U.S. Government Accountability Office

# Disaster Response: Lessons Learned in Supporting Mothers and Young Children

GAO-26-107790
Q&A Report to Congressional Requesters
July 28, 2026
Accessible Version

## Why This Matters

Natural disasters, such as hurricanes, tornados, floods, and wildfires, can devastate communities and displace survivors. In the immediate aftermath of a disaster, survivors need food, water, shelter, and other supports. Studies and reports about past disasters have shown that mothers and young children may be particularly vulnerable. This includes pregnant or postpartum women, infants, and young children who are not yet in school.

Local, state, and nonprofit organizations support survivors following a disaster. The Federal Emergency Management Agency (FEMA) leads and coordinates the federal response for disasters that receive a presidential declaration. Hurricanes Beryl, Debby, Helene, and Milton, which damaged communities in the eastern and southern United States, were among disasters that received such declarations in 2024. FEMA helps local, state, and nonprofit service providers respond to disasters and fulfills requests for assistance when needed. In 2025, we added *Improving the Delivery of Federal Disaster Assistance* to our High Risk List.

We were asked to examine supports for mothers and young children during immediate disaster response. We reviewed the unique needs of this population, how the needs are met, and how FEMA supports mothers and young children.

## Key Takeaways

- The unique needs of mothers and young children during disasters include appropriate sheltering, feeding and care supplies, medical and mental health support, and other services, according to relevant literature and disaster service providers from selected local, state, and nonprofit organizations. For example, large shelters may not be the best option for families with infants. In addition, mothers often need diapers, baby food, and infant formula.
- Disaster service providers from 12 local, state, and nonprofit organizations discussed ways they have supported mothers and young children during disasters. For example, they told us they prioritized mothers and children for private sheltering, such as hotel rooms, and provided coloring and reading books about disasters to help children process their emotions and trauma.
- FEMA has assisted disaster providers in efforts to prepare supplies and services for mothers and young children before disasters occur. For example, it has issued guidance and held stockpiles of infant and toddler feeding and care supplies. FEMA has also fulfilled requests for assistance from service providers during disasters, such as medical transports for newborn infants.
- FEMA officials and service providers told us about lessons learned, such as to evacuate children with their families to avoid the challenges of reunification and to prioritize infant formula that can be used without power or safe drinking water.

## What are some unique needs of mothers and young children during disasters?

The unique needs of mothers and young children include appropriate sheltering, feeding and care supplies, medical and mental health support, and other services, according to relevant literature and disaster service providers from 12 local, state, and nonprofit organizations (see table 1).[1]

**Table 1: Examples of Unique Needs of Mothers and Young Children During Disasters, According to Relevant Literature and GAO Interviews**

| Unique need | Examples |
|---|---|
| **Appropriate shelter options** | • Mothers and young children need sanitized environments as their immune systems may be weaker. They also need private areas for breastfeeding or safe spaces for infants to lay. Emergency shelters might not have cribs for infants and toddlers. Thus, large shelters may not be the best option for this population. |
| **Feeding and care supplies** | • Mothers and young children need diapers, baby food, and formula. They also need other feeding and care supplies, including breast pumps, refrigerators to store milk, feminine hygiene products, car seats, strollers, and playpens.[a]<br>• If power and safe drinking water are limited, families need infant feeding sanitation kits so they can sterilize bottles and safely feed children. These kits may include food-safe bleach; bottle brushes; dish soap; and instructions on how to make water safe, clean bottles, and store breastmilk and formula. Families may also need ready-to-feed formula, which is already in a bottle and does not need to be mixed with water. |
| **Medical and mental health support** | • Mothers and young children need pediatric, obstetric, postnatal, and other specialized medical care. For example, postpartum mothers may need lactation support during a disaster.[b] Mothers and children may also need medical supplies, such as inhalers and other medicines.<br>• Mothers may need mental health support, since the emotional toll of a disaster combined with caregiving responsibilities can lead to exhaustion, anxiety, or depression.[c]<br>• Children may also need mental health support, since their more limited ability to understand a disaster can lead to stress, fear, and anxiety.[d] In addition, disaster events can disrupt early learning, play, and caregiver interaction. |
| **Access to other services** | • Mothers need child care so they can focus on accessing necessary resources. For example, a mother might not be able to go to a Disaster Recovery Center and apply for assistance because they do not have child care.[e]<br>• Mothers and young children also need transportation, for example, to go to a Disaster Recovery Center to obtain necessary supplies. Further, mothers need transport options that accommodate strollers, car seats, and other equipment. |

Source: GAO summary of relevant literature and interviews with disaster service providers from 12 local, state, and nonprofit organizations. | GAO-26-107790.

