



September 2019

DISASTER RESPONSE

FEMA and the
American Red Cross
Need to Ensure Key
Mass Care
Organizations are
Included in
Coordination and
Planning

Why GAO Did This Study

Three catastrophic hurricanes affected more than 28 million people living in Texas, Florida, Puerto Rico, and the U.S. Virgin Islands in 2017. Hurricanes Harvey, Irma, and Maria—which all made landfall within four weeks—caused a combined \$265 billion in damage, and led to unprecedented demands for food and shelter, according to FEMA. FEMA and the Red Cross are the primary agencies responsible for coordinating mass care under the federal disaster response framework. GAO was asked to review their efforts.

This report examines (1) FEMA's and the Red Cross' coordination of mass care in response to the 2017 hurricanes, and (2) FEMA's support and use of assessments of mass care capabilities for the 2017 hurricanes.

GAO reviewed relevant federal laws, federal frameworks, and written agreements between federal, state, or local governments and various voluntary organizations providing mass care services. GAO also interviewed state, territorial, local, and voluntary organization officials in Florida, Puerto Rico, Texas, and the U.S. Virgin Islands; as well as officials from Red Cross, FEMA, other relevant federal agencies, and voluntary organizations.

What GAO Recommends

GAO is making six recommendations, including that FEMA emphasize the importance of defining roles and responsibilities in its guidance to states and localities, require them to solicit information from key mass care providers in assessing capabilities, and develop protocols for providing feedback to grantees on capability assessments. FEMA agreed with all but one of GAO's recommendations; GAO maintains its recommendations are valid.

View [GAO-19-526](#). For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

DISASTER RESPONSE

FEMA and the American Red Cross Need to Ensure Key Mass Care Organizations are Included in Coordination and Planning

What GAO Found

Following the three major U.S. hurricanes in 2017, disaster relief efforts of the Federal Emergency Management Agency (FEMA) and the American Red Cross (Red Cross) benefitted from locating key partners in the same place. In-person coordination was critical to maintaining communication in Puerto Rico and the U.S. Virgin Islands given the prolonged power outages and damage to public structures (see photo). However, some needs related to mass care—such as shelter, food, and supply distribution—were unmet. For example, local officials in Texas said flooded roads prevented trucks from delivering supplies. Providers encountered challenges in part because state and local agreements with voluntary organizations did not always clearly detail what mass care services could be provided. Additionally, FEMA guidance and training materials do not explicitly encourage states and localities to include in their written agreements the specific assistance each agency or organization can provide. This limits the benefits of mass care coordination and may put disaster victims at risk.

Public School in Puerto Rico Damaged by Hurricane Maria



Source: GAO photo. | GAO-19-526

State, territorial, and local grantees of federal disaster preparedness grants are required to regularly submit information on their capabilities to FEMA, and FEMA has provided related guidance and technical assistance. However, the information some grantees provided to FEMA was not specific enough to aid its response in 2017. Moreover, FEMA does not require grantees to specify the organizations providing mass care services in their capabilities assessments. Also, FEMA does not have systematic protocols for providing feedback to grantees to improve their assessments. These limitations hinder FEMA's efforts to strengthen emergency preparedness.

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Abbreviations

DHS	Department of Homeland Security
DOD	Department of Defense
D-SNAP	Disaster Supplemental Nutrition Assistance Program
ESF	emergency support function
FEMA	Federal Emergency Management Agency
FNS	U.S. Department of Agriculture Food and Nutrition Service
NVOAD	National Voluntary Organizations Active in Disaster
OIG	Office of Inspector General
Red Cross	American Red Cross
Stafford Act	Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended
USDA	U.S. Department of Agriculture
VAL	Voluntary Agency Liaison
WebEOC	FEMA's Web Emergency Operations Center

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September 19, 2019

Congressional Requesters

Three catastrophic hurricanes affected over 28 million people living in Texas, Florida, Puerto Rico, and the U.S. Virgin Islands during the summer and fall of 2017. Hurricanes Harvey, Irma, and Maria—which all made landfall within a 4-week time period—caused a combined \$265 billion in damage, and each ranks among the five costliest hurricanes on record, according to the Federal Emergency Management Agency (FEMA), a component of the Department of Homeland Security (DHS).¹ FEMA reported that the extraordinary scale and rapid succession of these hurricanes led to unprecedented demands to feed and shelter those affected by the storms, and complicated efforts to distribute supplies, which are key components of mass care after disasters. FEMA and the American Red Cross (Red Cross) are the primary agencies responsible for coordinating mass care under the federal disaster response framework.² These agencies supported various partners—often voluntary organizations—to provide over 1 million shelter nights and, in Puerto Rico and the U.S. Virgin Islands, the longest feeding mission in FEMA’s history. However, stakeholders have raised questions about the provision of mass care services by federal, state, local, and voluntary responders, particularly for populations such as low-income families, the elderly, and individuals who have disabilities.

We were asked to review mass care coordination in response to the 2017 hurricanes. This report is also part of GAO’s comprehensive evaluation of the federal government’s preparedness, response, and recovery efforts related to Hurricanes Harvey, Irma, and Maria. This review addresses (1) the extent to which FEMA and the Red Cross effectively coordinated mass care in response to the 2017 hurricanes, and (2) the extent to which

¹According to FEMA, the five costliest hurricanes on record are Hurricane Katrina at \$161 billion, Hurricane Harvey at \$125 billion, Hurricane Maria at \$90 billion, Hurricane Sandy at \$71 billion, and Hurricane Irma at \$50 billion.

²The *National Response Framework* is part of the National Preparedness System established in Presidential Policy Directive 8, and is to be used to manage any type of disaster or emergency response, regardless of scale, scope, and complexity. Department of Homeland Security, *National Response Framework, Third Edition*, (Washington, D.C.: June 2016). It identifies 14 emergency support functions (ESF), including ESF-6: Mass Care, Emergency Assistance, Temporary Housing, and Human Services. FEMA and the Red Cross are designated as the primary agencies for ESF-6.

FEMA supported and used state and local assessments of mass care capabilities for the 2017 hurricanes.

To address both objectives, we reviewed federal guidance and related documents, as well as relevant federal laws. In addition, we visited Texas, Florida, Puerto Rico, and the U.S. Virgin Islands, which we selected based on the path of the hurricanes and damage sustained. In these locations, we interviewed state and local officials, including those from departments of emergency management, health, housing, human services, and education.³ Our interviews included city officials from Houston, Texas, Miami, Florida, and Humacao, Puerto Rico. In addition, we interviewed representatives of local voluntary organizations, such as food banks, advocacy groups, and faith-based organizations that provided mass care services after the storms.⁴ At the national level, we interviewed officials from several federal agencies—FEMA, Department of Health and Human Services, U.S. Department of Agriculture (USDA), and the Corporation for National and Community Service—to learn about their roles in planning for, coordinating, and providing mass care and related services after major disasters.⁵ We also interviewed representatives of the Red Cross and national voluntary organizations, such as the Salvation Army, Feeding America, and World Central Kitchen, to gather information about their experiences with and observations of mass care coordination in response to the 2017 hurricanes. We evaluated FEMA’s and Red Cross’ actions against federal internal control standards for information and communication.⁶

To address the first objective, we also reviewed FEMA and Red Cross documents that outline mass care responsibilities, guidance for developing feeding plans, and Red Cross sheltering standards and

³For the purposes of this report, we use the term “state” to refer to the states and territories we visited, including the Commonwealth of Puerto Rico and the U.S. Virgin Islands.

⁴For the purposes of this report, we use the term “voluntary organization” to refer to nonprofit or other nongovernmental organizations.

⁵We selected federal agencies based on their roles and responsibilities under the *National Response Framework*, particularly ESF-6. We determined that the agencies we included in our review were most involved in activities related to mass care, including coordinating food assistance and volunteers to assist with immediate response needs. We focused on the two entities with primary responsibility for mass care: FEMA and the Red Cross.

⁶GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#), (Washington, D.C.: September 2014).

procedures. We reviewed written agreements between FEMA and selected voluntary organizations that support mass care, as well as agreements between the Red Cross and other voluntary organizations, states, and localities that were within the scope of our review. We evaluated FEMA's and Red Cross' coordination of mass care against their stated responsibilities outlined in the *National Response Framework* (including Emergency Support Function #6), FEMA's Federal Response Interagency Operational Plan, and against our prior work on interagency collaboration.⁷

To address the second objective, we reviewed self-assessments of mass care capabilities submitted by all states to FEMA in 2017. We analyzed mass care capability information for six grantees of DHS preparedness funds: Florida, Puerto Rico, Texas, and the U.S. Virgin Islands, as well as two urban areas within these states and territories—Houston, Texas, and Miami, Florida. We selected these grantees because they were severely affected by the three 2017 hurricanes our study focused on. For each of these six grantees, we analyzed mass care capability information that was available to FEMA before and after the 2017 hurricanes, and conducted interviews with officials responsible for capabilities assessments.⁸ To assess the reliability of these data, we interviewed knowledgeable FEMA officials about their process for ensuring grantees submit accurate capabilities information, and reviewed the submissions ourselves to identify missing or invalid data elements. We found the data to be sufficiently reliable for the purposes of our reporting objectives. In addition, we reviewed FEMA's guidance and requirements for assessing capabilities that was available to grantees before and after the 2017

⁷Department of Homeland Security, *National Response Framework, Third Edition*, (Washington, D.C.: June 2016); Department of Homeland Security, *Emergency Support Function #6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services Annex*, (Washington, D.C.: June 2016); Department of Homeland Security, *Response Federal Interagency Operational Plan, Second Edition*, (Washington, D.C.: August 2016); and GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: September 2012), and GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: October 2005).

⁸Recipients of certain DHS preparedness funding, including states, territories, and certain urban areas and tribal governments (referred to in this report as “grantees”) are required to regularly submit information to FEMA on their capability levels. As of 2018, this included Threat and Hazard Identification and Risk Assessments and Stakeholder Preparedness Reviews that cover 32 areas of emergency preparedness, including mass care capabilities. Our analysis is limited to mass care.

hurricanes, including instructions on how to enter information into the self-assessment templates. We evaluated changes made to the guidance after the hurricanes against FEMA's stated goals in its 2018 strategic plan, and interviewed FEMA preparedness officials about the intended purpose of the changes.⁹ We also reviewed available resources, such as training and webinars designed to support grantees in preparing their capabilities assessments.

We conducted this performance audit from May 2018 to September 2019, 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.

Background

Disaster Response Roles and Responsibilities

Disaster response can involve many federal, state, territorial, tribal, private sector, and voluntary organizations. The *National Response Framework* describes how the federal government, states and localities, and other public and private sector institutions should respond to disasters and emergencies. For example, state, local, tribal, and territorial governments are to play the lead roles in disaster response and recovery. Local emergency agencies—police, firefighters, and medical teams—are to be the first responders. In serving individuals who have disabilities and others who have access or functional needs, disaster responders at all levels are responsible for ensuring compliance with any applicable requirements for equal opportunity and non-discrimination.¹⁰

Federal agencies become involved in responding to a disaster when effective response and recovery are beyond the capabilities of the state and local governments. The Robert T. Stafford Disaster Relief and

⁹Department of Homeland Security, Federal Emergency Management Agency, *2018-2022 Strategic Plan* (2018).

¹⁰See [GAO-19-318](#) for more information on disaster assistance for individuals who are older or have disabilities. For FEMA guidance on how state and local governments should consider these populations when planning for mass care, see *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*.

Emergency Assistance Act (Stafford Act) authorizes federal funding and support to assist states and localities in responding to a disaster.¹¹ This federal support is available under the Stafford Act when the President declares a major disaster or emergency in response to a request by the governor or by the chief executive of a tribal government. Under the *National Response Framework*, DHS is the federal agency with primary responsibility for coordinating disaster response, and within DHS, FEMA has lead responsibility. In addition to DHS, at least 29 other federal agencies carry out disaster assistance programs and activities.

