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COVID 19

FEMA's Role in the Response and Related Challenges

Statement of Chris P. Currie, Director,
Homeland Security and Justice

July 14, 2020

COVID-19

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GAO Highlights

Highlights of GAO-20-685T, a testimony before the Subcommittee on Oversight, Management, and Accountability, and the Subcommittee on Emergency Preparedness, Response, and Recovery, Committee on Homeland Security, House of Representatives

Why GAO Did This Study

The COVID-19 pandemic shows how biological threats have the potential to cause loss of life and sustained damage to the economy, societal stability, and global security. During the pandemic, 57 major disaster declarations were simultaneously issued for all U.S. states, the District of Columbia, and U.S. territories—the first time in history this has occurred. FEMA had obligated about $5.8 billion for the response as of May 31, 2020.

This statement addresses (1) FEMA's role in managing the COVID-19 pandemic, including efforts to acquire and distribute critical medical supplies, as well as (2) potential challenges for this and other biological incident responses. This statement is based on products GAO issued from August 2003 to June 2020, as well as ongoing efforts to monitor contract obligations. For these products, GAO reviewed relevant presidential directives, statutes, regulations, policies, strategic plans, other reports, as well as federal procurement data; and interviewed federal and state officials, among others.

GAO provided a copy of new contract obligation information in this statement to the Department of Homeland Security for review.

What GAO Recommends

GAO made many recommendations in prior reports designed to address facets of many of the challenges discussed in this statement. Federal agencies have not fully implemented all of these but, in many cases, have taken steps. GAO will continue to monitor these efforts.

View GAO-20-685T. For more information, contact Chris Currie at (404) 679-1875 or curriec@gao.gov.

What GAO Found

The Federal Emergency Management Agency (FEMA) Administrator, together with key officials from the Department of Health and Human Services, is responsible for managing the whole-of-nation COVID-19 pandemic response. As a primary agency responsible for managing the response, FEMA has worked in coordination with other federal agencies to increase the availability of supplies for COVID-19—including distributing supplies to states and others through Project Air Bridge in an effort to expedite distribution. FEMA's contract obligations in response to COVID-19 totaled about $1.6 billion as of May 31, 2020, with obligations for goods such as surgical gowns and N95 masks accounting for $1.4 billion, or 86 percent of that total.

GAO's recent report on the COVID-19 pandemic response and past work on other disasters has identified potential challenges FEMA faces in responding to the pandemic and any future nationally significant biological incidents. These challenges may be further complicated by the recent rise in COVID-19 cases and additional expected case increases in the fall.

- **Contracting.** In December 2018, GAO found inconsistencies in how FEMA coordinated and communicated with states and localities on advance contracts—those that are established prior to disasters and are typically needed to quickly provide goods and services. GAO made recommendations to improve FEMA's efforts and it is taking actions to address this issue.
- **Medical supply acquisition and distribution.** In June 2020, GAO reported on concerns about the distribution, acquisition, and adequacy of supplies from the Strategic National Stockpile and other sources. GAO will continue to monitor these issues through ongoing and future work.
- **Deploying disaster workforce.** In May 2020, GAO reported on staffing shortages and other workforce challenges FEMA faced in recent disasters. The large number of declared COVID-19 disasters coupled with hurricane and wildfire seasons adds other potential challenges. GAO made recommendations designed to enhance the information FEMA officials have to manage the workforce, which FEMA agreed to implement.
- **After-action reporting.** Analyzing lessons from the COVID-19 pandemic response may help FEMA and other agencies take corrective action for the remainder of this response and for potential future biological incidents. In May 2020, however, GAO reported that FEMA had not consistently completed prior after-action reports. FEMA agreed to implement recommendations designed to improve after-action reporting.
- **Interagency planning for biological incidents**, In June 2020, GAO reported that the National Biodefense Strategy sets goals and objectives to help the nation prepare for and rapidly respond to biological incidents to minimize their effect and could drive interagency preparedness efforts. However, implementation was in early stages at the start of the pandemic, and in February 2020 GAO made recommendations designed to address key implementation challenges, including clarifying roles and responsibilities. As shown in the COVID-19 response, FEMA's role in these efforts will be critical. GAO will continue to monitor preparedness and strategy implementation.

