadelphia, and Atlanta to provide services to returning American citizens and their dependents.

The travel expenses (e.g., lodging, airplane, and meals) for keeping more than 90 staff at the airports totaled approximately \$49,300. These costs do not include employees' overtime and/or comp-time. The travel expenses incurred at BWI were approximately \$17,300 for more than 15 people, less than \$15,000 for more than 20 people at McGuire, more than \$12,000 at Philadelphia for approximately 40 people, and about \$5,000 for more than 20 people at Atlanta (See Figure 9).

Figure 9: Breakdown of HHS Staff Expenses



States utilized not only their employees, but also volunteers from different agencies (e.g., ARC). The individual after-action reports included in the Appendix provide a comprehensive summary of each state's observations, analysis, and recommendations.

Table 6 represent costs of the LER cost not including the HHS staff expenses and/or the 100 repatriate cases that were sent to the different states for follow-up assistance. ACF/ORR reserved an additional \$446,289 for anticipated expenditures for continuing assistance.

Table 6: Breakdown of LER Expenses

State Costs	Preliminary as of 2/2006	After Revision, 2/2006
Maryland	\$500,000	\$440,575
Pennsylvania	\$700,000	\$386,727
New Jersey	\$50,000	\$9,066
Georgia	\$60,000	\$61,641
State Total	\$1,310,000	\$898,009
Other Costs (Includes contractor OT, travel)		
UNISYS	\$55,000	\$54,956
International Social Services	\$35,000	\$109,663
OMEGA TRAVEL	\$220,000	\$206,555
ORR Contract Staff (ANTEON)	\$30,000	\$30,000
Subtotal	\$340,000	\$401,174
Total Costs, Lebanon Emergency Repatriation	\$1,650,000	\$1,299,183
Additional Costs for Regular Repatriation Grant (non-Lebanon costs)		
Repatriation Grant Award '06	\$950,000	\$950,000
Grand Total all FY 06 Repatriation	\$2,600,000	\$2,249,183

CONCLUSION

Although the operation was not without difficulties, the commitment and collaboration between local, state, federal, and private partners contributed to the successful repatriation of 12,421 people in 15 days. HHS offered medical care, temporary lodging, transportation, cash payments, and other services to returned American citizens. The recommendations and best practices learned from the experience and offered in this internal analysis should provide a framework for future emergency repatriations.

Based on the qualitative and quantitative data gathered, the LER operation was a success. However, HHS will monitor follow-up actions to ensure that future emergency repatriations are equally successful. Those follow-up activities include:

- Updating federal guidelines to clarify the role of each agency and partners involved in an emergency repatriation. The guidelines will also include standardized forms and detailed MOUs.

- HHS will work with each state to update its Emergency Repatriation State Plan. A detailed state plan will enhance communication among state partners and minimize confusion.
- HHS will continue to develop partnerships with different organizations to ensure that services provided during an emergency are effective and efficient.
- Lastly, HHS will sponsor a Repatriation Conference in September 2007 to offer training opportunities and a networking venue for those involved in emergency repatriation. This conference will address many aspects of repatriation including logistics, customer service, review of federal guidelines, and mock emergency repatriation.