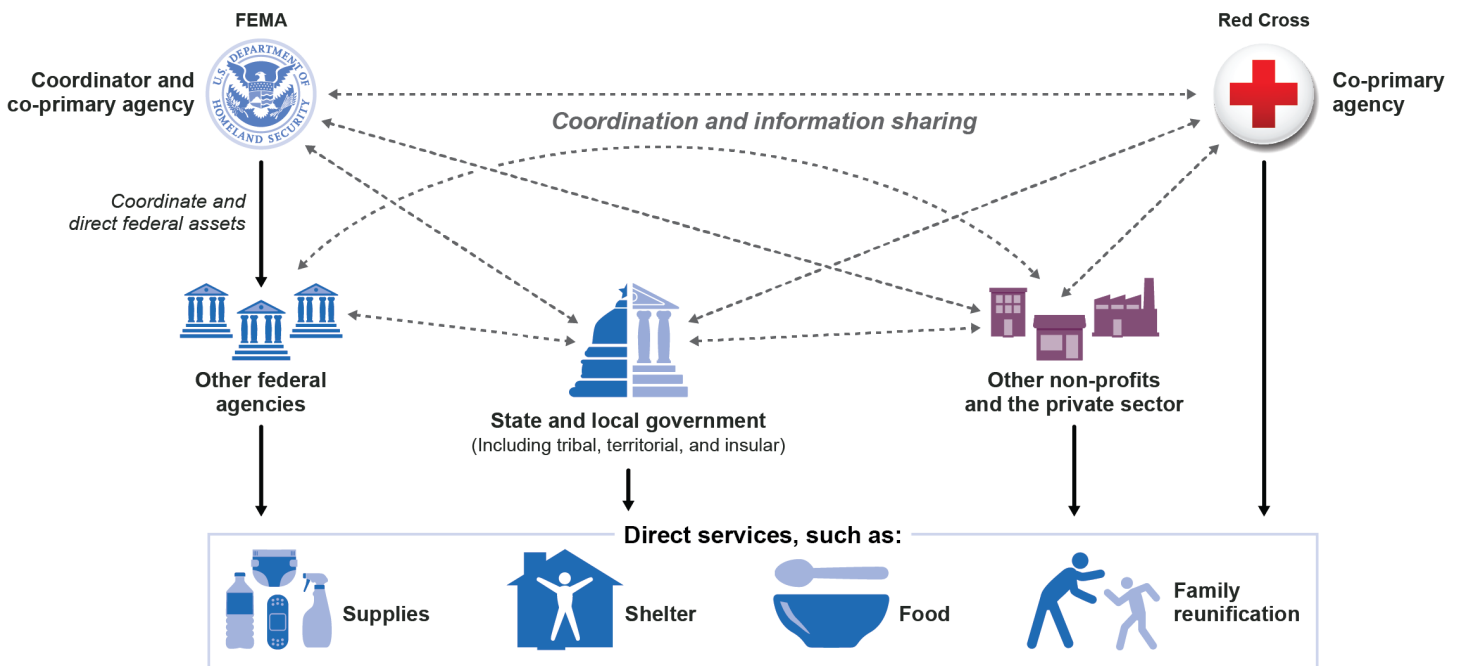
The *National Response Framework* identifies 15 emergency support functions (ESFs)—such as communication, transportation, and energy—and designates a federal department or agency as the coordinating agency for each function. Under the *National Response Framework*, FEMA is designated as the coordinating agency for ESF-6, which includes mass care, emergency assistance, temporary housing, and human services. The *National Response Framework* also designates primary and support agencies for each ESF. Both FEMA and the Red Cross are the primary agencies for ESF-6. As co-primary agencies, FEMA and the Red Cross are responsible for working closely to coordinate mass care and related services across sectors, including identifying resource needs, organizations with mass care capacity to address those needs, and establishing strategies to address resource gaps (see fig. 1).¹² According to ESF-6, Red Cross also provides technical assistance to FEMA and serves as its principal mass care subject matter expert. The Red Cross works with FEMA to provide such assistance to state and local partners, according to FEMA. In addition, the Red Cross and FEMA facilitate the mobilization of resources and coordination within the whole community for the provision of mass care services. The Red Cross role in ESF-6 has shifted over time. At the time of Hurricane Katrina, Red Cross was a primary agency, but in the 2008 update to ESF-6 it became a support agency. However, in a 2013 update, Red Cross was shifted back to the primary agency role and given new

¹¹See 42 U.S.C. § 5170 et seq.

¹²The Red Cross is the nation's largest voluntary organization involved in disaster relief, and is the only voluntary organization designated as a primary agency in the *National Response Framework*. Red Cross also has a role as service provider in the immediate aftermath of disasters, which is separate from its role in coordinating mass care under ESF-6. As a mass care service provider, Red Cross works across sectors to provide life-sustaining services such as sheltering, feeding, distribution of supplies, family reunification, and casework.

responsibilities such as working with FEMA to identify available mass care capacity, anticipate mass care requirements, and establish strategies to address gaps in coordination. These responsibilities, among others, remain in effect under the current ESF structure.

Figure 1: Key Roles for Mass Care Disaster Response (Effective for 2017 Hurricane Season)



Source: GAO analysis of documents from the National Response Framework, Federal Emergency Management Agency (FEMA), and American Red Cross. | GAO-19-526

FEMA and Red Cross coordinate mass care with the support of other federal agencies such as USDA, the Department of Health and Human Services, and the Department of Defense (DOD), as well as voluntary organizations and partners at the state and local levels.¹³ There are also over a dozen federal agencies named as having supporting roles in ESF-6 (see app. I for a list of ESF-6 support agencies). For example, DOD and its Army Corps of Engineers provides construction and engineering support for temporary housing and sheltering, including inspecting shelter facilities to ensure accessibility and suitability. In addition, ESF-6 names over 50 members of the National Voluntary Organizations Active in

¹³For the purposes of this report, we use the term partners to refer to federal, state, and local government entities involved in coordinating or providing mass care, as well as voluntary organizations.

Disaster (NVOAD) that provide a wide range of services in support of mass care and other ESF-6 activities, including the Salvation Army, Southern Baptist Convention Disaster Relief, and Feeding America.

State and local governments are vital to mass care provision and assessing their own communities' response capabilities. According to ESF-6, local government agencies coordinate with voluntary organizations and the private sector to coordinate activities that meet immediate needs of disaster survivors. When those needs exceed local resources, the state may provide additional support.¹⁴ When these resources are insufficient, federal assistance may be requested through the FEMA regional office.

Complex and Concurrent 2017 Hurricanes

We found in 2018 that FEMA faced a number of challenges that slowed and complicated its response efforts to the 2017 hurricanes, especially Hurricane Maria in Puerto Rico.¹⁵ The sequential and overlapping timing of the three hurricanes strained staffing resources and created logistical challenges in deploying additional assistance (see fig. 2). In particular, FEMA had already deployed staff and resources to support the response efforts for Hurricane Harvey in Texas when the other major hurricanes made landfall shortly thereafter. Moreover, FEMA's response efforts in Puerto Rico and the U.S. Virgin Islands were complicated by a number of factors, including their distance from the continental United States and limited local preparedness for a major hurricane.¹⁶ We have previously reported that there is increasing reliance on the federal government for

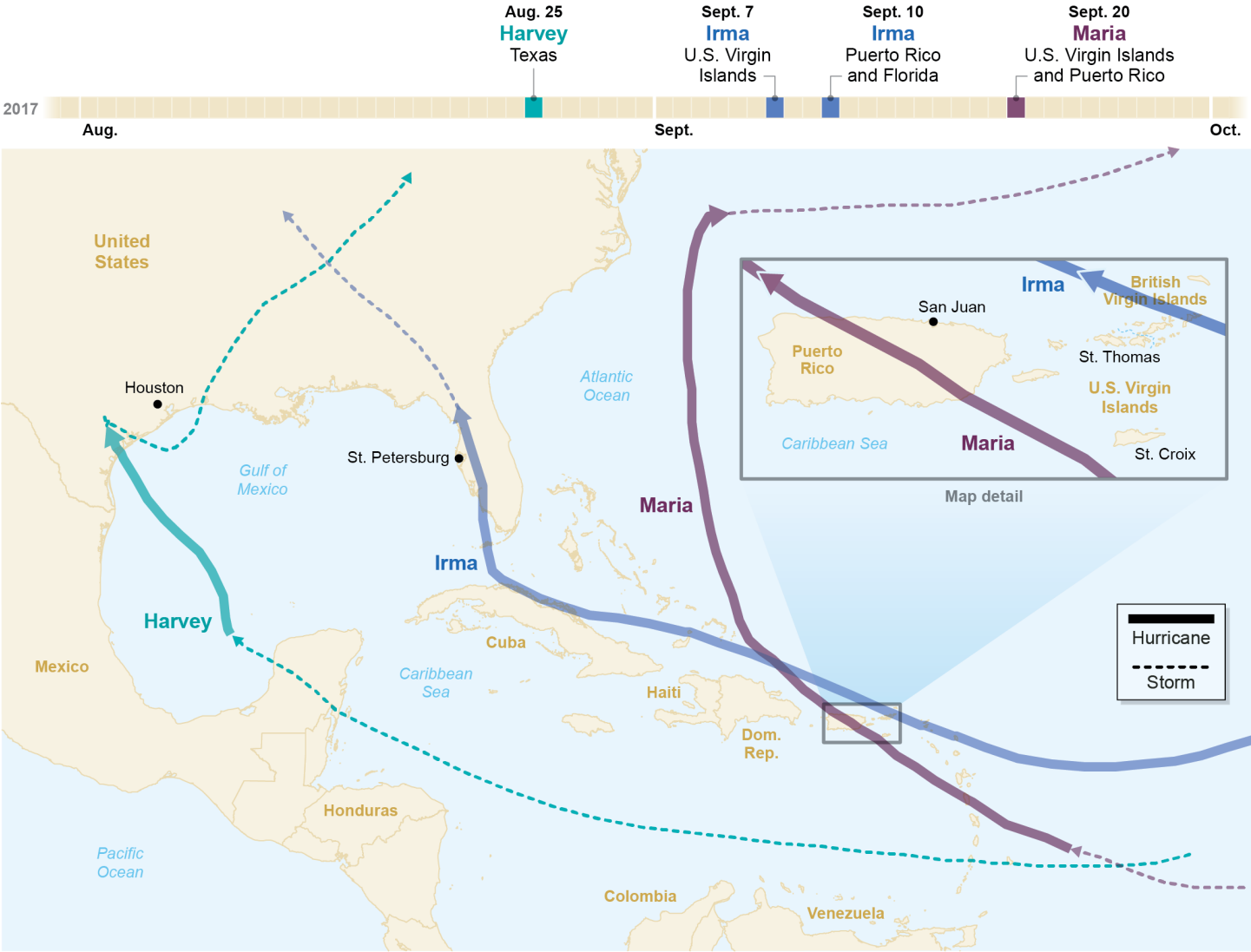
¹⁴States can also provide assistance to each other through the Emergency Management Assistance Compact (EMAC), a collaborative arrangement among member states that provides a legal framework for requesting resources. In 2007, we reported that the EMAC network can enhance its administrative capacity by improving how it plans, measures, and reports on its performance. See GAO, *Emergency Management Assistance Compact: Enhancing EMAC's Collaborative and Administrative Capacity Should Improve National Disaster Response*, [GAO-07-854](#) (Washington, D.C.: June 29, 2007).

¹⁵GAO, *2017 Hurricanes and Wildfires: Initial Observations on the Federal Response and Key Recovery Challenges*, [GAO-18-472](#) (Washington, D.C.: Sept. 4, 2018).

¹⁶[GAO-18-472](#). Puerto Rico and the U.S. Virgin Islands had engaged in disaster preparedness exercises prior to Hurricane Maria; however, as we reported, neither had recently experienced nor stockpiled the resources necessary for a hurricane of that magnitude. Hurricane Maria was the strongest hurricane to make landfall in Puerto Rico since a Category 5 hurricane in 1928, according to the National Oceanic and Atmospheric Administration.

disaster assistance as the number of natural disasters increases and that costs will likely continue to rise as the climate changes.¹⁷

Figure 2: Timeline and Locations of Major 2017 Hurricanes

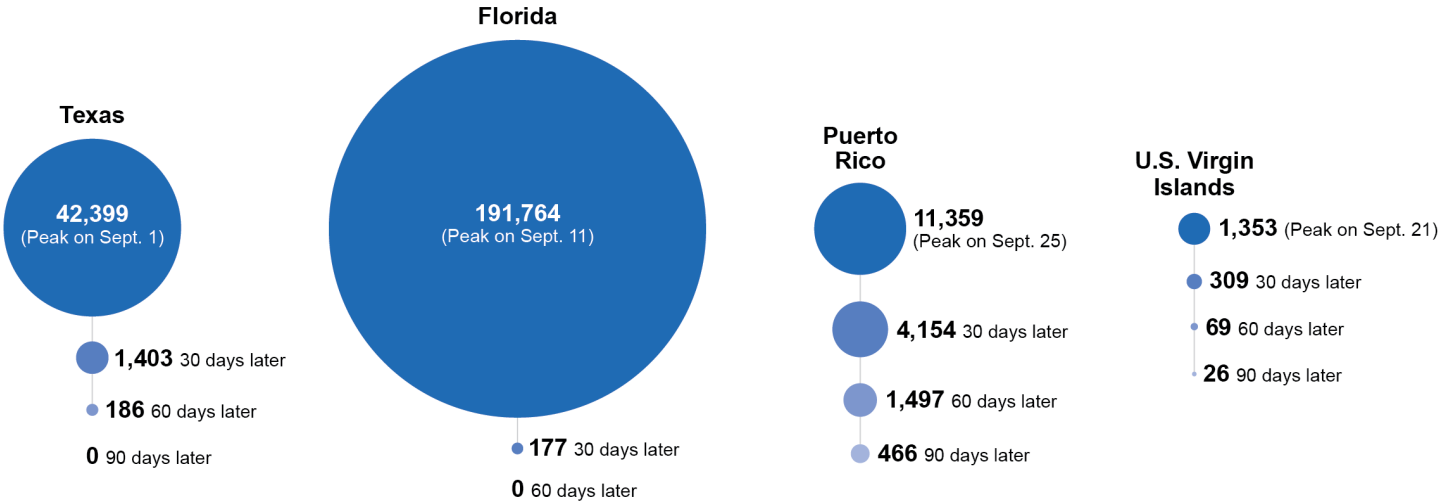


Source: National Hurricane Center. | GAO-19-526

¹⁷GAO-18-472.