Chairwoman Torres Small, Chairman Payne, Ranking Member Crenshaw, Ranking Member King, and Members of the Subcommittees:

I am pleased to be here today to discuss our work on the Federal Emergency Management Agency's (FEMA) roles and responsibilities during the response to the Coronavirus Disease 2019 (COVID-19) pandemic.[1] While the COVID-19 pandemic continues to unfold and present new challenges, it also demonstrates how biological threats have the potential to cause catastrophic loss of life and sustained damage to the economy, societal stability, and global security. We recently issued our first comprehensive look at the overall government response to the COVID-19 pandemic, in which we reported on the multiple federal efforts to help address the health effects and the spillover effects of the pandemic on the economy.[2] As of July 6, 2020, there were over 2.8 million reported COVID-19 cases and over 129,000 reported deaths in the United States, according to the Centers for Disease Control and Prevention (CDC). In addition, from March 21 to May 30, 2020, there was an increase of over 42 million unemployed Americans and an overall downturn in the U.S. economy. The operational response to the pandemic has required support from all of the nation's existing systems and structures designed to help manage the response to both public health emergencies and natural disasters across multiple federal departments.

To help the nation prepare for disasters regardless of origin, the Department of Homeland Security (DHS) issued *The National Response Framework*, which describes how the federal government, states and localities, and other public and private sector institutions should respond to disasters.[3] For example, state, local, tribal, and territorial governments

[1]COVID-19 is a strain of coronavirus to which the public does not have immunity. It was first reported on December 31, 2019, in Wuhan, China. On January 31, 2020, the Secretary of Health and Human Services declared a public health emergency for the United States, retroactive to January 27. On March 13, 2020, the President declared COVID-19 a national emergency under the National Emergencies Act.

[2]GAO, *COVID-19: Opportunities to Improve Federal Response and Recovery Efforts*, GAO-20-625 (Washington, D.C: June 25, 2020).

[3]*Presidential Policy Directive-8 National Preparedness* (PPD-8) establishes a national preparedness system made of an integrated set of guidance, programs, and processes designed to strengthen the security and resilience of the United States through systematic preparation for the natural and human-caused threats that pose the greatest risk. This system breaks preparedness activities into five different lines of effort—prevention, protection, mitigation, response, and recovery—each of which requires a separate planning framework.

are to play the lead roles in disaster response and recovery. Federal agencies can become involved in responding to a disaster, such as when the President declares a major disaster in response to a request by the governor of a state or territory or by the chief executive of a tribal government, pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).[4] Such a request is based on a finding that the disaster is of such severity and magnitude that effective response is beyond the capabilities of the state and the affected local governments and that federal assistance is necessary. A Stafford Act declaration is a key mechanism by which the federal government becomes involved in funding and coordinating response and recovery activities. For example, FEMA uses mission assignments and the Public Assistance and Individual Assistance programs to support response efforts and obligated $5.8 billion for COVID-19 as of May 31, 2020.[5] During the COVID-19 pandemic, 57 major disaster declarations have been issued simultaneously for all U.S. states, the District of Columbia, and U.S. territories—the first time in history this has occurred.[6]

In May 2020, we reported that the 2017 and 2018 hurricanes, wildfires, and other recent disasters highlight the challenges that all levels of government face in preparing for and responding effectively to disasters—in terms of both immediate response and long-term recovery efforts. Our prior work has identified FEMA's challenges in preparing for, responding to, and recovering from major disasters and also highlighted the need to ensure transparency for tracking federal contracting

[4]42 U.S.C. § 5170.

[5]Mission Assignments are work orders FEMA issues that direct another federal agency to utilize its authorities and the resources granted to it under federal law to provide direct assistance to state, local, tribal, and territorial governments. The Public Assistance program provides assistance to state, tribal, territorial, and local governments. For example, for the COVID-related declarations, states can use FEMA's Public Assistance program grant funding for actions that lessen the immediate threat to public health and safety, like standing up emergency medical facilities. In addition, FEMA's Individual Assistance program, which provides assistance to help individuals and households recover following a disaster, can also reinforce state and local services provided to help individuals cope with the pandemic, such as for crisis counseling.

[6]Major disaster declarations include all 50 states, the District of Columbia, five territories, and the Seminole Tribe of Florida. In addition, 32 tribal entities are working directly with FEMA under the March 13, 2020, nationwide emergency declaration.

obligations for major disasters through proper accounting mechanisms.[7] In its *2017 Hurricane Season After-Action Report*, FEMA acknowledged that the agency must better prepare for sequential, complex disasters and address logistical challenges that may complicate efforts to deploy resources to remote areas.[8] As the nation continues to battle the ongoing pandemic, a recent spike in case numbers, and additional expected increases in the fall, it also must maintain nimbleness to address other likely concurrent disasters, such as hurricanes and wildfires, that will rely on some of the same response capabilities currently being used to address the pandemic, including FEMA's workforce.