[a]The Centers for Disease Control and Prevention published online guidance in February 2025 on feeding young children safely during disasters. See https://www.cdc.gov/breastfeeding/php/guidelines-recommendations/feeding-your-child-safely-during-a-disaster.html.

[b]American College of Obstetricians and Gynecologists, *Preparing for Disasters: Addressing Critical Obstetric and Gynecologic Needs of Patients*, ACOG Committee Statement No. 15. Obstetrics & Gynecology 145(1) (January 2025) and Tyra Gross, Malaika Ludman, and Alexis Woods Barr, "A Vulnerable Time to Be a Young Family in an Emergency: Qualitative Findings From an Exploration of an Emergency Perinatal and Infant Feeding Hotline in Louisiana," *Journal of Human Lactation,* vol. 40, no. 3 (2024).

[c]Emily Severson et al., "Experiencing Trauma During or Before Pregnancy: Qualitative Secondary Analysis After Two Disasters," *Maternal and Child Health Journal,* vol. 27 (2023).

[d]American Academy of Pediatrics, Disaster Preparedness Advisory Council, Committee on Pediatric Emergency Medicine, "Ensuring the Health of Children in Disasters," *Pediatrics*, vol. 136, no. 5 (2015).

[e]Disaster Recovery Centers are temporary facilities operated by the Federal Emergency Management Agency, states, and service providers to help disaster survivors apply for aid and find available resources.

## How have selected disaster service providers met these needs?

Selected service providers from the 12 local, state, and nonprofit organizations we spoke with shared examples of how they have provided shelter options, supplies, medical and mental health support, and other services to mothers and young children during disasters.

- **Shelter options.** Service providers from one organization told us about their protocols to prioritize private shelters, such as hotel rooms, for mothers and children when possible. Other providers described how they made mass

shelters more accommodating for mothers and young children, such as with designated nursing pods and access to diapers (see fig. 1).

**Figure 1: Example of Private Nursing Stations and Stockpiles of Diapers at a Mass Shelter**


Source: GAO visit to a mass shelter. | GAO-26-107790

- **Supplies.** Service providers from six organizations told us that they provided mothers and young children with supplies, such as diapers and feminine hygiene products. Service providers from one of these organizations described how they provided heaters during a recent disaster so that mothers and children could stay warm without electricity. Providers from a different organization told us that they provided over 7,000 infant feeding sanitation kits during that disaster so that families could safely feed their children without access to power and safe drinking water. In a recent disaster in a remote location, providers from one organization told us that they delivered a truckload of diapers, wipes, and formula despite the difficult logistics and expense.
- **Medical and mental health support.** Service providers from one organization described how they procured and provided over 100 oxygen tanks for families with medical needs. When hospitals were closed and mothers were unable to access lactation supports or newborn medical appointments during a recent disaster, providers from a second organization said they deployed lactation consultations and made urgent referrals to medical providers for high-risk mothers and infants. Providers from another organization told us that they prioritize pregnant women for special needs shelters that provide additional medical care and monitoring. They also showed us coloring and reading books about disasters that they provide to help children process their emotions and trauma.
- **Other services.** Service providers from one organization told us that they provided child care at shelters in some states. Providers from another organization told us that they provided caseworkers to help mothers navigate applications for assistance and connect with local resources. Service providers from three organizations told us that they share information with other disaster service providers to raise awareness about the needs of mothers and children during a disaster.

When local and state resources are insufficient, service providers may request additional assistance from FEMA.[2] Service providers told us that FEMA staff meet with them frequently during a disaster to ensure that they have sufficient

supplies and services for disaster survivors, including mothers and young children.

## How has FEMA helped disaster service providers support mothers and young children?

FEMA has assisted disaster service providers in efforts to prepare supplies and services for mothers and young children before disasters occur (see fig. 2).