FEMA identified key findings related to mass care in its After-Action Report for the 2017 hurricanes, noting differences in shelter populations across the states, as well as the duration of shelter stays (see fig. 3).¹⁸ FEMA also reported facing challenges transitioning survivors out of group shelters in a timely fashion.

Figure 3: Changing Shelter Populations after 2017 Hurricanes, by Location



Source: GAO analysis of Federal Emergency Management Agency (FEMA) After-Action Report, July 2018. | GAO-19-526

Capabilities Assessment

In order to qualify for federal emergency preparedness funding, states and eligible urban areas (grantees) are required to regularly submit information to FEMA on their ability to respond to a disaster.¹⁹ Specifically, grantees first identify their own capability targets—such as for sheltering disaster victims—through the Threat and Hazard Identification and Risk Assessment, and then assess their progress toward these targets annually in the Stakeholder Preparedness Review

¹⁸FEMA reported that the three storms affected diverse geographic areas of varying size and population density. In Florida, for example, evacuation orders were issued for a record-breaking 6.8 million people, contributing to one of the largest sheltering missions in U.S. history.

¹⁹The Post-Katrina Emergency Management Reform Act of 2006, as amended, requires states and territories receiving federal preparedness assistance administered by the Department of Homeland Security to submit an annual preparedness report to FEMA. 6 U.S.C. § 752(c). FEMA also requires urban area grantees of the Urban Area Security Initiative, as a grant condition, to submit this information.

(capabilities assessments).²⁰ In fiscal year 2018, FEMA awarded \$402 million to states and territories through the State Homeland Security Program, and \$580 million to urban areas through the Urban Area Security Initiative, both of which require grantee capability assessments. FEMA provides guidance and technical assistance to state and local partners in their self-assessment efforts. According to officials, FEMA does not conduct its own evaluations of state, local, and voluntary organizations' capabilities.

FEMA and Red Cross Coordinated Mass Care for 2017 Hurricanes but Some Needs Went Unfulfilled

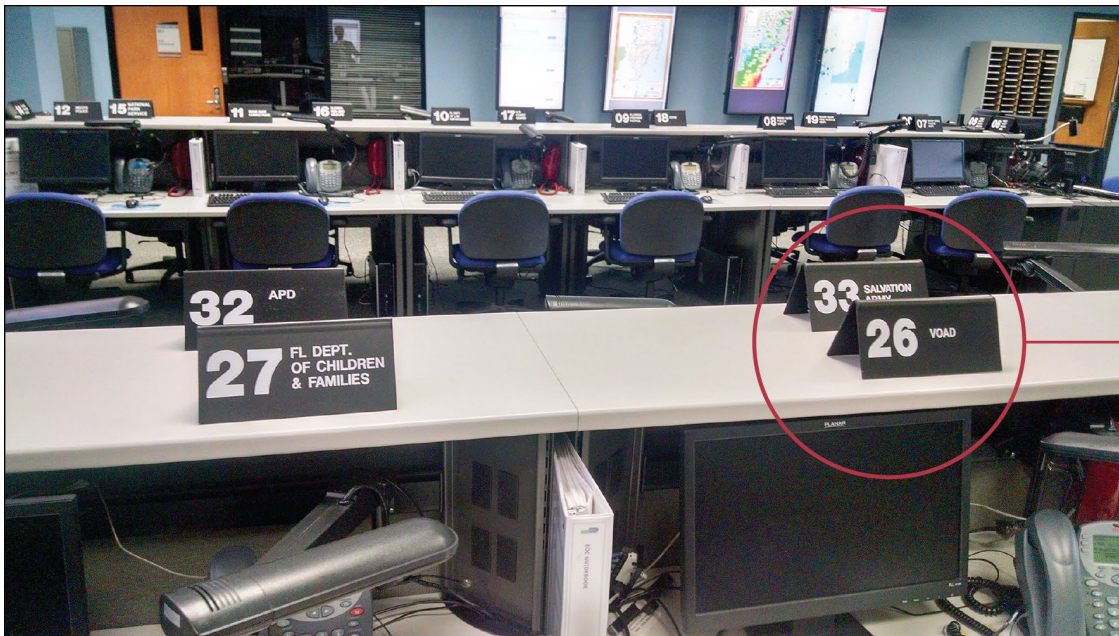
Co-location Helped FEMA and Red Cross Facilitate Mass Care Coordination after Disasters

FEMA and Red Cross established joint operation centers where they co-located with key partners such as the Salvation Army and NVOAD for each of the 2017 hurricanes, which facilitated coordination of shelter, feeding, and supply distribution. In addition to co-locating at FEMA's National Response Coordination Center in Washington, D.C., FEMA, the

²⁰Throughout the report, we refer to Threat and Hazard Identification and Risk Assessments and Stakeholder Preparedness Reviews collectively as "capability assessments." The Threat and Hazard Identification and Risk Assessment requires grantees to identify the threats and hazards that could affect them, what impact those threats and hazards would have if they occurred, and what capabilities the community should have, based on those impacts. Prior to 2018, it was required annually; starting in 2019 it will be required every 3 years. Using information from the Threat and Hazard Identification and Risk Assessment, grantees develop an annual Stakeholder Preparedness Review (formerly called a State Preparedness Report) that addresses their current capability levels. Starting in 2018, urban area grantees are required to submit a Stakeholder Preparedness Review; prior to that, urban area grantees were only required to complete a Threat and Hazard Identification and Risk Assessment.

Red Cross, and key mass care partners also co-located in state and local emergency operations centers (see fig. 4).²¹

Figure 4: Example of Co-Location of Mass Care Providers in an Emergency Operations Center



Designated seats for the Voluntary Organizations Active in Disaster (VOAD) and the Salvation Army in a Florida county's Emergency Operations Center

Source: GAO. | GAO-19-526

Our prior work has found co-location of staff enhances interagency collaboration.²² Co-location contributed to relationship-building that facilitated communication and coordination of mass care services, according to FEMA, Red Cross, and emergency management officials in all four states we visited. See figure 5 for examples of how various agencies and sectors prepared food and supplies for mass care operations.

²¹FEMA's National Response Coordination Center is a multiagency center that coordinates the overall federal support for major incidents and emergencies, including major natural disasters. The National Response Coordination Center coordinates with the affected region(s) and provides resources and policy guidance in support of the incident. Emergency operations centers are physical locations where the coordination of information and resources to support disaster management activities occurs and are primarily staffed by state and/or local partners.

²²[GAO-12-1022](#) and [GAO-06-15](#).

Figure 5: Preparing for Emergency Supply and Food Distribution at 2017 Hurricane Locations



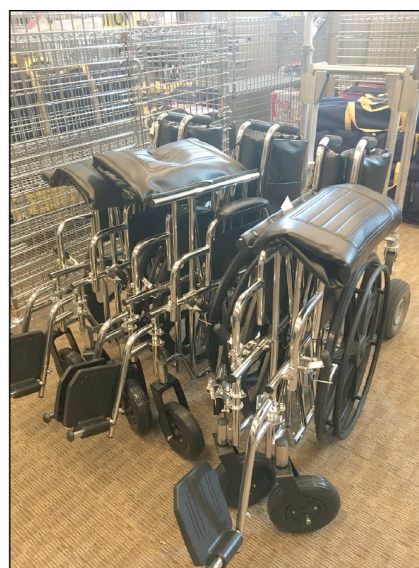
Food boxes prepared by the Puerto Rico Department of the Family, containing shelf-stable foods sourced from the U.S. Department of Agriculture.



School kitchen in Humacao, Puerto Rico, where the staff cooked some 2,000 hot meals a day in the aftermath of Hurricane Maria.



Diaper donations collected by a church in Houston, Texas for distribution to Hurricane Harvey survivors in need.



Wheelchairs and crates with various emergency supplies ready for use at shelters in Sarasota, FL.

Source: GAO and a church in Houston, Texas. | GAO-19-526

Co-location meant workers could communicate face-to-face, as key partners needed to collaborate and communicate resource requests to FEMA and other agencies. In the U.S. Virgin Islands, DOD provided

airplanes that enabled workers to fly between the islands to attend face-to-face meetings, according to FEMA regional officials.²³ According to officials in two states we visited, this type of face-to-face communication facilitated building relationships. Moreover, officials in one state told us that co-location enabled them to communicate survivor needs directly to FEMA, which could then provide assistance. This was especially critical when power and cell phone service were out, particularly in Puerto Rico and the U.S. Virgin Islands, which experienced prolonged power outages and disabled electronic communications. Officials from federal agencies and the Red Cross described some additional benefits of co-location:

- USDA Food and Nutrition Service (FNS) officials said co-located ESF-11 (Agriculture and Natural Resources) staff in the National Response Coordination Center provided food inventories to staff at the ESF-6 desk.²⁴
- Red Cross officials said they were able to quickly obtain supply trucks after Hurricane Harvey in Texas because the Red Cross had representatives at FEMA's National Response Coordination Center. As we previously reported, DOD provided high-water vehicles, amphibious vehicles, and boats to transport supplies for the Red Cross and support FEMA logistics efforts.²⁵
- Officials in one state noted that in-person communication was especially useful for coordinating mass care when FEMA's on-line system for submitting resource requests could not be used (see text box).

²³DOD's Defense Logistics Agency also provided generators, water, and meals, among other supplies in response to Hurricanes Irma and Maria in Puerto Rico and the U.S. Virgin Islands. See [GAO-18-472](#) for additional information.

²⁴Functions under ESF-11 include providing nutrition assistance, responding to animal and agricultural health issues, and providing technical expertise, among other functions. According to FNS officials, the FNS National Office staff contacted FNS Regional Office staff, which collected information about available food supplies from State Distributing Agencies. This information was provided to the ESF-6 representative at the National Response Coordination Center through the ESF-11 representative.

²⁵[GAO-18-472](#).

Web Emergency Operations Center

Resource requests can be communicated through the Federal Emergency Management Agency's (FEMA) Web Emergency Operations Center (WebEOC), an electronic system that processes and tracks resource requests from state or local governments. WebEOC supports emergency management processes and functions by providing a real-time operating picture for FEMA headquarters, regions, and federal, state, local, and tribal strategic partners. In 2015, the Department of Homeland Security's Office of Inspector General (OIG) found that WebEOC was not sufficiently integrated with key agency systems and could cause delays in providing disaster assistance. In 2017, WebEOC was used in two of our four selected states, and a predecessor system to WebEOC was used by one of FEMA's regional offices, according to officials in these areas. WebEOC was useful in tracking resource requests, but in-person communication was more helpful for coordinating mass care, according to FEMA regional officials. In cases where staff could not access WebEOC, requests to FEMA were presented on paper, according to state officials. In 2018, FEMA reported that it had provided every state with FEMA WebEOC accounts so state users could submit resource requests directly to FEMA. WebEOC also allows FEMA to share aggregated data, such as shelter counts and feeding information, according to FEMA officials.

Source: Department of Homeland Security, OIG-16-10, *FEMA Faces Challenges in Managing Information Technology* (Washington, D.C.: November 2015); FEMA, *Web Emergency Operations Center (WebEOC) Interconnectivity, Fiscal 2017 Report to Congress*, (Washington, D.C.: May 2018); GAO analysis of interviews with FEMA and selected state officials. | GAO-19-526

FEMA, Red Cross, and Other Agencies Faced Mass Care Challenges, and Some Needs Were Unmet

Federal officials and partners in Texas, Florida, Puerto Rico, and the U.S. Virgin Islands described many challenges they encountered in coordinating mass care. While the concurrence and intensity of the 2017 hurricanes presented many unforeseen challenges, several state and local governments and voluntary organizations told us about issues related to mass care coordination and planning. As a result, some supply distribution, sheltering, and feeding needs went unmet.

- **Miscommunication:** Miscommunication among disaster workers affected supply distribution. For example, FNS officials reported challenges with delivering baby formula for about 28,000 infants in Puerto Rico through FEMA. One shipment of baby formula was lost and discovered frozen and unusable in Puerto Rico because FEMA officials were not aware that the products had been delivered, according to FNS' 2018 After-Action Report. The report also stated that some perishable infant formula and food remained at a port in Florida several weeks after delivery.²⁶ FEMA officials told us they shipped nearly 400 containers of infant formula and food in the first 3 months after Hurricane Maria, but that competition for port clearances

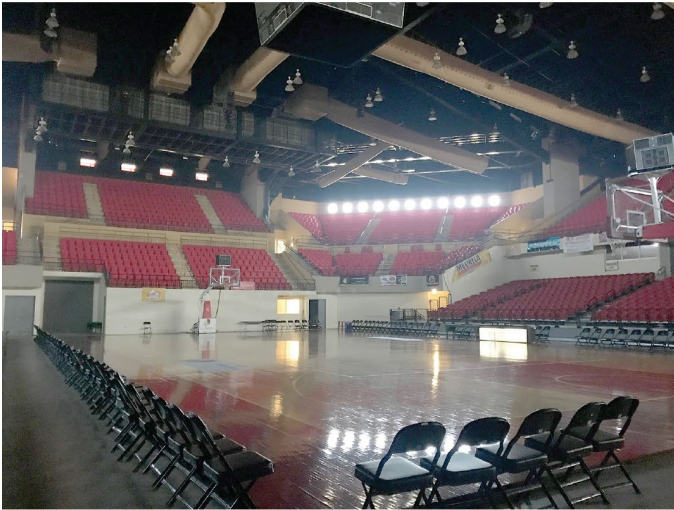
²⁶Food and Nutrition Service Office of Emergency Management, *FNS After-Action Report/Improvement Plan, Hurricanes Harvey, Irma, and Maria*. (Washington, D.C.: November 2018)

made it challenging to coordinate, prioritize, and track supplies. As a result, some who needed these supplies may not have received them. FEMA officials also noted that they believe survivor needs were met by a combination of disaster relief supplies and the restoration of capacity at grocery stores. According to FNS'2018 After- Action Report, their officials met with FEMA and completed training on FEMA's logistics system in 2018 to be able to better track future shipments of these products.