My testimony today highlights key findings from our recent prior work on (1) FEMA's role in managing the response to the COVID-19 pandemic, including efforts to acquire and distribute critical medical supplies, and (2) what our prior work suggests about potential challenges going forward for this and any other responses to nationally significant biological incidents.[9] The statement is based on our prior work issued from August 2003 through June 2020 on various preparedness and response issues, including those for biological threats, as well as our ongoing efforts to monitor contract obligations.

To conduct our prior work, we reviewed relevant presidential directives, statutes, regulations, policies, strategic plans, and other reports; and interviewed federal and state officials, among others. More information on our scope and methodology can be found in each of the reports cited throughout this statement. As part of our work on FEMA's contract obligations and use of Defense Production Act authorities in response to COVID-19, we reviewed DHS and FEMA guidance and information, and

[7]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); and GAO, *2017 Disaster Contracting: Actions Needed to Improve the Use of Post-Disaster Contracts to Support Response and Recovery*, GAO-19-281 (Washington, D.C.: Apr. 24, 2019).

[8]Federal Emergency Management Agency, *2017 Hurricane Season After-Action Report* (Washington, D.C.: July 12, 2018).

[9]According to the 2018 National Biodefense Strategy, a "biological incident" is (1) any act of biological warfare or terrorism; (2) a crime involving a biological agent or biologically active substance; or (3) any natural or accidental occurrence in which a biological agent or biologically active substance harms humans, animals, plants, or the environment. By "nationally significant," we mean biological incidents that have the potential for catastrophic consequences, such as the potential to affect a large portion of the United States or the potential for catastrophic economic consequences.

Federal Procurement Data System-Next Generation data through May 31, 2020.[10] We identified contract actions and associated obligations related to COVID-19 using the National Interest Action code, as well as the contract description. We assessed the reliability of federal procurement data by reviewing existing information about the Federal Procurement Data System-Next Generation and the data it collects—specifically, the data dictionary and data validation rules—and performing electronic testing. We determined that the data were sufficiently reliable for the purposes of describing FEMA's reported contract obligations in response to COVID-19.

The work upon which this statement is based was conducted 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.

FEMA's Role in Managing the COVID-19 Response

Leadership of the whole-of-nation response. As part of the interagency group with responsibility for leading the whole-of-nation response and the federal official responsible for the operations of the National Response Coordination Center (NRCC),[11] the FEMA Administrator has a key role in managing the COVID-19 response. This includes responding to states' needs for critical medical supplies.[12] According to the FEMA Administrator's June 2020 testimony before the Senate Committee on Homeland Security and Government Affairs, on March 19, under the direction of the White House Coronavirus Task Force, FEMA moved from playing a supporting role in assisting the U.S. Department of Health and Human Services (HHS), which was designated as the initial lead federal agency for the response, to directing it.

As with any emergency or major disaster requiring a coordinated federal response, the NRCC serves as the interagency coordination hub for response actions and resources for the COVID-19 pandemic response.

[10]For the purposes of this statement, "contract obligations" means obligations on contracts that are subject to the Federal Acquisition Regulation, and does not include, for example, grants, cooperative agreements, loans, other transactions for research, real property leases, or requisitions from federal stock.

[11]The NRCC is a multiagency coordination center located within FEMA headquarters.

[12]GAO-20-625.

According to FEMA officials, to help lead the response, the Administrator activated the NRCC to the highest level—which includes full staffing of all key interagency functions—on March 19. The NRCC can bring to bear the existing authorities, processes, resources, and funding that the various federal agencies can offer to meet response needs.

The Unified Coordination Group—made up of the FEMA Administrator, the HHS Assistant Secretary for Preparedness and Response, and a CDC representative—has responsibility for operational command, leadership, and decision-making for the COVID-19 pandemic response. The three leaders are partners in operational decision-making for the response and provide input to the White House Coronavirus Task Force. According to FEMA and HHS officials involved in the response and operational documents used in response coordination, FEMA, the Assistant Secretary, and CDC have complementary roles that correspond to their missions and expertise. The FEMA Administrator, for example, focuses on directing nationwide operational needs—such as the logistics of moving material, supplies, and personnel to meet emergent needs and tracking the delivery of these supplies. We are conducting ongoing work reviewing FEMA's actions in response to the pandemic under the Stafford Act, including any challenges FEMA faces in coordinating and providing resources to states and tribal entities.