**Figure 2: Examples of FEMA's Assistance to Prepare Disaster Service Providers to Meet the Needs of Mothers and Young Children**

| Assistance | Examples |
|---|---|
| Guidance and supplies for mass shelters  | FEMA publishes a catalog of Commonly Used Sheltering Items. It has stockpiles of the items and agreements to source them during a disaster. The catalog details "infant and toddler kits" that include baby food, various types of infant formula (e.g., milk, soy, and hypoallergenic ready-to-feed and powder-based), electrolyte solutions, diapers of various sizes, wipes, bottles, spoons, washcloths, and towels. Other items such as coloring books, crayons, portable cribs, and potty seats can be ordered as needed. |
| Information for families  | FEMA's "Ready Kids" website has tools and information to help children and families prepare for disasters. This includes learning activities and games for children, family planning checklists, instructions on building a disaster preparedness kit, and tips for helping children cope after a disaster. |
| Training for disaster planners and service providers  | FEMA's National Training and Education Division offers a free 6-hour course on planning for the needs of children during disasters. This course aims to help state and local disaster planners and service providers consider the needs of children in emergency operations plans.<br><br>The Division also offers a free 16-hour course on pediatric disaster response and emergency preparedness. This course aims to help state and local emergency responders, such hospitals, police, and fire departments, plan for surges in pediatric needs, mass sheltering, resource allocation, reunification, and other considerations. |

Source: GAO summary of information from the Federal Emergency Management Agency (FEMA). GAO (icons). | GAO-26-107790

### Accessible Text for Figure 2: Examples of FEMA's Assistance to Prepare Disaster Service Providers to Meet the Needs of Mothers and Young Children

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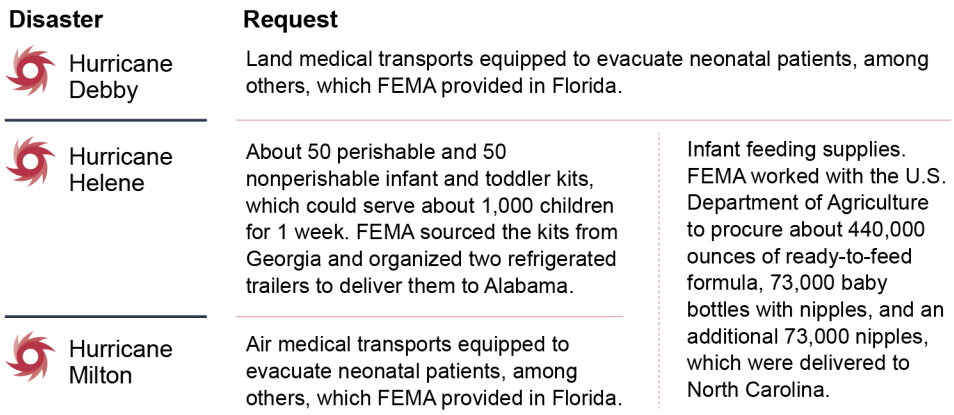
Source: GAO summary of information from the Federal Emergency Management Agency (FEMA). GAO (icons). | GAO-26-107790

We also identified four examples in which FEMA fulfilled requests for assistance from service providers for mothers and young children that were documented in FEMA's Web Emergency Operations Center database for disasters in 2024 (see fig. 3).

**Figure 3: Examples of Assistance Requests for Mothers and Young Children That FEMA Fulfilled for Disasters in 2024**




Source: GAO analysis of data from the Federal Emergency Management Agency's (FEMA) Web Emergency Operations Center database. GAO (icons). | GAO-26-107790

## Accessible Text for Figure 3: Examples of Assistance Requests for Mothers and Young Children That FEMA Fulfilled for Disasters in 2024

| Disaster | Request |
|---|---|
| Hurricane Debby | Land medical transports equipped to evacuate neonatal patients, among others, which FEMA provided in Florida. |
| Hurricane Helene | About 50 perishable and 50 nonperishable infant and toddler kits, which could serve about 1,000 children for 1 week. FEMA sourced the kits from Georgia and organized two refrigerated trailers to deliver them to Alabama.<br><br>Infant feeding supplies. FEMA worked with the U.S. Department of Agriculture to procure about 440,000 ounces of ready-to-feed formula, 73,000 baby bottles with nipples, and an additional 73,000 nipples, which were delivered to North Carolina. |
| Hurricane Milton | Air medical transports equipped to evacuate neonatal patients, among others, which FEMA provided in Florida. |