- *Insufficient shelter staff:* In Texas and Florida, emergency managers we spoke with described having unprecedented numbers of residents needing shelters but not enough staff initially to operate them. To address this gap, they said they relied on members of the state National Guard or local government and community organizations to staff shelters, but in some instances, shelters continued to have insufficient numbers of workers. To improve shelter staffing for future disasters, emergency managers in Florida told us they are working on training additional county employees to serve as shelter staff.
- *Serving individuals who have disabilities:* Public shelters faced challenges in some cases serving individuals who have disabilities, as we previously reported.²⁷ For example, we reported in 2019 that some individuals who have disabilities faced challenges accessing services from local shelters, including restrooms. In another example, the lack of a quiet space in public shelters for individuals with autism negatively impacted their mental health, according to officials from an advocacy group.
- *Extensive damage to hurricane shelters:* In Texas, Puerto Rico, and the U.S. Virgin Islands, Hurricanes Harvey, Maria, and Irma damaged many buildings planned for use as hurricane shelters, according to emergency management and local government officials in these areas. As a result, some remaining shelters were at maximum capacity. In some cases, survivors and staff had to relocate to alternate sites during the hurricanes. For example, an arena in Humacao, Puerto Rico, and a Department of Human Services building in the U.S. Virgin Islands served as shelters when intended shelter buildings were destroyed by Hurricanes Maria and Irma, respectively (see fig. 6).

²⁷GAO, *Disaster Assistance: FEMA Action Needed to Better Support Individuals Who Are Older or Have Disabilities*, [GAO-19-318](#) (Washington, D.C.: May 14, 2019).

Figure 6: Public Spaces Used as 2017 Hurricane Emergency Shelters in Puerto Rico and U.S. Virgin Islands



The Humacao, Puerto Rico arena was used as a shelter and a hospital after the buildings planned for use were destroyed by Hurricane Maria.



The U.S. Virgin Islands Department of Human Services sheltered residents after mass shelters flooded when Hurricane Irma made landfall in St. Thomas. Some residents slept in this hallway.

Source: GAO. | GAO-19-526

- **Damaged roads and communications infrastructure:** Damaged and flooded roads and the affected terrain in all four states contributed to challenges in distributing supplies, especially in Puerto Rico and the U.S. Virgin Islands. In Puerto Rico, FEMA received complaints from municipalities that food was not reaching neighborhoods in need.²⁸ Impassable roads and no ability to communicate challenged FEMA's plans, which had designated certain partners to distribute meals. Several weeks after Hurricane Maria hit, FEMA redesigned its distribution strategy, which included identifying the most vulnerable municipalities and having liaisons from the Puerto Rico Emergency Management Agency and the municipalities help coordinate the distribution.²⁹ This enabled food to reach neighborhoods in need.
- **Insufficient supplies:** According to Puerto Rico Department of Education officials, FEMA was initially reluctant to provide water to schools serving as shelters because the schools were supposed to have their own water supply from the Puerto Rico Department of Education's warehouses. However, Puerto Rico Department of

²⁸FEMA, *Mass Care—Joint Territory/Federal Feeding Task Force*, Hurricane Maria, FEMA 4339-DR-PR, October 12, 2017.

²⁹FEMA, *Mass Care Distribution Strategy*, October 29, 2017.

Education officials said they only had enough water for shelter residents for 30 days. The agency requested help to meet additional needs, but FEMA did not have enough water or food boxes to help supplement the schools' supply. There were several thousand people sheltered in the schools, but according to these officials, the Puerto Rico Department of Education was responsible for providing food and water to survivors whether or not they were shelter residents. Once the Puerto Rico Department of Education officials met with FEMA and demonstrated their need for water, they were able to secure supplies from FEMA.

- *Early relocation of survivors to hotels:* In Texas, the early relocation of survivors from shelters to eligible hotels under FEMA's Transitional Sheltering Assistance program challenged mass feeding operations, according to two Texas emergency management officials and representatives of two voluntary organizations. As a result, some survivors did not receive food assistance, as described below.

FEMA's Transitional Sheltering Assistance program and the Department of Agriculture's Disaster Supplemental Nutrition Assistance Program (D-SNAP), while not considered to be a central part of mass care under the National Response Framework, provide assistance to survivors after disasters and provide services that may intersect with mass care activities. According to officials in Texas and Florida, some aspects of how these programs were implemented contributed to unmet needs.

- *Transitional Sheltering Assistance program:* After the initial response effort ends and mass shelters close, FEMA's Transitional Sheltering Assistance program is intended to provide short-term sheltering assistance to survivors who are still unable to return home. States request FEMA approval for Transitional Sheltering Assistance when they determine there is a need for short-term assistance. According to officials in Texas, the Transitional Sheltering Assistance program was activated earlier than they expected before mass shelters closed, resulting in survivors leaving early to stay in program-eligible hotels. According to these officials, the early activation resulted in the inability to track where survivors were located and where survivors needed assistance. According to an official at a voluntary organization, survivors in program-eligible hotels were going without food and some were eating coffee grounds in their hotel rooms because they had no food and no money to purchase food. Officials from state agencies and voluntary organizations that could provide assistance told us they could not get information from the hotels about how many survivors were guests at specific hotels, due to the hotels' reluctance to provide guests' information. When voluntary organizations tried to set up

feeding operations at hotels, some hotels did not want the organizations to set up feeding operations on hotel premises, according to organizational representatives. One state official also said some hotels did not allow food distribution because of concerns about food sitting in rooms or the hotels' preference that their guests use their restaurant facilities.³⁰

- **D-SNAP:** D-SNAP provides temporary food assistance for households affected by a natural disaster. D-SNAP usually begins after grocery stores have re-opened and families are able to purchase and prepare food at home. USDA's FNS offers guidance to states that choose to operate a D-SNAP program on where and how to operate D-SNAP registration sites, including guidance on serving individuals who have disabilities and the elderly. For example, FNS guidance states that D-SNAP registration sites should offer extra cooling measures in a special waiting area for individuals who have disabilities and the elderly, and move these individuals to the front of regular registration lines.³¹ FNS' After-Action Report identified, and state and county officials in Texas and Florida said they observed, D-SNAP registration sites that did not appropriately serve elderly individuals or those who have disabilities, such that some elderly survivors fainted while waiting in the heat. In one state we visited, officials from a local voluntary organization said the state government did not work with community-based groups to identify local D-SNAP registration sites. As a result, D-SNAP registration sites did not align with where survivors needed assistance, and according to these officials approximately 50,000 applicants came to one site and were turned away after waiting for hours in the heat. To help address these challenges, some elderly individuals and individuals with disabilities in

³⁰In March 2019, the DHS OIG reported that 54,640 households in Texas participated in the Transitional Sheltering Assistance program from August 2017 to September 2018. Texas represented 61 percent of all households participating in the program during that time, which also included households affected by the 2017 California wildfires, and Hurricanes Irma and Maria in Florida and Puerto Rico, respectively. See DHS, *Additional Controls Needed to Better Manage FEMA's Transitional Sheltering Assistance Program*, OIG-19-37 (Washington, D.C.: March 2019) for additional information.

³¹United States Department of Agriculture Food and Nutrition Service, *Supplemental Nutrition Assistance Program (SNAP) Disaster SNAP Guidance: Policy Guidance, Lessons Learned, and Toolkits to Operate a Successful D-SNAP*, (Washington, D.C.: July 2014).

Florida were allowed to register for D-SNAP over the phone in December 2017 and in May 2018, according to a state official.³²

Coordination Efforts Do Not Include Specific Agreements and Regular Evaluation

While the *National Response Framework* indicates that many agencies participating in disaster response formalize their responsibilities in written agreements, we found that key mass care partners did not have such agreements or that they did not clearly outline responsibilities at the time of the 2017 hurricanes. Although Red Cross has written agreements with some state and local partners, counties we visited in Florida, Texas, and the U.S. Virgin Islands—states where Red Cross shelters disaster victims—did not have written agreements that clearly specified what mass care services would be provided by the Red Cross.³³ In Florida, several counties we visited did not have formal agreements with the Red Cross during the 2017 hurricane season. In lieu of a formal agreement, one of the counties had an email from the Red Cross stating that the Red Cross could support one of 15 shelters, according to officials and documents we reviewed. In some cases, even when written agreements were established, there were still unclear roles and expectations. For example, another Florida county did have an agreement in place, but county officials said they found out after the 2017 hurricane season started and shortly before Hurricane Irma that the Red Cross could support only eight shelters—a substantial decrease from previous years.³⁴ Further, when counties did have written agreements with the Red Cross, the agreements did not always clearly define responsibilities. The agreements also did not specify how and at what point sheltering and feeding needs and capabilities should be communicated by the Red Cross to counties, which exacerbated challenges in providing these services after the hurricanes.

After the 2017 hurricane season, officials in three states we visited said they have been working toward clarifying responsibilities in written

³² Specifically, survivors initially submitted information online before proceeding to telephone interview to register for D-SNAP. This telephonic registration process was implemented in Florida again in response to Hurricane Michael in 2018, according to a state official.

³³ The three states do not include Puerto Rico. According to officials in Puerto Rico and the Red Cross, the Puerto Rican government is responsible for sheltering, and providing food in shelters. Red Cross does not shelter survivors in Puerto Rico, but it plays a role in distributing food and supplies.

³⁴ Officials from this county noted that while Red Cross initially said it could support eight shelters, the organization ended up staffing 12 shelters after Hurricane Irma.

agreements. Red Cross officials also said they have been developing letters of intent with local government partners since 2017, which describe what services can be provided by the Red Cross in these localities. However, our review of some of these new finalized agreements found they lack consistency and detail in what each of the parties can deliver regarding sheltering, feeding, and supply distribution. For example, Red Cross' agreement with one Florida county specifies it can operate two shelters for about 1,000 residents, while its agreement with another county states it will "support shelters as resources allow."

Red Cross officials said written agreements may be difficult to change as needs and capabilities change over the course of the response to a disaster. Outside of written agreements, Red Cross officials said they collaborate with government agencies in other ways, such as participating in mass care exercises to create a shared understanding of mass care roles and work on jointly-developed response plans. Red Cross officials also told us that they need to be clearer with local jurisdictions about what they can and cannot provide, and that they need to reach mutual understanding with local governments about shared planning assumptions, such as the peak shelter population and what the Red Cross could provide within specified timeframes. According to Red Cross officials, neither they nor local governments established clear expectations in the past. In August 2017, the Red Cross launched a nationwide readiness initiative focusing on mass care planning discussions with local governments. This initiative also includes clarifying planning assumptions with local governments on a recurring basis.

FEMA provides some guidance to states and localities about how to effectively coordinate with mass care partners, as well as a training course that encourages establishing written agreements.³⁵ FEMA's training materials for the mass care planning and operations course describe the differences in types of agreements that states and localities might establish with mass care partners, and specifically suggest defining the roles and responsibilities of each party. In addition, FEMA has helped developed tools for stakeholders to use when specifically coordinating mass care operations, such as the Multi-Agency Feeding Support Plan

³⁵See CPG 101, IS-706: NIMS Intrastate Mutual Aid - An Introduction, October 2013, as well as E0418: Mass Care/Emergency Assistance (MC/EA) Planning and Operations Course, February 2018. The 2017 hurricane season spanned June 1, 2017, to November 30, 2017 so the training was implemented after the 2017 hurricane season.

Template.³⁶ This tool guides states, voluntary organizations, and other partners to clearly establish roles and responsibilities related to specific aspects of feeding, including the delivery of supplies and networking with other organizations to identify unmet needs. FEMA officials noted that all of their mass care templates encourage this type of planning for roles and responsibilities. However, FEMA guidance and training materials do not suggest detailing the specific responsibilities of each entity for mass care services in the written agreements. For example, the guidance does not explicitly prompt states and localities to use their written agreements to specifically establish how much shelter and feeding assistance an agency, government, or organization can provide.

Our prior work has found that clarifying responsibilities through written agreements is critical to effective interagency collaboration.³⁷ When an agency, government, or organization does not specifically indicate how much shelter and feeding assistance it can provide in a disaster, its partners may have unfounded expectations. For example, in Texas, officials in one city said when one large mass shelter first opened, there were only a small number of Red Cross volunteers, which was insufficient to operate and manage a shelter with tens of thousands of survivors; this was short of city officials' understanding that Red Cross would fully staff the location from the beginning.³⁸ Without further guidance from FEMA on how to establish effective written agreements, unmet expectations between state and local partners and voluntary organizations may persist and place disaster survivors at risk.

Our prior work has also found that federal agencies engaged in collaborative efforts need to create the means to evaluate their activities in order to identify areas for improvement.³⁹ In addition, federal internal control standards state that management should establish an

³⁶See National Mass Care Strategy's Multi-Agency Feeding Support Plan Template, 2015. Similar templates for sheltering, family reunification, and supply distribution are available on the National Mass Care Strategy's website (www.nationalmasscarestrategy.org).