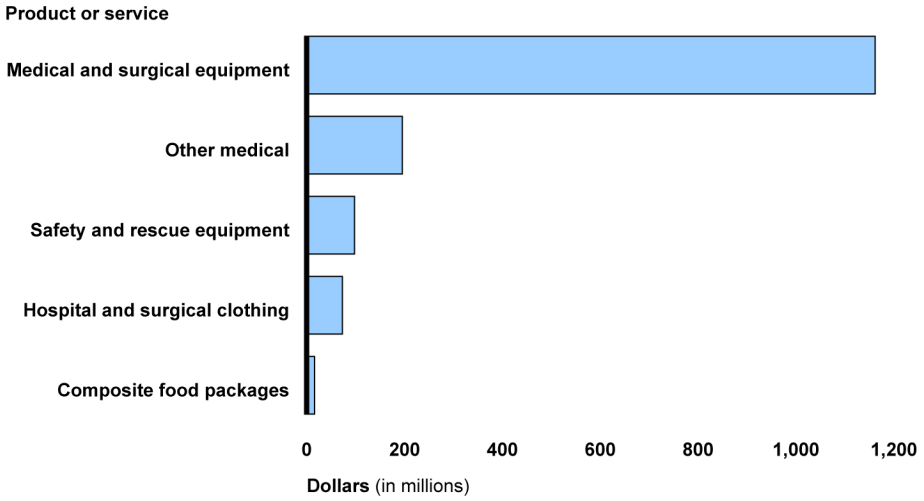
Efforts to acquire and distribute critical medical supplies. FEMA has relied on various mechanisms to procure needed goods and services. As part of the federal response to the pandemic, FEMA has worked in coordination with HHS and the Department of Defense (DOD) to increase the availability of supplies for COVID-19—including purchasing and distributing supplies to states and others. As part of the response led out of the NRCC, eight task forces, representing different functional lines of effort, provide operational guidance and secure resources to coordinate the whole-of-government response. We reported in June 2020, that, according to FEMA officials, these task forces bring together federal departments and agencies with the relevant expertise, authorities, and capabilities necessary to address unmet needs.[13] One of these is the Supply Chain Task Force, which is led jointly by detailees from DOD and FEMA and has the objective of maximizing the nationwide availability of mission-essential protective and lifesaving resources and equipment based on need.

[13]GAO-20-625.

According to FEMA officials, the Supply Chain Joint Task Force's efforts have largely been led by FEMA's Office of the Chief Procurement Officer to address limited supplies of personal protective equipment, ventilators, and other needed resources.[14] FEMA has used various contracting mechanisms to support its efforts.

Based on preliminary observations from our ongoing review of government-wide contract obligations, FEMA's contract obligations in response to COVID-19 totaled about $1.6 billion as of May 31, 2020, with obligations for goods accounting for $1.4 billion, or 86 percent of that total. Our preliminary analysis of contract obligations reported in the Federal Procurement Data System-Next Generation indicates that over three-quarters of FEMA's obligations on goods were reported as medical and surgical equipment, such as reusable surgical gowns and N95 respirators or masks for medical professionals. See figure 1 for the top categories of goods and services FEMA procured.

Figure 1: Top Products and Services Procured through the Federal Emergency Management Agency's Federal Contracts in Response to COVID-19, as of May 31, 2020



Source: GAO analysis of Federal Procurement Data System-Next Generation Data. | GAO-20-685T

[14]In May 2020, FEMA officials told us that HHS, FEMA, and the Supply Chain Task Force would be transitioning some of the procurement responsibilities previously led by FEMA to DOD.

Our preliminary analysis also found that about $1.4 billion of FEMA's contract obligations were awarded on new contracts, compared to preexisting contracts established before the pandemic.[15] We plan to issue future products focused on agencies' planning and management of contracts awarded in response to the pandemic, including a report later this month that will describe, among other things, key characteristics of federal contracting obligations awarded in response to COVID-19.

In addition to contracting for goods and services, we further reported in June 2020 that, as part of the Supply Chain Task Force, FEMA has also been involved in the delivery of personal protective equipment and supplies through Project Air Bridge.[16] This effort—developed in coordination with six large medical supply distributors—was intended to reduce the time it takes to receive needed supplies from overseas manufacturers. According to FEMA, the agency pays for the air transportation of supplies from overseas to the United States, 50 percent of which are distributed to areas of need based on CDC data. The medical suppliers distribute the remaining 50 percent through their normal commercial networks, although, according to FEMA officials, the federal government has purchased some of these supplies to provide to the states. In mid-June, FEMA reported that the Unified Coordination Group is phasing out Project Air Bridge, now that the supply chain for personal protective equipment has stabilized across the United States.