Source: GAO analysis of data from the Federal Emergency Management Agency's (FEMA) Web Emergency Operations Center database. GAO (icons). | GAO-26-107790

In general, FEMA coordinates federal services; provides funds to local, state, and nonprofit organizations for disaster response; and operates individual assistance programs that can include counseling, case management, and funds to recover from a disaster. For example, Serious Needs Assistance can provide one-time

payments to help families pay for emergency supplies, such as water, food, first aid and breastfeeding supplies, infant formula, diapers, personal hygiene items, and fuel for transportation. Such programs are available to eligible disaster survivors, who can include mothers and young children.[3]

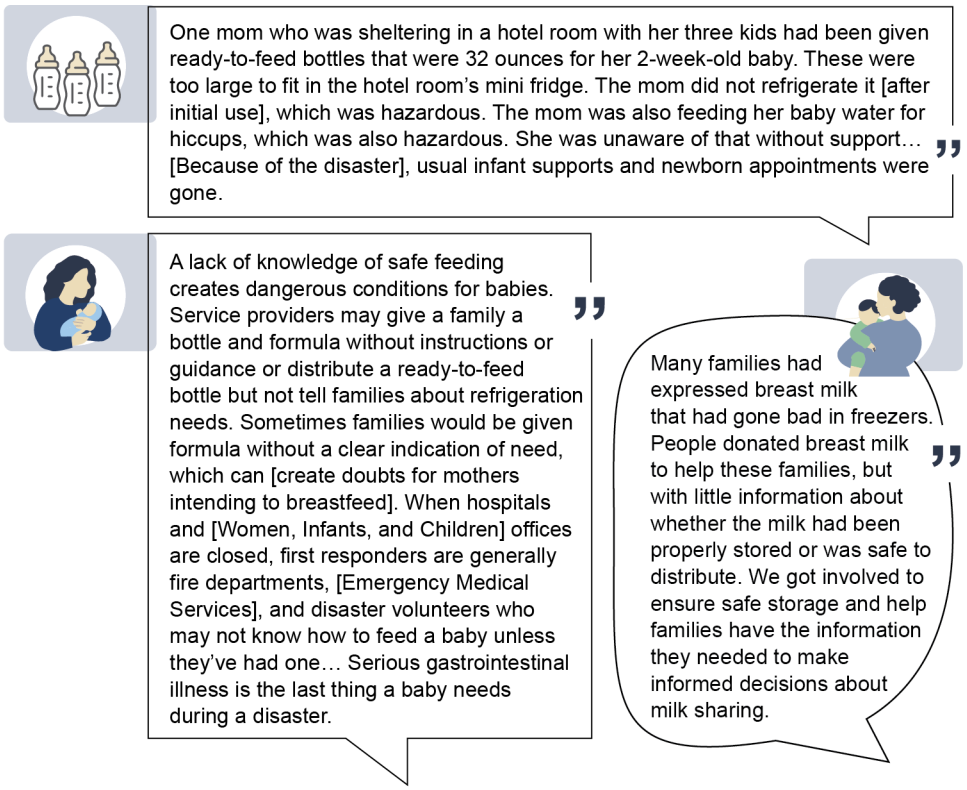
## What lessons have FEMA and disaster service providers learned about supporting this population?

FEMA officials and service providers from the 12 local, state, and nonprofit organizations we spoke with told us how lessons learned from past disasters inform how they evacuate and house families, plan for needed supplies and services, and improve information to better support mothers and young children during disasters. For example:

- FEMA established the role of a Child Coordinator in 2009 to create a Children's Working Group comprised of agency experts and to lead the development of resources, processes, and policies to better support the disaster-related needs of children, wherever applicable and allowable under FEMA's existing authorities. With support of the coordinator and working group, FEMA developed contracts to help reunify children separated from their families during evacuations based on 2010 recommendations from a federal taskforce on children and disasters.[4] In addition, it developed guidance and policies to better plan for supplies and services for children, including contracts to source infant and toddler kits and ensure that pediatric medical equipment is available.
- FEMA evacuated children with their families to avoid the challenges of reunification experienced in the past, according to after-action reports from previous disasters.[5] In addition, FEMA used the contracts mentioned above to help search for, identify, and reunify displaced children with their families during a 2017 hurricane. FEMA also learned about the need for more flexible provisions in temporary housing contracts, for example, when travel trailers had to be modified to include more beds for families with children.
- Service providers from six organizations learned about additional supports certain populations may need to access supplies and services. For example, they said families in rural areas are more remote and thus harder to reach. Providers from one organization told us about traveling to survivors' homes to bring supplies and assess their needs. Language barriers and a lack of access to technology may also make it harder for some mothers to receive information about services. Providers from one organization said they developed instructions in multiple languages to include in supplies they distributed to mothers. Providers from another organization said they provided computer equipment and internet access at a shelter to help families search for housing.
- Service providers from two organizations discussed state licensing issues that made it challenging to provide child care. Providers from one organization talked about the need to coordinate with other providers in their state to share more information about licensing processes and develop exemptions for disasters.
- Service providers from one organization told us about lessons they learned about prioritizing ready-to-feed bottles over cans of powdered formula when Hurricane Helene disrupted access to power and safe drinking water in 2024. They described large quantities of donated cans of formula that were unusable and had to be discarded, which was challenging because affected communities did not have a functioning trash system.
- Service providers from two organizations discussed how mothers and service providers may not be aware of safe infant feeding practices. Service providers from one of the organizations shared observations from Hurricane

Helene (see fig. 4). They also told us about current efforts to share information and develop training for service providers, based on their experiences.

**Figure 4: Examples of Observations from Service Providers from One Organization That Helped Mothers and Young Children During Hurricane Helene in 2024**




Source: Service providers from one organization GAO interviewed. GAO (icons). | GAO-26-107790

### Accessible Test for Figure 4: Examples of Observations from Service Providers from One Organization That Helped Mothers and Young Children During Hurricane Helene in 2024

One mom who was sheltering in a hotel room with her three kids had been given ready-to-feed bottles that were 32 ounces for her 2-week-old baby. These were too large to fit in the hotel room's mini fridge. The mom did not refrigerate it [after initial use], which was hazardous. The mom was also feeding her baby water for hiccups, which was also hazardous. She was unaware of that without support… [Because of the disaster], usual infant supports and newborn appointments were gone.

A lack of knowledge of safe feeding creates dangerous conditions for babies. Service providers may give a family a bottle and formula without instructions or guidance or distribute a ready-to-feed bottle but not tell families about refrigeration needs. Sometimes families would be given formula without a clear indication of need, which can [create doubts for mothers intending to breastfeed]. When hospitals and [Women, Infants, and Children] offices are closed, first responders are generally fire departments, [Emergency Medical Services], and disaster volunteers who may not know how to feed a baby unless they've had one… Serious gastrointestinal illness is the last thing a baby needs during a disaster.

Many families had expressed breast milk that had gone bad in freezers. People donated breast milk to help these families, but with little information about whether the milk had been properly stored or was safe to distribute. We got involved to ensure safe storage and help families have the information they needed to make informed decisions about milk sharing.

Source: Service providers from one organization GAO interviewed. GAO (icons). | GAO-26-107790

Service providers from two organizations told us that, in general, planning for the needs of mothers and young children can be challenging because each family has different needs. Providers from another organization said these needs may not always be considered because mothers and children are a small population

compared with the general population of disaster survivors. However, they said building relationships across organizations raises awareness and helps ensure that any specific need is met.

FEMA officials underscored the importance of building relationships across organizations but said workforce capacity issues may hinder their ability to coordinate with service providers. Officials said the relationships they form with service providers during "blue skies days" before disasters makes partnering easier during "grey skies days," such as knowing who to go to for specific needs during disasters. However, officials said some FEMA staff often have collateral and competing duties, such as providing individual assistance, that can make them less available to service providers.