³⁷GAO-12-1022, GAO-06-15, and GAO, *Emergency Preparedness: Opportunities Exist to Strengthen Interagency Assessments and Accountability for Closing Capability Gaps*, GAO-15-20 (Washington, D.C.: December 4, 2014).

³⁸According to Red Cross officials, staffing this shelter was especially challenging because of its rapidly escalating shelter population and the rapidly rising water levels around this shelter, which created challenges in transporting staff and supplies there.

³⁹GAO-06-15.

organizational structure, assign responsibility, and delegate authority to key roles in order to achieve objectives.⁴⁰ Moreover, the organizational structure should be evaluated periodically in order to meet the objectives and adapt to new situations. FEMA is responsible for coordinating and supporting the federal response to major disasters and relies significantly on the Red Cross as its co-primary agency under ESF-6. While FEMA and the Red Cross conduct after-action reviews following certain major disasters, including for the 2017 hurricane season, these reviews are focused on response and recovery efforts and do not include a broader review of roles and responsibilities of the co-primary agencies.⁴¹ Based on its findings on the 2017 hurricane season, FEMA called for some revisions to the *National Response Framework* and ESF annexes related to coordination across sectors. Accordingly, FEMA is currently revising the framework, which is considered a living document to be regularly reviewed to reflect experience gained from its use.⁴² However, FEMA has not proposed revisions to ESF-6 as part of its current review of the *National Response Framework* and ESF annexes. Specifically, FEMA has not reviewed whether the current structure of ESF-6 leadership roles and responsibilities is best suited for coordinating mass care, or whether there are responsibilities that should be shifted. ESF-6 is unique among ESFs in that it has a voluntary organization serving as a co-primary agency. Further, the Red Cross' role under ESF-6 has changed multiple times since Hurricane Katrina. According to FEMA officials, FEMA is not required to review ESF-6 leadership roles and responsibilities, and instead focuses on the overall improvement of mass care delivery, including mass care activities and services. However, FEMA's ESF

⁴⁰[GAO-14-704G](#).

⁴¹In addition, FEMA established a set of preparedness performance metrics in 2015 to guide ESF coordination, among other activities, in response to a GAO recommendation (See [GAO-15-20](#)). For example, one metric requires ESF primary and support agencies to engage in monthly coordination activities organized around specific roles and responsibilities.

⁴²According to the *National Response Framework*, DHS is to coordinate and oversee the review and maintenance process for the document. Reviews are to be conducted to evaluate the effectiveness of the framework on a quadrennial basis. Updates to the ESF annexes may occur independently from reviews of the base document.

Leadership Group noted that it was not always clear which agency that is part of an ESF is best suited to carry out a task.⁴³

Evaluating collaborative efforts can help key decision makers within the agencies obtain feedback for improving both policy and operational effectiveness. Moreover, the *National Response Framework* is considered a living document, and DHS plans regular reviews to evaluate consistency with existing and new policies, evolving conditions, and the experience gained from its use. As we have previously reported, in disasters in which the federal government is involved, the extent and effectiveness of the Red Cross's activities could have a direct impact on the nature and scope of the federal government's activities.⁴⁴ Given the challenges experienced with mass care during the response to the 2017 hurricanes, FEMA is missing an opportunity to identify areas for improvement and strengthen interagency coordination by not reviewing ESF-6 leadership roles and responsibilities.

Pre-existing Relationships Facilitated Mass Care Coordination, but Some Community Groups Were Not Integrated with Response Efforts

Many FEMA, Red Cross, local government officials, and representatives from local voluntary organizations we interviewed emphasized the importance of pre-existing relationships among established partners in coordinating mass care during the 2017 hurricanes. Relationships between these established mass care partners were often formed during non-disaster periods through regular conference calls and mass care training exercises. For example, officials in all four state emergency management departments we visited described positive relationships developed with FEMA staff through regular joint training exercises. FEMA's Voluntary Agency Liaisons (VALs) help facilitate relationships between FEMA and established mass care partners. For example, VALs serve as contacts for non-governmental organizations active in disasters on a routine basis and during disaster response. In one FEMA regional office, officials said VALs serve as mass care specialists and regularly participate in calls with mass care partners.

⁴³The ESF Leadership Group is a body of senior officials from each of the national emergency support functions, along with FEMA headquarters and regional officials, tasked with coordinating responsibilities and resolving operational and preparedness issues relating to interagency response activities in support of the National Response Framework.

⁴⁴[GAO-15-565](#)

While such pre-existing relationships among established mass care partners facilitated mass care coordination, officials from voluntary organizations that did not have pre-existing relationships—unaffiliated organizations—reported challenges connecting with established mass care organizations, such as FEMA and the Red Cross, to share knowledge that could have informed response efforts.⁴⁵ During the 2017 hurricane response, officials from unaffiliated organizations such as local advocacy groups and faith-based organizations told us they experienced challenges sharing critical information regarding needs, resources, and capabilities with established mass care organizations.⁴⁶ These coordination challenges affected their ability to provide mass care services to certain populations. For example:

- A group of community organizations in Florida representing low-income and migrant populations had information on the location of people needing assistance, but reported difficulties in locating FEMA and Red Cross officials with whom to share that information.
- Representatives of a community group that assists victims of domestic violence in the U.S. Virgin Islands said there was no centralized way to share critical information and no plan for how to best address the issues facing these survivors. For example, they said the Red Cross had mapped damaged areas but was not sharing that information with community groups that could have provided assistance. This group said these maps could have been used to help locate people who were at particular risk. Red Cross officials stated that they experienced challenges in sharing damage assessment information in the U.S. Virgin Islands due to technology issues, which prevented them from being able to share these data securely with other organizations.
- Representatives from several faith-based organizations in multiple states told us they had food, water, and supplies, as well as local knowledge of need. Two of these representatives said FEMA and the

⁴⁵ FEMA officials told us that once local organizations and resources that FEMA did not know existed, or that did not exist prior to a disaster, are brought to the agency's attention, they can provide these organizations information and support. The officials noted that state and regional VOAD groups regularly help coordinate voluntary resources both before and after a disaster. In 2017, there was no active VOAD group in the U.S. Virgin Islands.

⁴⁶Our prior work also found that officials in Texas, Florida, and Puerto Rico reported difficulty obtaining FEMA data that could help them deliver assistance to individuals, including those who are older or have disabilities. See [GAO-19-318](#) for additional information.

Red Cross did not share information with them as to where they had already distributed supplies. This information was important so as to not duplicate efforts and to ensure those who still needed supplies were not overlooked, according to these representatives.

- Some migrant populations in all four areas we visited were hesitant to seek or receive assistance from federal, state, and local government agencies due to their undocumented immigration status, according to emergency management officials and community group representatives. Officials from multiple local voluntary organizations said they knew where migrant populations were located and what types of assistance they needed; they were trusted by these populations, but had difficulty finding FEMA or Red Cross representatives for sharing this information.

Established mass care partners, including FEMA and the Red Cross, may not share information with unaffiliated organizations due to concerns about privacy, according to officials. Local governments also may not receive such information, because FEMA shares it with the states and the states are responsible for determining when to share it with local governments, according to FEMA officials. Local governments and unaffiliated organizations told us, however, that they do not need personally identifiable information, and that aggregated information about overall resource needs in certain locations would be sufficient for their purposes. For example, county officials in two states told us it was difficult to get FEMA data that would have helped them target areas for assistance, including those that other agencies might not have been able to reach. Similarly, the leader of a group that coordinates local voluntary organizations said they only needed aggregate-level data to identify needs in different counties. In addition, the Red Cross told us that mass care partners could access certain information from their RC View portal, which provides situational awareness information that supports resource requests and needs assessments.⁴⁷ However, the Red Cross did not share such information with all its partners during the 2017 hurricanes because the technology was not yet ready.⁴⁸ As of May 2019, Red Cross officials told us they are working on providing access to their RC View portal for several key partners, and that they intend to expand access to RC View to additional organizations in the future.

⁴⁷RC View is an electronic portal that provides users with summary-level information on the Red Cross' national operations, as well as shelter data, call center data, unmet needs, and damage assessments.

⁴⁸According to Red Cross officials, this information was available in 2018.

ESF-6 states that Red Cross, in conjunction with FEMA, will facilitate the mobilization of private sector partners for the provision of mass care services.⁴⁹ FEMA's most recent strategic plan emphasizes the importance of a whole community approach to disaster response because individuals and local communities are the true first responders in a disaster. FEMA guidance states that the integration of non-traditional responders (which may include unaffiliated organizations) providing mass care services may be necessary during severe disasters.⁵⁰ Federal internal control standards also emphasize the importance of communicating externally to key stakeholders.⁵¹ By not engaging in information sharing with unaffiliated organizations, FEMA and the Red Cross may miss opportunities to more accurately and efficiently coordinate mass care. As a result, those in need may not receive critical assistance in a timely way.

⁴⁹FEMA's planned revisions to the National Response Framework include additional emphasis on the role of individuals and private sector and industry partners in disasters, and a new ESF. See draft revisions on FEMA's website: <https://www.fema.gov/media-library/assets/documents/180000>. The proposed new ESF, ESF-14 – Cross-Sector Business and Infrastructure Annex, is intended to leverage the existing coordination mechanisms between the government and industry. FEMA published these draft proposals in May 2019 and the public comment period closed June 28, 2019. According to FEMA, the agency expects to finalize the revised National Response Framework and the new ESF in fall of 2019. See <https://www.fema.gov/national-planning-frameworks>.

⁵⁰See FEMA's 2016 Response Federal Interagency Operational Plan and FEMA's 2018-2022 Strategic Plan.

⁵¹According to federal internal control standards, management communicates with, and obtains quality information from, external parties using established reporting lines. Open two-way external reporting lines allow for this communication. External parties include service organizations, contractors, government entities, and the general public. [GAO-14-704G](#).

Red Cross' Training for Staff Deployed to Disaster Areas

Red Cross provides training for its staff and volunteers deployed to disaster areas. This training includes information on the area of deployment, the nature of the disaster, and any cultural sensitivities they need to be aware of, according to Red Cross officials. However, unfamiliarity with local traditions and norms challenged Red Cross personnel when they arrived at disaster sites in 2017, and some local governments and community groups said this affected mass care coordination. Red Cross officials said they initially did not have enough Spanish speakers in Puerto Rico during the response to Hurricane Maria, for example. To address this need, they used Spanish-speaking workers from the International Red Cross community in Mexico and South America to assist with mass care coordination, according to Red Cross officials. As a result of challenges encountered during the 2017 hurricane season, Red Cross officials said that they have made changes to their approach intended to increase their engagement with the Latino community. This effort includes having materials translated into Spanish. To counter concerns among some disaster survivors about providing immigration status information, Red Cross officials said they have taken steps to clarify that the Red Cross does not collect this information.

Source: GAO analysis of interviews with Red Cross officials. | GAO-19-526

FEMA Did Not Collect Key Information on Capabilities of Mass Care Partners Prior to the 2017 Hurricanes and its Updated Approach Has Limitations

Mass Care Capabilities Data Collected by FEMA Were Not Useful for the 2017 Hurricane Response, but FEMA is Making Changes

Information on the mass care capabilities of state and local jurisdictions that FEMA collected in 2016 and 2017 was not specific enough to aid the agency in its response to the 2017 hurricanes, according to FEMA's After-Action Report and agency officials.⁵² The reporting process at the time of the 2017 hurricanes did not require grantees to report specific estimates of their current capabilities for providing mass care, which resulted in an incomplete picture of capabilities. With regard to mass care capabilities, FEMA did not ask grantees to report the number of people they could

⁵²Department of Homeland Security, Federal Emergency Management Agency, *2017 Hurricane Season FEMA After-Action Report* (July 12, 2018).

shelter, or how long they could maintain sheltering operations. For example, one state affected by the 2017 hurricanes identified gaps in the state's capability to provide cots, blankets, laundry facilities, kitchens, and shelter facilities, but did not quantify the shortfall in its assessment submitted in December 2016. In addition, it was optional for grantees to describe deficiencies in their mass care capabilities at the time of the 2017 hurricanes, according to FEMA officials. One grantee affected by the 2017 hurricanes had indicated in its assessment from December 2016 that there were gaps in several mass care capabilities, such as shelter equipment and training for family reunification. However, this grantee chose not to include an additional description of what those gaps were.

As a result of these limitations, FEMA and its grantees did not have specific information on state, territorial, and urban mass care capabilities or gaps at the time of the 2017 hurricanes. Officials from several states told us they were not aware of capabilities assessments being used during the response to the 2017 hurricanes, but some said this information could have been useful.⁵³ For example, an official in one state said the information could be used for resource targeting. In submissions from the year following the 2017 hurricanes, 35 state and territorial grantees did not provide gap descriptions for mass care, which were optional at the time.

According to FEMA, the agency recognized the limitations of the capabilities assessment data it had been collecting and began revising its methodology prior to 2017. FEMA's After-Action Report for the 2017 hurricanes stated that one reason the agency began revising its capabilities assessment methodology was to provide more actionable information to use during response. Revisions were implemented for the 2018 reporting period that could result in FEMA collecting more specific and descriptive data on mass care capabilities, such as the number of people for whom the grantee can provide shelter, food, water, and relocation assistance as part of mass care (see table 1).