Use of Defense Production Act authorities. Based on preliminary observations of our ongoing work on the use of the Defense Production Act, FEMA has used Defense Production Act Title I authority to place priority ratings on orders of personal protective equipment in response to

[15]New contract obligations include obligations on new definitive contracts (as reported in the Federal Procurement Data System-Next Generation), purchase orders, indefinite delivery vehicles, and blanket purchase agreements awarded after February 4, 2020—the date of the first contract obligations in response to COVID-19—and all associated orders, calls, and modifications to these awards. Preexisting contract obligations include obligations on orders, calls, and modifications to definitive contracts, purchase orders, indefinite delivery vehicles, and blanket purchase agreements awarded prior to February 4, 2020. A definitive contract means any contract that must be reported in the Federal Procurement Data System-Next Generation other than an indefinite delivery vehicle. This definition is only relevant for Federal Procurement Data System-Next Generation reporting.

[16]GAO-20-625.

COVID-19.[17] Specifically, FEMA officials told us they placed priority ratings on three orders from 3M and received about 49 million N95 respirators from April 12, 2020, through May 20, 2020. According to DHS Acquisition Alert Notice 20-13, DHS components must seek authorization by the Unified Coordination Group and the White House Task Force before placing a priority rating on a contract for COVID-19. Our ongoing work will further examine FEMA's role in procuring and distributing critical goods and how federal agencies used authority under the Defense Production Act to obtain needed supplies.

Potential Challenges in This and Future Responses

Our prior work and the nature of this response suggest issues that may present challenges for FEMA as this response continues and for any future incidents. Monitoring known challenges and incorporating lessons learned from the early phases of the COVID-19 response will provide critical information to inform improvement efforts for the ongoing response. Moreover, as the federal government continues to take necessary steps to protect the American public during the ongoing pandemic, we must not lose sight of the next potential threat. Our work had identified challenges, and in many cases made recommendations, that may be relevant for FEMA. Among these are challenges related to (1) contracting, (2) medical supply acquisition and distribution during the pandemic, (3) deploying the disaster workforce, (4) after-action reporting, (5) interagency planning for nationally significant biological incidents, and (6) building and assessing nonfederal capabilities for such incidents.

Contracting. Our prior work has identified coordination challenges between FEMA, other federal agencies, and states and localities related to the use of contracts following the 2017 disasters. In April 2019, we found that FEMA's guidance lacked details on how FEMA and other federal agencies should coordinate contracting considerations as part of mission assignments.[18] We recommended that FEMA revise its mission assignment policy and guidance to better incorporate consideration of contracting needs and to ensure clear communication of coordination responsibilities related to contracting. FEMA concurred with the recommendation and stated it would work with other federal agencies to

[17]According to DHS guidance on the Federal Priorities and Allocations System, a contract or order containing a priority rating requires the contractor (and the contractor's supply chain) to provide preferential treatment to fulfil the delivery requirements of the rated contract or order. Department of Homeland Security, Office of the Chief Procurement Officer, *Federal Priorities and Allocations System: A Guide for Placing Priority Ratings on Contracts and Orders* (Washington, D.C.: March 2020).

[18]GAO-19-281.

develop mission assignment tools, training, and guidance to address these issues.

We have also identified challenges with FEMA's coordination and communication with states and localities over the use of advance contracts. In December 2018, we found inconsistencies in how FEMA was coordinating with states and localities and the information FEMA used to communicate with states and localities on advance contracts.[19] We recommended that FEMA provide specific guidance to its contracting officers to perform outreach to states and localities to encourage and guide them on the use and establishment of advance contracts, and communicate information on available advance contracts. FEMA concurred with our recommendations and has taken some steps to update its guidance and improve communication. Effective coordination between FEMA and its federal, state, and local partners helps ensure that stakeholders have the tools needed to facilitate their emergency response efforts.

Moreover, our prior work has noted that agencies, including FEMA, can leverage contracts awarded in advance of a disaster to rapidly and cost-effectively mobilize resources and that these contracts can help preclude the need to procure critical goods and services noncompetitively.[20] In December 2018, we recommended that FEMA update its advance contract strategy to clearly define the objectives of advance contracts, how they contribute to FEMA's disaster response operations, and how they should be prioritized in relation to new, post-disaster contract awards. FEMA concurred with this recommendation and has taken some steps to provide additional guidance on the use of advance contracts, but its actions are still in progress. Our future work will examine contracting lessons learned related to planning for future public health emergencies.

Medical supply acquisition and distribution during the pandemic. In June 2020, we reported on concerns about the distribution, acquisition, and adequacy of supplies from the Strategic National Stockpile and other

[19]GAO, 2017 *Disaster Contracting: Action Needed to Better Ensure More Effective Use and Management of Advance Contracts*, GAO-19-93 (Washington, D.C.: Dec. 6, 2018).