We have reported on longstanding workforce capacity and other challenges for FEMA as policymakers reexamine the agency's scope and mission. For example, we reported in May 2023 that FEMA had an overall staffing gap of about 35 percent (6,200 staff) between the number of disaster employees on board and the agency's staffing goal across different positions in fiscal year 2022.[6] We reported in September 2025 that FEMA experienced workforce reductions of about 10 percent (about 2,450 staff) from January 1 through June 1, 2025, amid efforts from the Executive Branch to reduce the size of the federal workforce. We reported that such workforce reductions may impact the federal government's readiness for future disasters.[7]

We have previously reported that Congress and the President have demonstrated an interest in reforms to FEMA.[8] For example, the President has signaled support for transitioning more disaster response functions to state and local governments.[9] We will continue to monitor developments in this area, which could affect supports to mothers and young children alongside all disaster survivors.[10]

## Agency Comments

We provided a draft of this report to the Department of Homeland Security, of which FEMA is a component agency, for review and comment. The Department of Homeland Security provided technical comments, which we incorporated as appropriate.

## How GAO Did This Study

To describe the unique needs of mothers and young children during disasters and how these needs are being met, we conducted a review of academic, governmental, and other literature. Specifically, we searched literature published from January 2014 through March 2025 that included academic studies; government reports; and association, nonprofit, or think tank publications using databases such as EBSCO, Dialog, ProQuest, and Scopus. We identified over 50 studies and reviewed those that were relevant and sufficient for our purposes of describing the needs of mothers and children during disasters.

We also interviewed disaster service providers from 12 local, state, and nonprofit organizations. These included organizations that contract with FEMA to provide disaster response, national and state organizations that are involved in disaster-related efforts, and service providers who specifically focus their efforts on mothers and young children. We selected organizations to speak with based on recommendations from GAO stakeholders and those we interviewed. We also selected organizations that had provided services in five states: Florida, Iowa, North Carolina, Tennessee, and Texas. We selected these states for factors such as having major disasters in 2024 and counties in affected areas that were in the 90th percentile for their proportions of children under age 5, based on Census Bureau estimates for 2019 through 2023.

Our interviews are intended to provide illustrative examples of mothers' and children's unique needs and how these needs are met. We conducted all interviews using semi-structured interview protocols that included open-ended questions. Because interviewees responded voluntarily to these questions, the counts of those citing each response varies. The results of our interviews may not be exhaustive of all the unique needs of mothers and young children or all the supports from service providers.

To examine how FEMA supports mothers and young children, we reviewed relevant federal laws, regulations, and documents and interviewed FEMA officials, including those overseeing regions that include the five selected states. We also examined data from FEMA's Web Emergency Operations Center database for disasters in 2024. This database can be used by FEMA staff and service providers during disasters, for example, to track events and existing resources and process requests for federal assistance.

To assess the reliability of the data, we examined relevant documents and interviewed knowledgeable FEMA officials. We found the data reliable for providing examples of resources and supplies for mothers and young children delivered to service providers during specific disasters. FEMA officials told us that the data capture a point in time and do not include all disaster response activities. Further, they said inconsistent data entry for requests can result in resources and supplies being labeled differently. Thus, we were unable to use the data to examine all resources and supplies for mothers and young children within and across different disasters.

We conducted this performance audit from August 2024 to July 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## List of Addressees

The Honorable Roger Marshall, M.D.
Chairman
Committee on Health, Education, Labor, and Pensions
Subcommittee on Primary Health and Retirement Security
United States Senate

The Honorable Jon Ossoff
United States Senate

We are sending copies of this report to the appropriate congressional committees, the Department of Homeland Security, and other interested parties. In addition, the report will be available at no charge on the GAO website at https://www.gao.gov.

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Jeanne Murphy-Stone, Jessica Orr, Sara Rizik, Almeta Spencer, Marissa Stapley, Will Stupski, Curtia Taylor, and Tatyana Walker made key contributions to this report.



## Endnotes

[1]In this report, "mothers and young children" refer to pregnant and postpartum women and children under age 5 who are not yet in school. In some instances, we may refer to certain subsets of young children, such as newborns, infants, and toddlers. In addition, we refer to local, state, and nonprofit organizations providing supports and services to disaster survivors collectively as "service providers." For additional information about the various types of providers and how they are organized, see GAO, *Disaster Response: FEMA and the American Red Cross Need to Ensure Key Mass Care Organizations are Included in Coordination and Planning*, GAO-19-526 (Washington, D.C.: Sept. 19, 2019).