⁵³In addition to state-level capabilities assessments from Florida, Puerto Rico, Texas, and the U.S. Virgin Islands, we also reviewed assessments submitted by Houston and Miami.

Table 1: Selected Requirements for Grantees' Self-Assessments of their Disaster Response Capabilities Prior to and After FEMA's 2018 Revisions

Example of Requirement for Grantee	Limitation of Approach Used in 2016 and 2017	2018 Revisions
Rate its mass care capabilities in Planning, Organization, Equipment, Training, and Exercises on a 1-5 scale	Did not require grantee to make specific estimates of capabilities for providing shelter, food, or water to survivors	Grantee now estimates specific capabilities (i.e., the number of people for whom it can provide shelter, food, water, and relocation assistance) including the number of people with access and functional needs
Identify mass care areas (e.g., sheltering, resource distribution) in which current capabilities fall short of the capabilities required for responding to threat/hazard scenarios	Did not require grantee to describe its deficiencies in its ability to meet mass care needs	Grantee now describes capability gaps and approaches to addressing gaps
Estimate resources required for responding to threat/hazard scenarios	Did not indicate whether grantee had access to or control over the needed resources	Grantee may now report resource needs in its descriptions of capability gaps and approaches to addressing gaps

Source: GAO analysis of Federal Emergency Management Agency (FEMA) guidance | GAO-19-526.

Note: In this table, grantees include state, territorial, and urban area recipients of Department of Homeland Security disaster preparedness grants that are required to submit Stakeholder Preparedness Reviews and Threat and Hazard Identification and Risk Assessments (THIRAs). Urban area grantees were not required to submit THIRAs in 2016-2017.

FEMA's 2018 guidance encouraged grantees to use a standardized format developed by FEMA, which allows grantees to insert community-specific numbers into a template when they report capability targets and estimates. The new standardized format also generates a quantitative statement of a grantee's capability gaps (see table 2).

Table 2: Example of Mass Care Capability Gap Identification from FEMA's 2018 Capabilities Assessment Guidance

Capability Target	Within 48 hours of an incident, provide emergency sheltering for 20,000 residents, including 4,000 with access and functional needs. Maintain sheltering operations for 14 days .
Current Capability	Within 48 hours of an incident, provide emergency sheltering for 17,000 residents, including 3,000 with access and functional needs. Maintain sheltering operations for 14 days .
Capability Gap	Within 48 hours of an incident, provide emergency sheltering for 3,000 residents, including 1,000 with access and functional needs. Maintain sheltering operations for 14 days .

Source: Federal Emergency Management Agency (FEMA) documents | GAO-19-526.

Other new changes in FEMA's revised approach will also allow the agency to collect more specific information on mass care capabilities. For example, starting in 2018, grantees were required to:

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- Report the extent to which capabilities have been lost, built, or sustained over the previous year.
 - Describe intended approaches for addressing capability gaps and sustaining capabilities built, including investments in resources.
 - Describe the extent to which funding sources contributed to building or sustaining capabilities and improving disaster outcomes.
 - Rate their level of confidence (1-5 scale) in the accuracy of their capability assessment for each target.

These data elements have the potential to inform both disaster planning and response operations.

FEMA's Updated Approach to Collecting Mass Care Capabilities Data Does Not Require Input from Key Mass Care Providers

FEMA revised its methodology for collecting capabilities assessment data in 2018, but it does not collect key information that could better inform its mass care planning. FEMA does not specifically require grantees to solicit the input of key partners in assessing mass care capabilities, according to officials, even though mass care generally depends on the work of such organizations. For example, the Salvation Army and the Southern Baptist Convention Disaster Relief often play key roles in mass care feeding, and the Red Cross manages sheltering in many locations, but they are not always included in mass care capabilities assessments submitted by grantees.

FEMA officials told us that the new methodology should naturally foster engagement between grantees and their stakeholders, which should provide a better understanding of local capabilities for sheltering and feeding. According to these officials, under the new framework, FEMA requires grantees to report the number and type of government agencies and nongovernment organizations that participated in estimating capabilities (see fig. 7).

Figure 7: Number and Type of Disaster Response Partners that One Grantee Reported Participating in Developing its 2017 Capabilities Assessment

Government Department/Agency Participation					
Department / Agency	Federal	State	County	Other City	Other (specify)
Weather Service/ Meteorologist	1				
Emergency Management / Homeland Security			4	3	
Law Enforcement / Public Safety			3	1	
Fire / EMS			2	3	
Transportation	1				
Information Technology			1	1	
Medical Examiner/ Forensic Science			1		
Housing			1		
Grant Division		1			
Public Health		1	2	1	

Non-Government Participation	
Non-governmental organization	Number participating
American Red Cross	
Faith-based organization	
Other VOAD	
Disability or access / functional needs community	
Community advocacy group	1
Education community	1
Hospital / Healthcare organization	1
Utilities / Public works	2
Private sector / Business	1
Port authority / Other port organization	1
Other (specify)	

Source: Excerpt of grantee capability assessment submission to Federal Emergency Management Agency. | GAO-19-526

Note: State, territorial, and urban area recipients of Department of Homeland Security disaster preparedness grants are generally required to submit periodic assessments of their disaster preparedness capabilities to FEMA. VOAD refers to Voluntary Organizations Active in Disaster, which is a membership group of voluntary organizations.

However, by not requiring that grantees solicit input from organizations that provide mass care, or that grantees name specific organizations in their submissions, FEMA may rely on capabilities assessments developed without consultation with voluntary organizations providing key mass care services. We found that two of the six grantees included in our review did not report participating with the Red Cross, faith-based organizations, or other VOAD groups, in their 2018 assessments. An official from one of these jurisdictions confirmed that they had never reached out to voluntary organizations to take part in the assessment process, due to staff turnover and lack of time, despite relying on these organizations for providing mass care. An official from another jurisdiction said it is detrimental not to have voluntary partners' input when preparing capabilities assessments because these partners are critical to providing mass care and play vital roles in disaster response.

According to FEMA's guidance, all organizations—not just government agencies—should be involved in preparedness efforts, and grantees

should involve stakeholders throughout the process.⁵⁴ FEMA’s guidance encourages a whole-community approach in which grantees include community stakeholders and subject-matter experts in estimating capabilities. Further, federal internal control standards emphasize the importance of designing systems for obtaining information that help an agency achieve its objectives. Without including key mass care providers when estimating capabilities and naming them in their capabilities assessments, grantees and FEMA may not collect reliable mass care capability estimates, or know who to contact in response to a disaster. States and localities may not be able to efficiently allocate their own resources to areas of unmet need and may be more reliant on outside resources during disaster response, which could have implications for the allocation of federal resources.

FEMA Does Not Have a Systematic Process to Provide Feedback to Grantees on their Mass Care Capabilities Assessments

FEMA reviews grantees’ capabilities assessments using standard checklists, but does not have a systematic process for providing feedback to grantees on their submissions in order to improve the usefulness of the information in them. FEMA officials use the checklists to assess the completeness and reasonableness of the submissions. Specifically, FEMA regional officials use the checklists to look for outliers, inconsistencies, invalid information, and inputs that do not align with FEMA guidance or information that does not pass a “common sense” check. For example, one 2018 checklist we reviewed included comments from FEMA that the grantee’s capabilities assessment was only partially “complete and reasonable” because it showed no gaps for most capabilities, which might suggest that the targets it set are too low. FEMA officials told us that if the checklist identifies shortcomings in a grantee’s assessment, the regional office will send the assessment back to the grantee and communicate what needs to be changed. However, regional offices vary in their approaches to following up with grantees to obtain more information when potential issues are identified, and FEMA has not provided them with written guidance to standardize this feedback process. FEMA officials from two regional offices told us that the headquarters and regional preparedness divisions discussed follow-up protocols by phone, but they did not provide documentation that identified conditions or considerations for when to follow up with grantees or provide feedback. As a result, grantees may not receive consistent

⁵⁴Department of Homeland Security, *Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) Guide: Comprehensive Preparedness Guide (CPG) 201*, 3rd Edition (May 2018), 9.

feedback from FEMA on their assessment of mass care capabilities and the information provided may remain incomplete.

Rather than systematically providing feedback on the content of capabilities assessments, FEMA officials told us that they focus on identifying areas in which they can provide support to grantees. Their view is that communities know more about their own capabilities than the federal government does, and that it would not be appropriate to suggest major changes to the submitted assessments. Officials from one FEMA region said they view these submissions as self-assessments that are used for maintaining relationships with states and to help states better understand their capabilities and gaps. Officials also said that the FEMA regional office or the national preparedness office, or both, examine grantees' disaster scenarios described in the assessments, the grantees' self-assessed scores, and areas of grantee strengths and weaknesses to determine how FEMA can better support them. FEMA officials said they also phone grantees after each submission cycle to discuss challenges, including how to improve FEMA's technical assistance and support, and how to make the process more useful for grantees. State officials we spoke to said that especially since the 2017 hurricanes, they have received more upfront guidance from FEMA than previously. Generally, FEMA's support to grantees includes published guidance, annotated examples, technical assistance webinars, and a help desk for phone and email assistance. In 2018, FEMA also began piloting readiness visits where FEMA regional officials met with state and local grantees to discuss capability gaps identified in their assessments, according to officials.

However, officials from three of the six grantees included in our review said that they did not receive key feedback from FEMA about their mass care capabilities assessments that would have been useful. An official in one state said it did not receive helpful feedback from FEMA prior to the 2017 hurricane season and, in particular, the official would have liked FEMA to confirm whether the state had completed its assessment correctly and completely, or if other information was needed. Officials from another state said that they did not receive any substantive feedback on their 2017 assessment. Officials from one urban area grantee said they did not receive technical feedback on areas of least readiness, and noted it would be helpful if FEMA could provide insight on the information provided in cases where the grantee had assigned a low confidence level in its capability assessment.

Officials from four of the six grantees we spoke with said they would like additional clarity about the process from FEMA. For example, one state official said that understanding how FEMA uses capabilities information would have helped the grantee know how to improve its responses; get other agencies to participate more in the process; and solicit better, more tailored information from partners. This official noted that FEMA addressed this issue in 2019 by sharing more information about how it uses capabilities information.⁵⁵ An official from another state said the state preparedness office would like input about how to obtain information from other agencies and how to assess capabilities at the local level.

FEMA has an opportunity to use its review of capability assessments to improve its ability to assist with future disasters. After reviewing the 2018 submissions that used the new methodology, FEMA officials told us they are planning to develop criteria for evaluating future submissions and establish a regular process for providing feedback. By not systematically following up with grantees thus far, FEMA limits the extent to which it can build and supplement the emergency preparedness capabilities of these grantees. According to FEMA, it routinely analyzes capabilities assessment information for this purpose.⁵⁶ FEMA has a strategic goal that involves supporting emergency managers in building the capacity to self-evaluate, monitoring the completion of improvement actions, and sharing insights.⁵⁷ Providing feedback to grantees, including on the effective use of capability assessments as well as potential pitfalls, may help grantees develop their capability assessments and inform plans for how FEMA and the grantee will respond to disasters. Without clear protocols for providing feedback, grantees and FEMA may not possess complete, accurate, and reliable information on communities' mass care capabilities, which will limit the effectiveness of the capability assessment process in contributing to the goal of national preparedness.

⁵⁵ Specifically, FEMA presented information about how the agency analyzes data from the capabilities assessments and develops reports specifically for federal response planners.

⁵⁶Department of Homeland Security, Federal Emergency Management Agency, *2017 Hurricane Season FEMA After-Action Report* (July 12, 2018), 12.

⁵⁷Department of Homeland Security, Federal Emergency Management Agency, *2018-2022 Strategic Plan* (2018), 18.

Conclusions

The 2017 hurricane season presented unprecedented challenges for mass care service providers, and for survivors in Florida, Puerto Rico, Texas, and the U.S. Virgin Islands. While many partners coordinated extensively on the mass care response to 2017 hurricanes, unmet needs in sheltering, feeding, and supply distribution should spur FEMA and the Red Cross to consider the sufficiency of current agreements, especially with state and local governments. In particular, the 2017 hurricanes highlighted the importance of state and local governments understanding the services that mass care providers can deliver, particularly when disasters are severe or overlapping. Without FEMA providing more targeted guidance to help states and localities develop specific written agreements with voluntary organizations providing mass care services, expectations for what these organizations can provide may be unclear, putting disaster victims at risk.

Moreover, without proactively considering the roles and responsibilities that the federal disaster framework establishes for agencies and organizations coordinating mass care, DHS lacks assurance that responsibilities are assigned to the entities best suited to carry them out. In addition, mass care coordination efforts during the 2017 hurricane season illustrated the importance of appropriately sharing information about capabilities and resources as part of advance preparation. During a disaster, local community groups are often the most informed about where needs exist, but also may not be connected with established mass care partners. Further leveraging community groups could prove vital for meeting mass care needs in a large-scale disaster, especially for the most vulnerable populations.

FEMA does not explicitly require grantees to involve key mass care providers in their capabilities assessments. This may make it difficult for grantees to be well informed as to what they are actually capable of delivering locally. Further, FEMA has not documented a consistent, systematic approach to following up with partner governments on their reporting of mass care capabilities, while some grantees have said that additional feedback would be useful for preparedness and response efforts. As a result, some grantees may be ill-prepared to meet the mass care needs of the public during future disasters.