[20]GAO-19-93.

sources.[21] For example, in April 2020, the National Governors Association—whose membership comprises state governors, territories, and commonwealths—noted in a memorandum to governors' offices that governors individually and through the association had called for improved coordination in the federal response to enable states to obtain critical supplies.[22]

The National Governors Association further noted that a more coordinated federal role would help states to obtain personal protective equipment, ventilators, and other critical supplies to protect responders and save lives without competition between states and with the federal government. Similarly, the governors of Colorado and Michigan testified before the House Committee on Energy and Commerce in June 2020 that coordination of supplies between the federal government and states needed to be improved. We previously raised concerns about supply gaps. Specifically, in 2003, we reported that urban hospitals lacked the necessary equipment, such as personal protective equipment, to respond to a large influx of patients experiencing respiratory problems caused by a bioterrorism event.[23] Such an event would require a similar response to the naturally occurring COVID-19 outbreak.

Officials from the HHS Assistant Secretary for Preparedness and Response's office and FEMA officials told us that they did not consider the views of the National Governors Association to be representative or reflective of the entire response effort. Moreover, HHS officials noted that many state stockpiles were inadequate and that public reporting provides examples where governors and mayors made unnecessarily large demands for federal resources. FEMA officials also noted that states overestimated their needs for supplies, such as ventilators. Although we requested information on the Strategic National Stockpile inventory prior to the pandemic—such as the types and amounts of supplies that states

[21]GAO-20-625. The Strategic National Stockpile, which is overseen by the HHS Assistant Secretary for Preparedness and Response, is the largest federal repository of critical medical supplies. When FEMA was designated as the lead federal agency for the pandemic response, responsibility for allocation, distribution, and procurement of supplies shifted from HHS to the Supply Chain Task Force.

[22]National Governors Association, *Governor Actions to Address PPE and Ventilator Shortages* (Washington, D.C.: Apr. 13, 2020), available at https://www.nga.org/wp-content/uploads/2020/04/NGA-Medical-Equipment-Memo.pdf.

[23]GAO, *Hospital Preparedness: Most Urban Hospitals Have Emergency Plans but Lack Certain Capacities for Bioterrorism Response*, GAO-03-924 (Washington, D.C.: Aug. 6, 2003).

requested, as well as what the Assistant Secretary and FEMA distributed from the stockpile in response to states' requests—HHS and FEMA had not yet provided this information as of June 12, 2020. We plan to continue to seek this information from the agencies.

In addition to the statements made by the National Governors Association, in June 2020, a National Emergency Management Association official testified before the Senate Committee on Homeland Security and Government Affairs about the challenges states faced accessing the Strategic National Stockpile. These challenges included limited visibility into the availability of supplies and a failure to receive items needed in a sufficient quantity or useable condition. For example, some states reported receiving supplies that were past a functional expiration date. In addition, this official noted that states reported problems with receiving supplies from other sources intended to fill the gap in the stockpile, such as long delivery times (e.g., 46 days for a shipment of surgical gowns for one state), shipments sent to the wrong locations, and supplies ordered that never arrived.

We are conducting a comprehensive body of work on the Strategic National Stockpile in response to the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 and the CARES Act.[24] As part of this work, we plan to review progress made in restructuring the stockpile based on lessons learned from recent pandemics, an effort the administration announced on May 14, 2020. Further, we also plan to examine the alignment of supplies in the stockpile with threat risks; coordination and communication with states, territories, localities, and tribes; and actions taken, if any, to mitigate supply gaps. We are also examining the role that FEMA played in distributing supplies in conjunction with HHS and others and how federal agencies used authority under the Defense Production Act to obtain needed supplies.

Deploying disaster workforce. FEMA may face challenges in its ability to deploy its workforce in response to other disasters in addition to COVID-19. In May 2020, we reported that FEMA faced staffing shortages during the 2017 and 2018 disaster seasons, 2 years that were particularly

[24]Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019, Pub. L. No. 116-22, § 403(a)(5), 133 Stat. 905, 946-47; CARES Act, Pub. L. No. 116-136, § 19010, 134 Stat. 281, 579-81 (2020).

challenging due to the number and severity of disasters experienced.[25] We further reported that FEMA's qualification and deployment processes did not provide reliable and complete staffing information to field officials to ensure effective use of the deployed workforce. We made recommendations on this issue, among others, which FEMA agreed to implement.

Our prior work has also found that FEMA's ability to plan and manage contracts during a disaster is also complicated by persistent acquisition workforce challenges, including attrition and staffing shortages. In April 2019, we found that FEMA had identified workforce shortages as a challenge but had not assessed its contracting workforce needs since at least 2014.[26] We recommended that FEMA assess its workforce needs to address these shortcomings and develop a plan, including time lines. FEMA concurred with the recommendation and has taken some steps to address it.