[2]When an incident occurs that exceeds or is anticipated to exceed state capabilities, the federal government may provide assistance through a major disaster or emergency declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). Under the Stafford Act, the President may declare a major disaster or emergency in response to a request by the governor of a state or territory or the chief executive of a tribal government. The request is to be based on a finding that the disaster is of such severity and magnitude that effective response and recovery are beyond state and local capabilities and that federal assistance is necessary. An emergency declaration authorizes more limited types of assistance.

[3]For additional information about FEMA's assistance to individuals and households, see GAO, *Disaster Assistance: Additional Actions Needed to Strengthen FEMA's Individuals and Households Program*, GAO-20-503 (Washington, D.C.: Sept. 30, 2020). Serious Needs Assistance is available for survivors during the first 30 days after a disaster is declared for Individual Assistance. FEMA can extend this time to 60 days in response to a written request from the impacted Tribe, territory, or state, according to March 2024 amendments to FEMA's policies.

[4]The National Commission on Children and Disasters was established under the Kids in Disasters Well-being, Safety, and Health Act of 2007 to conduct a comprehensive study and make recommendations related to disaster preparedness, response, and recovery for children. Pub. L. No. 110-161, div. G, tit. VI, § 604, 121 Stat. 1844, 2213. See National Commission on Children and Disasters, *2010 Report to the President and* Congress, Agency for Healthcare Research and Quality Publication No. 10-M037 (Rockville, MD: Oct. 2010). In March 2022, FEMA developed an overview of its resources in alignment with the Commission's recommendations across the following areas: (1) disaster management and recovery; (2) mental health; (3) child physical health and trauma; (4) emergency medical services and pediatric transport; (5) disaster case management; (6) childcare and early education; (7) elementary and secondary education; (8) child welfare and juvenile justice; (9) sheltering standards, services, and supplies; (10) housing; and, (11) evacuation and reunification.

[5]FEMA identified four incidents from after-action reports that included lessons learned related to mothers and young children for disasters in 2017 and prior years. In May 2026, FEMA officials said they had identified one after-action report that included such lessons learned among completed reports for disasters in 2024. For additional information about FEMA's efforts to document, take action on, and share lessons learned, see GAO, *National Preparedness: Additional Actions Needed to Address Gaps in the Nation's Emergency Management Capabilities*, GAO-20-297 (Washington, D.C.: May 4, 2020).

[6]GAO, *FEMA Disaster Workforce: Actions Needed to Improve Hiring Data and Address Staffing Gaps*, GAO-23-105663 (Washington, D.C.: May 2, 2023).

[7]GAO, *Disaster Assistance High-Risk Series: Federal Response Workforce Readiness*, GAO-25-108598 (Washington, D.C.: Sept. 2, 2025).

[8]See, for example, H.R. 152, 119th Cong. (2025), H.R. 316, 119th Cong. (2025), H.R. 1245, 119th Cong. (2025), H.R. 2342, 119th Cong. (2025), H.R. 4669, 119th Cong. (2025), S. 861, 119th Cong. (2025).

[9]See, for example, Exec. Order No. 14,180, *Council to Assess the Federal Emergency Management Agency*, 90 Fed. Reg 8,743 (Jan. 31, 2025).

[10]We added *Improving the Delivery of Federal Disaster Assistance* to our High Risk List in February 2025. See GAO, *High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness*, GAO-25-107743 (Washington, D.C.: Feb. 25, 2025). We are also reviewing longstanding challenges and emerging issues in federal disaster response efforts, based on requests from congressional members and a provision in the American Relief Act, 2025. Pub. L. No. 118-158, 138 Stat. 1722, 1754 (2024). The Act includes a provision for us to conduct audits and investigations related to Hurricanes Helene and Milton, and other disasters declared pursuant to the Stafford Act in calendar years 2023 and 2024. See, for example, GAO-25-108598; GAO, *Disaster Assistance High-Risk Series: State and Local Response Capabilities*, GAO-26-108599 (Washington, D.C.: Dec. 18, 2025); and *Disaster Assistance High-Risk Series: FEMA Assistance for Disaster Survivors*, GAO-26-108154 (Washington, D.C.: Apr. 22, 2026).