Recommendations for Executive Action

We are making a total of six recommendations, including the following recommendation to the Secretary of Homeland Security:

- To strengthen the mass care response to future disasters, the Secretary of Homeland Security should direct FEMA to periodically review the current structure of ESF-6 leadership roles and responsibilities for coordinating mass care. (Recommendation 1)

In addition, we are making the following four recommendations to the FEMA Administrator:

- To better clarify what mass care services voluntary organizations can provide, especially for severe or overlapping hurricanes, FEMA should strengthen its guidance to state and local governments to emphasize the importance of clearly defining roles and responsibilities related to mass care when state and local governments develop written agreements with partner organizations. This could include creating a guidance document or memo that calls attention to the issue and brings together existing resources, such as the Multi-Agency Feeding Plan Template and training materials, in a comprehensive and accessible manner. (Recommendation 2)
- To ensure assistance reaches all survivors, FEMA should develop mechanisms for the agency and its partners to leverage local community groups, such as conducting regular outreach to communicate and share aggregate information with these groups. (Recommendation 3)
- To ensure more accurate mass care capability assessments, FEMA should require grantees to solicit capabilities information from key mass care service-delivery providers in making capability estimates and identify these providers in their submissions. (Recommendation 4)
- To build the emergency preparedness capabilities of grantees, FEMA should develop systematic, documented protocols to determine the conditions under which it will follow up and provide feedback to grantees about mass care capability assessments. (Recommendation 5)

We are also making the following recommendation to the American Red Cross:

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- To ensure assistance reaches all survivors, Red Cross should develop mechanisms for it and its partners to leverage local community groups, such as conducting regular outreach to communicate and regularly share aggregate information with these groups. (Recommendation 6)

Agency Comments, Third-Party Views, and Our Evaluation

We provided a draft of this report to DHS and the American Red Cross (Red Cross) for review and comment. DHS and American Red Cross provided written comments, which are reproduced in appendices II and III, and described below. In addition to its formal letter, DHS provided technical comments, which we incorporated as appropriate. We also provided relevant excerpts of the draft report to third parties, such as state and local government agencies and voluntary organizations we interviewed. These third parties provided technical comments, which we incorporated as appropriate.

In its formal letter, DHS concurred with four of our recommendations and did not concur with one recommendation. Specifically, DHS and FEMA did not concur with our recommendation that FEMA should require grantees to include key mass care service-delivery providers in making capability estimates and identify these providers in their submissions. The letter noted the importance of involving stakeholders and subject matter experts at multiple levels of government and across sectors in order to develop complete and accurate assessments. However, DHS and FEMA said that requiring communities to include the key mass care providers in capabilities assessments is not the most effective approach for achieving this outcome. Because grantees cannot control which partners participate, DHS and FEMA said implementing this recommendation would increase the burden on grantees and could put certain communities at a disadvantage. In addition, DHS and FEMA said that because capabilities assessments are not limited to mass care, such a requirement may have unintended consequences for other partners. Instead, the letter stated that FEMA plans to continue working with the mass care community to identify the best solution, including encouraging collaboration at all levels of government.

We modified our recommendation to address their concern. Specifically, we clarified that FEMA should require grantees to solicit information from key mass care partners and to identify these partners in their submission. This change acknowledges that grantees cannot compel partners to participate, but they can, at a minimum, invite such partners to participate in the process. We continue to believe that grantees should be required to

make an effort to include mass care providers in developing their mass care capability assessments, as this is vital for developing high quality assessments. FEMA has emphasized the importance of having an active relationship and ongoing communication with key partners before disasters strike. In its Strategic Plan, FEMA states that pre-disaster coordination and communication among partners is critical to improve response and recovery outcomes. Thus, we do not believe it would be an undue burden to reach out to such partners as part of the capability assessment process.

With regard to the remaining recommendations, DHS and FEMA described steps they have taken or plan to take to address the issues raised. While DHS concurred with recommendation 1 to direct FEMA to periodically review the ESF-6 leadership roles and responsibilities, the department considers this issue to be resolved because FEMA routinely conducts after-action reports and recently established a working group focused on performance metrics and corrective actions. We agree that these actions are important parts of effectively overseeing and evaluating ESF activities and results. While these efforts may address the responsibilities of ESF agencies, they may overlook the overall leadership roles of ESF agencies. In order to fully implement the recommendation, DHS and FEMA would also need to establish a process for reviewing the structure of ESF leadership roles on a regular basis.

In concurring with recommendation 3, DHS and FEMA detailed several approaches they use to connect with local resources, including collaborating with VOAD groups at national, state, and local levels, and indicated that they consider this recommendation already implemented. Given the information gathered from several unaffiliated organizations in areas affected by the 2017 disasters, it is clear there is more work to be done in terms of sharing critical information about mass care needs and resources. Therefore, we continue to encourage FEMA to develop additional mechanisms to enhance outreach to organizations that may not be aware of existing approaches such as collaboration with the VOAD groups.

Red Cross agreed with our recommendation to leverage local community groups through outreach and information-sharing. Red Cross noted several ongoing activities to engage such community groups and said the organization intends to continue expanding outreach, data-sharing, and engagement initiatives.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Homeland Security, American Red Cross, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512- 7215 or larink@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.



Kathryn A. Larin
Director,
Education, Workforce,
and Income Security

List of Requesters

The Honorable Michael Enzi
Chairman
Committee on the Budget
United States Senate

The Honorable Ron Johnson
Chairman
The Honorable Gary C. Peters
Ranking Member
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Marco Rubio
Chairman
Committee on Small Business and Entrepreneurship
United States Senate

The Honorable Rand Paul, M.D.
Chairman
Subcommittee on Federal Spending Oversight and Emergency
Management
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Maxine Waters
Chairwoman
Committee on Financial Services
House of Representatives

The Honorable Bennie Thompson
Chairman
Committee on Homeland Security
House of Representatives

The Honorable Elijah Cummings
Chairman
The Honorable Jim Jordan
Ranking Member
Committee on Oversight and Reform
House of Representatives

List of Requesters Continued

The Honorable Nydia Velázquez
Chairwoman
Committee on Small Business
House of Representatives

The Honorable Peter DeFazio
Chairman
Committee on Transportation and Infrastructure
House of Representatives

The Honorable Al Green
Chairman
Subcommittee on Oversight and Investigations
Committee on Financial Services
House of Representatives

The Honorable Sean Duffy
Ranking Member
Subcommittee on Housing, Community Development, and Insurance
Committee on Financial Services
House of Representatives

The Honorable Emanuel Cleaver, II
House of Representatives

The Honorable Michael McCaul
House of Representatives

The Honorable Gary Palmer
House of Representatives

The Honorable Ann Wagner
House of Representatives

Appendix I: National Response Framework Emergency Support Function #6 (June 2016 version) Agencies and Responsibilities

ESF Coordinator:

- Department of Homeland Security - Federal Emergency Management Agency

Primary Agencies:

- Department of Homeland Security - Federal Emergency Management Agency
- American Red Cross

Support Agencies with Roles Directly Related to Mass Care (Feeding, Sheltering, Supply Distribution, and Family Reunification):

- American Red Cross
- Corporation for National and Community Service
- Department of Agriculture
- Department of Defense/ U.S. Army Corps of Engineers
- Department of Health and Human Services
- Department of Homeland Security
- Department of Justice
- Department of Veterans Affairs
- National Center for Missing & Exploited Children
- National Voluntary Organizations Active in Disaster (National VOAD)
- Other Voluntary Organizations

Support Agencies with Roles in Other ESF-6 Activities (Emergency Assistance, Temporary Housing, Human Services):

- Department of Housing and Urban Development
- Department of Labor
- Department of Transportation
- Department of the Treasury
- General Services Administration
- Social Security Administration
- U.S. Postal Service
- U.S. Small Business Administration

National VOAD Members Listed in ESF-6:

- Active Communities That Serve World Relief
- Adventist Community Services
- All Hands Volunteers
- American Baptist Men/USA
- American Disaster Reserve
- American Radio Relay League – Amateur Radio Emergency Services
- American Red Cross
- Ananda Marga Universal Relief Team
- Catholic Charities, USA
- Christian Disaster Response
- Christian Reformed World Relief Committee
- Church of the Brethren Disaster Ministries
- Church of Scientology Disaster Response
- Church World Service
- Convoy of Hope
- Disaster Psychiatry Outreach
- Episcopal Relief and Development
- Feed the Children
- Feeding America
- Friends Disaster Service
- Habitat for Humanity International
- Headwaters Relief Organization
- HOPE Coalition America
- Humane Society of the United States
- International Aid
- International Critical Incident Stress Foundation
- International Relief and Development
- International Relief Friendship Foundation
- Lutheran Disaster Response

- Medical Teams International
- Mennonite Disaster Service
- Mercy Medical Airlift (Angel Flight)
- National Association of Jewish Chaplains
- National Baptist Convention USA Inc.
- National Emergency Response Team
- National Organization for Victim Assistance
- Nazarene Disaster Response
- NECHAMA – Jewish Response to Disaster
- Operation Blessing
- The Phoenix Society for Burn Survivors
- Points of Light Foundation and Volunteer Center National Network
- Presbyterian Church in America /Mission to North America Disaster Response
- Presbyterian Disaster Assistance
- REACT International
- The Salvation Army
- Samaritan's Purse
- Save the Children
- Society of St. Vincent De Paul
- Southern Baptist Convention Disaster Relief
- Tzu Chi Foundation
- United Church of Christ
- United Jewish Communities
- United Methodist Committee on Relief
- United Way Worldwide
- Volunteers of America
- World Vision

Appendix II: Comments from the Department of Homeland Security

U.S. Department of Homeland Security
Washington, DC 20528



**Homeland
Security**

August 9, 2019

Kathryn A. Larin
Director, Education, Workforce, and Income Security
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Re: Management Response to Draft Report GAO-19-526, "DISASTER RESPONSE:
FEMA and Red Cross Need to Ensure Key Mass Care Organizations are Included
in Coordination and Planning"

Dear Ms. Larin:

Thank you for the opportunity to review and comment on this draft report. The U.S. Department of Homeland Security (DHS) appreciates the U.S. Government Accountability Office's (GAO) work in planning and conducting its review and issuing this report.

The Department is pleased to note GAO's positive recognition of the Federal Emergency Management Agency's (FEMA) efforts to improve coordination of sheltering, feeding, and distribution of emergency supplies in joint operations centers and state and local emergency operations centers. State and local governments are vital to mass care provision and self-assessing their own communities' response capabilities. FEMA provides technical assistance in these self-assessment efforts, guidance about how to effectively coordinate with mass care partners, and training that encourages state and local governments to establish written agreements. DHS and FEMA appreciate GAO's acknowledgement of capabilities assessment methodology revisions FEMA implemented for the 2018 reporting period to provide more actionable information to use during response, including more specific and descriptive data on mass care capabilities.

The draft report contained six recommendations, including five for DHS of which the Department concurs with four and non-concurs with one. Attached find our detailed response to each recommendation. Technical comments were previously provided under separate cover.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim H. Crumpacker", written over a horizontal line.

JIM H. CRUMPACKER, CIA, CFE
Director
Departmental GAO-OIG Liaison Office

Attachment

**Attachment: Management Response to Recommendations
Contained in GAO-19-526**

GAO recommended that the Secretary of Homeland Security:

Recommendation 1: Direct FEMA to periodically review the current structure of ESF-6 leadership roles and responsibilities for coordinating mass care.

Response: Concur. FEMA's Emergency Support Function Leadership Group (ESFLG) routinely conducts comprehensive After Action Reports and continuously works to improve relationships through regular meetings and incorporating lessons learned. The ESFLG Preparedness Evaluation and Corrective Action Working Group (PECAWG) established in 2018 has the mission to serve as a tracking and coordination authority on the reporting of emergency support function (ESF) performance metrics and ESF corrective actions and improvement plans. As part of that mission they are establishing a reporting system for ESF coordinators to provide monthly updates on implementing corrective actions and validating improvements through exercises. The PECAWG will also coordinate with the National Preparedness Assessment Division to receive annual ESF reports to National Preparedness Report data calls, which include evaluation against the ESF performance metrics.

FEMA is constantly evaluating the efficiency and capability of every ESF, including ESF-6, to improve mission delivery. Corrective actions for 2018 include developing biannual trainings that bring together the full teams of primary and supporting agencies; assessing the benefits of adding a National Voluntary Organizations Active in Disaster Coordinator in the Joint Field Office and/or other regional offices; and ensuring ESFs are properly trained on FEMA's processes and procedures (including the Mission Assignment Guide), and the ongoing incident or event.

We request that GAO consider this recommendation resolved and closed as implemented.

GAO recommended that the FEMA Administrator:

Recommendation 2: Strengthen its guidance to state and local governments to emphasize the importance of clearly defining roles and responsibilities related to mass care when developing written agreements with partner organizations. This could include creating a guidance document or memo that calls attention to the issue and brings together existing resources, such as the Multi-Agency Feeding Plan Template and training materials, in a comprehensive and accessible manner.