The large number of declared disasters for the COVID-19 pandemic and the lack of disaster management experience in this area add additional layers of complexity to FEMA's response. Therefore, it is critical that FEMA give leaders and managers in the field information to help them respond flexibly and effectively. While continuing to respond to the pandemic, FEMA and the federal government must also be prepared to respond when the next disaster inevitably strikes. We will continue to monitor federal efforts to respond to the pandemic—including FEMA's role in coordinating response and recovery efforts nationwide and federal efforts to prepare for large-scale biological events—as well as challenges FEMA and other federal agencies face in ensuring that they are able to respond to major disasters and emergencies effectively and equitably.

FEMA after-action reporting. FEMA policy requires that after-action reviews be conducted after presidentially declared major disasters to identify strengths, areas for improvement, and potential best practices of response and recovery efforts. However, we reported in May 2020 that, as of January 2020, FEMA had completed after-action reviews for only 29 percent of disasters since January 2017.[27] Further, we reported that

[25]GAO, *FEMA Disaster Workforce: Actions Needed to Address Deployment and Staff Development Challenges,* GAO-20-360 (Washington, D.C.: May 4, 2020).

[26]GAO-19-281.

[27]GAO-20-297.

FEMA lacks a formal mechanism for documenting and sharing best practices, lessons learned, and corrective actions nationwide.

Information collected and reported following a pandemic can inform responses to future public health emergencies. Furthermore, the *National Response Framework* specifies that evaluation and continual process improvement are cornerstones of effective preparedness. Ensuring that FEMA and all other agencies participating in the COVID-19 response are consistently identifying best practices and areas of improvement will be critical to mounting an effective response now and in the future. In May 2020, we recommended that FEMA prioritize the completion of after-action reviews, document lessons learned at the headquarters level, and develop guidance for sharing such reviews with external stakeholders, when appropriate. DHS concurred with our recommendations and stated that it is taking steps to address them, including by implementing a new system for tracking best practices and lessons learned, among other things.

Interagency planning for nationally significant biological events. Since 2011, we have called for a more strategic approach to guiding the systematic identification of risks, assessing resources needed to address those risks, and prioritizing and allocating investments across the biodefense enterprise.[28] In September 2018, the White House issued the National Biodefense Strategy (Strategy) and characterized it as a new direction to protect the nation against biological threats. At the same time, the President issued the Presidential Memorandum on the Support for National Biodefense/National Security Presidential Memorandum-14 (NSPM-14), which details a governance structure and implementation process to achieve the Strategy's goals. For example, it established two governing bodies: the Biodefense Steering Committee—chaired by the Secretary of HHS—and the Biodefense Coordination Team, to support the efforts of the Steering Committee. In our February 2020 report, we found that the Strategy and associated plans bring together all the key elements of federal biodefense capabilities, which presents an

[28]GAO, *Opportunities to Reduce Potential Duplication in Government Programs, Save Tax Dollars, and Enhance Revenue*, GAO-11-318SP (Washington, D.C.: Mar. 1, 2011).The biodefense enterprise is the whole combination of systems at every level of government and the private sector that contribute to protecting the nation and its citizens from potentially catastrophic effects of a biological event. It is composed of a complex collection of federal, state, local, tribal, territorial, and private resources, programs, and initiatives designed for different purposes and dedicated to mitigating both natural and intentional risks.

opportunity to identify gaps and consider enterprise-wide risk and resources for investment trade-off decisions.[29]

In February 2020, we reported that the Strategy and its associated plans bring together the efforts of federal agencies with significant biodefense roles, responsibilities, and resources to address intentional, accidental, and naturally occurring threats and is an important step toward the kind of enterprise-wide strategic decision-making we have called for. In June 2020, we also reported that the Strategy sets goals and objectives to help the nation prepare for and rapidly respond to biological incidents to minimize their effect. As such, implementing the strategy could help the federal government prepare for nationally significant events like the COVID-19 pandemic.

However, as we reported in February 2020, the Strategy efforts underway represented a start to a process and a cultural shift that may take years to fully develop. Given the timing of the COVID-19 pandemic, the Strategy had not had time to drive change in response planning and other biodefense functions, and we identified multiple challenges that could affect the Strategy's implementation, including challenges in adapting to new procedures, a lack of clarity in roles and responsibilities for joint decision making, and a lack of defined resources to sustain ongoing efforts. We made recommendations to the Secretary of Health and Human Services, as the agency responsible for coordinating interagency strategy efforts to address these implementation challenges. HHS agreed to implement these recommendations. Given the experience of the COVID-19 response, FEMA's role and contribution to ongoing interagency planning efforts for nationally significant biological incidents will be critical. We have ongoing work on preparedness for and response to COVID-19 and other such nationally significant events and expect to report in early 2021.