Response: Concur. To better clarify what mass care services voluntary organizations can provide, especially for severe or overlapping disasters, FEMA's Office of Response

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and Recovery will strengthen its guidance to state and local governments to emphasize the importance of clearly defining roles and responsibilities related to mass care when state and local governments develop written agreements with partner organizations. FEMA is working with its agency partners to strengthen the guidance available to state and local governments for the coordination of mass care capabilities. To enhance this action, a State Mass Care Coordination Work Group is being established. The output of this workgroup will allow FEMA to update the Agency's guidance to state and local governments that will emphasize the importance of clearly defining roles and responsibilities related to mass care when developing written agreements with partner organizations. Estimated Completion Date (ECD): March 31, 2021.

Recommendation 3: Develop mechanisms for the agency and its partners to leverage local community groups, such as conducting regular outreach to communicate and share aggregate information with these groups.

Response: Concur. FEMA Voluntary Agency Liaisons and FEMA's Non-Governmental Organizations partners presently leverage local resources in every disaster. FEMA and Red Cross raise awareness of the resources available on the National Mass Care Strategy website which is publicly accessible and has guidance related to feeding, sheltering support, distribution of emergency supplies and reunification. FEMA has established coordination mechanisms enabling stakeholders across agencies to coordinate disaster response and recovery efforts and share information with regional response coordination centers, joint field offices, and disaster response centers.

FEMA personnel also connect voluntary organizations to state and local officials to improve coordination during disaster operations. FEMA has established mechanisms to communicate and share aggregate information by training FEMA personnel to collaborate with Voluntary Organizations Active in Disasters (VOADs) at the national, state, and local levels. State and local emergency managers, along with the VOADs know their local partners, vet agencies, and provide contact information or funnel information to their membership and partners. FEMA has encouraged VOADs to engage proactively with organizations that emerge in the immediate aftermath of disasters. Every state has at least one VOAD that coordinates pre-disaster and post-disaster voluntary resources. When FEMA learns of a new or previously unknown organization that can provide disaster recovery resources, the Agency establishes information sharing agreements and provides support to the organization, as appropriate.

Furthermore, FEMA maintains the National Business Emergency Operations Center (NBEOC), which serves as the Agency's virtual clearing house for two-way information sharing between public and private sector stakeholders in preparing for, responding to, or recovering from disasters. During response activities, NBEOC members are linked into FEMA's National Response Coordination Center, activated Regional Response

Coordination Centers, and the broader network of emergency management operations to include our state and federal partners.

We request that GAO consider this recommendation resolved and closed as implemented.

Recommendation 4: Require grantees to include key mass care service-delivery providers in making capability estimates and identify these providers in their submissions.

Response: Non-concur. FEMA's National Preparedness Assessment Division (NPAD) agrees that communities should take a "whole community" approach to completing their Threat and Hazard Identification and Risk Assessment (THIRA)/State Preparedness Report (SPR). Involving stakeholders and subject matter experts at multiple levels of government across the public, private, and non-profit sectors in order to develop assessments that are complete, accurate, and representative of a community's risks and capabilities is sound practice. FEMA will continue its ongoing efforts to encourage its community partners to involve the whole community, including mass care providers, in the THIRA/SPR processes. This effort includes delivering technical assistance, tracking whole community involvement in the THIRA/SPR, and developing tools and resources. However, requiring communities to include key mass care service-delivery providers and to name the organizations involved in the THIRA/SPR is not the most effective approach for achieving this desired outcome.

Although grantees can reach out to their partners, they cannot control who ultimately participates. Implementing this recommendation would place an additional burden on grantees to track attempts at getting key partners to engage and could put communities whose mass care partners choose not to engage, for whatever reason, at a disadvantage. Also, this draft report is mass care-specific, but the THIRA/SPR process is not. Therefore, this requirement could have unintended consequences for other types of community partners.

FEMA will continue engagement with its community and mass care partners to identify the best solution for achieving the intent of GAO's recommendation. For example, FEMA will continue engaging with FEMA's mass care partners to encourage and promote this collaboration at all levels of government.

We request that GAO consider this recommendation resolved and closed as implemented.

Recommendation 5: Develop systematic, documented protocols to determine the conditions under which it will follow up and provide feedback to grantees about mass care capability assessments.

Response: Concur. FEMA's NPAD is currently developing systematic, documented protocols to determine the conditions under which it would follow up and provide feedback to grantees about their entire risk and capability assessments (to include those portions related to mass care specifically), as well as a process for doing so. NPAD is focusing its current efforts on improving the quality of the free-text information that communities provide, specifically that it be descriptive and actionable. NPAD is taking a deliberate approach to structuring this process, reviewing results to focus and prioritize review, evaluation, and feedback efforts and socializing its plans with community stakeholders. This work will build upon previous efforts to review and evaluate THIRA/SPR submissions and provide feedback to communities.

In the interim, NPAD has been using its reviews of 2018 THIRA/SPR results to shape the support it provides to communities to help them improve the quality of future submissions. FEMA is also sharing how the Federal government is using THIRA/SPR results with communities in greater detail, and using that to drive discussions about the importance of submitting data that is descriptive and actionable. FEMA is exploring how to validate the accuracy of the information communities are providing as well as the quality and plans to share findings from this analysis with communities to help them continuously improve their assessments. FEMA plans to complete developing its protocols for following up and providing feedback by December 31, 2019 so that it may inform grantees of the basis of its evaluation and feedback before they begin developing their 2020 THIRA/SPR submissions. ECD: January 31, 2020.

Appendix III: Comments from the American Red Cross



July 30, 2019

By email to LarinK@gao.gov

Kathryn A. Larin, Director
Education, Workforce, and Income Security Issues
U.S. Government Accountability Office
441 G Street N.W.
Washington D.C. 20226

RE: Government Accountability Office's (GAO) draft report titled "Disaster Response: FEMA and the Red Cross Need to Ensure Key Mass Care Organizations are Included in Coordination and Planning" (GAO-19-526)

Dear Ms. Larin:

The American Red Cross appreciates the opportunity to comment on this draft report. The draft report contains six recommendations, one of which (Recommendation 6) is directed to the Red Cross. The Red Cross agrees with the GAO's recommendation that the Red Cross should leverage local community groups to provide mass care during disasters, and we will continue our outreach and engagement initiatives to ensure participation by the whole community and effective service delivery.

Our detailed comments are attached. Thank you for your careful attention to this important issue.

Sincerely,

A handwritten signature in blue ink that reads "Harvey Johnson".

Harvey Johnson
President, Humanitarian Services

Comments of the American Red Cross to the GAO's Draft Report
"Disaster Response: FEMA and the Red Cross Need to Ensure Key Mass Care Organizations are
Included in Coordination and Planning" (GAO-19-526)

Mass care services during Harvey, Maria and Irma

During the second half of 2017, the nation faced three Category 4 hurricanes that devastated parts of Texas, Florida, Puerto Rico, U.S. Virgin Island, and other states in the southeastern U.S. In the same time period, the nation faced a Category 1 hurricane, several of the largest and most destructive wildfires in California history, and a deadly mass shooting in Las Vegas. These simultaneous events required extremely complex and extensive mass care operations, including extended shelter stays and feeding operations and very large numbers of volunteers and quantities of supplies and supporting infrastructure.

Against this backdrop, many aspects of mass care coordination went extremely well. The Red Cross, FEMA, state and local emergency management agencies, and non-governmental organizations put our "blue sky" planning and partnerships into action and brought aid and comfort to tens of thousands of people with urgent needs, providing shelter, food, relief supplies, and health and mental health services. Here is a snapshot of the main types of mass care relief the Red Cross and its partners provided in these 2017 storms:

Harvey:

- More than 414,800 overnight shelter stays
- More than 4.5 million meals and snacks
- More than 1.6 million relief items
- More than 127,000 mental health contacts

Irma:

- More than 555,300 overnight shelter stays
- More than 1.6 million meals and snacks
- More than 1.8 million relief items
- More than 62,500 mental health contacts

Maria¹:

- More than 12.8 million meals and snacks
- More than 5.2 million relief items
- More than 77,000 water purification filters
- More than 40,800 health and mental health contacts
- More than 2,700 generators for people with medical equipment needs

¹ The Commonwealth of Puerto Rico was responsible for operating shelters during Hurricane Maria.

Coordination activities

The Red Cross, FEMA, and other mass care organizations used many methods to coordinate during the 2017 mass care operations. One, mentioned by GAO, was co-location of personnel in emergency operation centers and service delivery sites, but co-location was just one instance of a larger strategy of frequent and consistent communication and information sharing. The Red Cross had staff liaisons in federal, state, and local government emergency operation centers, as well as interagency task forces and working groups, and a FEMA representative was embedded in the Red Cross operation center. Mass care organizations also participated in multi-agency mass care task forces, established at the state level, which shared information about needs and available resources and addressed issues together.

Data sharing was a key component of coordination and cooperation during the 2017 hurricanes. The Red Cross used an automated method to provide FEMA headquarters with daily information about the delivery of feeding, sheltering, and other relief services. The Red Cross also deployed RCView (Red Cross Visual Interactive Event Wizard), a new technology solution for analyzing data and managing operations. RCView maps contained detailed information about safe shelter locations, service delivery updates, damage assessment, and community impact analysis. In 2017 RCView was primarily an internal tool, but during the 2018 storm season, the Red Cross launched a portal by which other organizations could access a Partner's Brief. We intend to continue this practice going forward.

The National Shelter System (NSS), another data sharing mechanism, contains information for more than 50,000 potential shelter facilities. Data in the NSS helps the Red Cross, FEMA, state and local emergency management agencies, and nongovernmental organizations identify the locations, capacities, and other information about facilities that may be available to use as shelters. During a mass care operation, the NSS contains data about which shelters are open, current populations, and other data that facilitates coordination.

Partnerships

Successful coordination in the midst of a relief operation is largely a function of partnerships built and maintained during blue skies, before a disaster strikes. In 2017 the Red Cross launched a nationwide Readiness Initiative focused on mass care planning discussions with local government, using standardized planning tools to help align assumptions and expectations. Our goal is to develop planning documents that will establish roles and responsibilities and the resources and capabilities that the Red Cross and its partners can bring to bear in a mass care operation – documents that can change as needs and capabilities change. We believe these jointly-developed planning documents will help address the GAO's concern that in 2017 the mass care roles and expectations were unclear in some jurisdictions.

Engagement with local community groups is also an integral component of the Red Cross's coordination role as well as its service delivery. We build these relationships at the chapter/community level, engaging local community organizations in the full array of Red Cross activities, including smoke alarm installations, blood drives, and CPR training. Through these

multi-dimensional relationships, we build frameworks for working together during “blue skies” that help us work together during disasters as well. Our “blue sky” discussions often include an organization’s capability to provide mass care support such as shelter facilities, feeding, or volunteers.

We also encourage volunteers and community groups to engage in disaster readiness activities through other groups: VOADs (Voluntary Organizations Active In Disaster) and COADs (Community Organizations Active in Disaster), private sector groups, and faith-based preparedness groups. When organizations approach the Red Cross for the first time during a disaster response, we do our best to integrate the organization into the mass care response and work closely with VOADs/COADs and FEMA to help identify and engage partners that will advance mass care goals.

The Red Cross has many ongoing activities to reach out to community groups and involve them in disaster planning and response. Examples include:

- The Readiness Initiative, described above, which is focused on building and sustaining partnerships with the whole community so the whole community understands, welcomes, supports and participates in the delivery of Red Cross services in times of need. As we plan with local governments and document expectations regarding needs and capacity, we are involving other community organizations that can contribute insights, resources, and volunteers.
- The Red Cross’s Disability Integration Program, which coordinates with disability advocacy groups and other stakeholders to make sure people with disabilities receive the full range of mass care services in an integrated setting and that mass care organizations communicate effectively with the whole community.
- Our Latino Engagement Initiative, which is strengthening and creating partnerships with Latino community organizations and leaders and improving access and service delivery in Latino communities. This Initiative builds on a longstanding commitment to Latino engagement; among other things, we have been translating materials into Spanish for many years and have had a Spanish-language website since 2005.
- Partnerships with Lott Carey Global Christian Missional Community, National Baptist Convention of America, and the NAACP, that help us engage the African American community in disaster preparedness and response activities.

GAO’s Recommendation

Recommendation 6 is that the Red Cross should develop mechanisms for it and its partners to leverage local community groups, such as conducting regular outreach to communicate and regularly share aggregate information with these groups. While a great deal has already been accomplished in this area, the Red Cross agrees with this recommendation and intends to continue expanding the engagement, outreach and data sharing activities described above.

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

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Staff Acknowledgements

In addition to the contact named above, Scott Spicer (Assistant Director), Amy Moran Lowe (Analyst-in-Charge), Grace Cho, and Michael Walton made key contributions to this report. Also contributing to this report were Joel Aldape, Aditi Archer, Susan Aschoff, James E. Bennett, Deirdre Gleeson Brown, Alicia Cackley, Sarah Cornetto, Elizabeth Curda, Chris Currie, Kelly DeMots, Erin Guinn-Villareal, Camille Henley, Denton Herring, Sara Schibanoff Kelly, James Lawson, Matthew T. Lowney, Sheila R. McCoy, Jean McSween, Amanda R. Parker, Sara Pelton, Brenda Rabinowitz, Michelle Sager, Brian Schwartz, Almeta Spencer, Manuel Valverde, Jr., and Su Jin Yon.

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