Building and assessing capabilities. In our February 2020 review of the National Biodefense Strategy, we reported that the initial federal effort to collect information on all biodefense-related programs, projects, and activities focused on existing federal activities and did not include a complete assessment of biodefense capabilities at the nonfederal level–capabilities needed to achieve the goals and objectives outlined in the Strategy. We recommended that HHS take steps to ensure that

[29]GAO, *National Biodefense Strategy: Additional Efforts Would Enhance Likelihood of Effective Implementation,* GAO-20-273 (Washington, D.C.: Feb. 19, 2020).

nonfederal resources and capabilities are accounted for in the analysis of the nation's biodefense efforts. HHS agreed and described steps it is taking to address this recommendation.

Capabilities at the nonfederal level are critical for supporting key functions in biological incident response, and building them has been an ongoing challenge, as our prior work demonstrates. According to federal, state, and local officials, early detection of potentially serious disease indications nearly always occurs first at the local level, making the capabilities of personnel, training, systems, and equipment that support detection at the state and local level a cornerstone of our nation's biodefense posture.[30] In June 2019, we testified that establishing and sustaining biosurveillance capabilities can be difficult for a myriad of reasons.[31] For example, maintaining expertise in a rapidly changing field is difficult, as is the challenge of accurately recognizing the signs and symptoms of rare or emerging diseases.[32] Additionally, we reported in October 2011 that funding targeted for specific diseases does not allow for a focus on a broad range of causes of morbidity and mortality, and federal officials have said that the disease-specific nature of funding is a challenge to states' ability to invest in core biosurveillance capabilities.[33] As we testified in June 2019, implementation of the National Biodefense Strategy offers the opportunity to design new approaches to identifying and building a core set of capabilities for emerging infectious diseases. However, implementation efforts are ongoing and it is yet to be determined how, if at all, implementation efforts will address this longstanding challenge.

[30]GAO, *Biosurveillance: Nonfederal Capabilities Should Be Considered in Creating a National Biosurveillance Strategy,* GAO-12-55 (Washington, D.C.: Oct. 31, 2011).

[31]GAO, *Biodefense: The Nation Faces Longstanding Challenges Related to Defending Against Biological Threats,* GAO-19-635T (Washington, D.C.: June 26, 2019). Biosurveillance, as defined by the July 2012 National Strategy for Biosurveillance, is the ongoing process of gathering, integrating, interpreting, and communicating essential information related to all-hazards threats or disease activity affecting human, animal, or plant health, for the purpose of (1) achieving early detection and warning, (2) contributing to overall situational awareness of the health aspects of the incident, and (3) enabling better decision-making at all levels.

[32]GAO, *Biosurveillance: Efforts to Develop a National Biosurveillance Capability Need a National Strategy and a Designated Leader,* GAO-10-645 (Washington, D.C.: June 30, 2010).

[33]GAO-12-55.

In our prior work in March 2011, we also recommended that FEMA complete a national preparedness assessment of capability gaps at each level of government based on tiered, capability-specific performance objectives to enable prioritization of grant funding.[34] However, as of March 2020, this recommendation has not been implemented.

In summary, the response to the COVID-19 pandemic has relied on both public health and emergency management capabilities, which are often governed by different authorities and directed by different agencies at the federal and nonfederal level. As the government looks to the future and takes steps to plan, prepare, and respond to future biological incidents of national concern, addressing the recommendations we have made to better address capability gaps can help better position the nation for what comes next. We are planning upcoming work on federal efforts at DHS and HHS to support building nonfederal capabilities to respond to and recover from nationally significant biological incidents.

Chairwoman Torres Small, Chairman Payne, Ranking Member Crenshaw, Ranking Member King, and Members of the Subcommittees, this concludes my prepared statement. I would be happy to respond to any questions you may have at this time.

GAO Contact and Staff Acknowledgements

If you or your staff have any questions concerning this testimony, please contact Christopher P. Currie at (404) 679-1875, CurrieC@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this statement. Individuals making key contributions to this statement include Kathryn Godfrey (Assistant Director), Sarah Turpin (Analyst-in-Charge), Danielle Curet, Michele Fejfar, Eric Hauswirth, Tracey King, Susanna Kuebler, Janet McKelvey, Marie Mak, Amanda Miller, Jan Montgomery, and Meghan Perez. Key contributors for the previous work that this testimony is based on are listed in each product.

[34]GAO-11-318SP.