

September 2008

VOLUNTARY ORGANIZATIONS

FEMA Should More Fully Assess Organizations' Mass Care Capabilities and Update the Red Cross Role in Catastrophic Events





Highlights of [GAO-08-823](#), a report to congressional requesters

Why GAO Did This Study

Voluntary organizations have traditionally played a major role in the nation's response to disasters, but the response to Hurricane Katrina raised concerns about their ability to handle large-scale disasters. This report examines (1) the roles of five voluntary organizations in providing mass care and other services, (2) the steps they have taken to improve service delivery, (3) their current capabilities for responding to mass care needs, and (4) the challenges they face in preparing for large-scale disasters. To address these questions, GAO reviewed the American Red Cross, The Salvation Army, the Southern Baptist Convention, Catholic Charities USA, and United Way of America; interviewed officials from these organizations and the Federal Emergency Management Agency (FEMA); reviewed data and laws; and visited four high-risk metro areas—Los Angeles, Miami, New York, and Washington, D.C.

What GAO Recommends

GAO recommends that FEMA update and document the Red Cross's role in a catastrophic event, take steps to incorporate voluntary organizations' capabilities in its assessments, and clarify funding guidance for certain disaster preparedness grants. In commenting on the draft report, FEMA agreed with two recommendations, but disagreed with the recommendation to better incorporate voluntary organizations in assessments. We continue to believe such efforts are important for preparedness.

To view the full product, including the scope and methodology, click on [GAO-08-823](#). For more information, contact Cynthia Fagnoni at (202) 512-7215 or fagnonic@gao.gov.

VOLUNTARY ORGANIZATIONS

FEMA Should More Fully Assess Organizations' Mass Care Capabilities and Update the Red Cross Role in Catastrophic Events

What GAO Found

The five voluntary organizations we reviewed are highly diverse in their focus and response structures. They also constitute a major source of the nation's mass care and related disaster services and are integrated into the 2008 National Response Framework. The Red Cross in particular—the only one whose core mission is disaster response—has a federally designated support role to government under the mass care provision of this Framework. While the Red Cross no longer serves as the primary agency for coordinating government mass care services—as under the earlier 2004 National Plan—it is expected to support FEMA by providing staff and expertise, among other things. FEMA and the Red Cross agree on the Red Cross's role in a catastrophic disaster, but it is not clearly documented. While FEMA recognized the need to update the 2006 Catastrophic Incident Supplement to conform with the Framework, it does not yet have a time frame for doing so.

Since Katrina, the organizations we studied have taken steps to strengthen their service delivery by expanding coverage and upgrading their logistical and communications systems. The Red Cross, in particular, is realigning its regional chapters to better support its local chapters and improve efficiency and establishing new partnerships with local community-based organizations. Most recently, however, a budget shortfall has prompted the organization to reduce staff and alter its approach to supporting FEMA and state emergency management agencies. While Red Cross officials maintain that these changes will not affect improvements to its mass care service infrastructure, it has also recently requested federal funding for its governmental responsibilities.

Capabilities assessments are preliminary, but current evidence suggests that in a worst-case large-scale disaster, the projected need for mass care services would far exceed the capabilities of these voluntary organizations without government and other assistance—despite voluntary organizations' substantial resources locally and nationally. Voluntary organizations also faced shortages in trained volunteers, as well as other limitations that affected their mass care capabilities. Meanwhile, FEMA's initial assessment does not necessarily include the sheltering capabilities of many voluntary organizations and does not yet address feeding capabilities outside of shelters. In addition, the ability to assess mass care capabilities and coordinate in disasters is currently hindered by a lack of standard terminology and measures for mass care resources, and efforts are under way to develop such standards.

Finding and training more personnel, dedicating more resources to preparedness, and working more closely with local governments are ongoing challenges for voluntary organizations. A shortage of staff and volunteers was most commonly cited, but we also found they had difficulty seeking and dedicating funds for preparedness, in part because of competing priorities. However, the guidance for FEMA preparedness grants to states and localities was also not sufficiently explicit with regard to using such funds to support the efforts of voluntary organizations.

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Abbreviations

CAN	Coordinated Assistance Network
DHS	Department of Homeland Security
ESF-6	Emergency Support Function 6—Mass Care, Emergency Assistance, Housing and Human Services Annex
FEMA	Federal Emergency Management Agency
GAP	Gap Analysis Program
MRE	meal ready-to-eat
NIMS	National Incident Management System
NVOAD	National Voluntary Organizations Active in Disaster
NRF	National Response Framework
VAL	voluntary agency liaison
VOAD	Voluntary Organizations Active in Disaster

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United States Government Accountability Office
Washington, DC 20548

September 18, 2008

Congressional Requesters:

Voluntary organizations have long played a critical role in providing care to people affected by emergencies or natural disasters—no more so than in the aftermath of Hurricanes Katrina and Rita in 2005. Recently, the catastrophic loss of life from a major cyclone in Burma was also a sober reminder of the need for such organizations. In the United States, hundreds of voluntary organizations, most often locally or regionally based, routinely assist disaster victims with mass sheltering and feeding and other services. Among those able to provide resources nationally are the American Red Cross, The Salvation Army, the Southern Baptist Convention, Catholic Charities, and the United Way. In terms of funding, alone, following the 2005 hurricanes, the Red Cross raised more than \$2.1 billion; The Salvation Army, \$325 million; Catholic Charities USA, \$150 million; the United Way, \$28 million; and the Southern Baptist Convention, about \$20 million.

While our nation's voluntary organizations have been critical complements to local, state, and federal government agencies during disasters, the magnitude of the September 11, 2001, terrorist attack and Hurricane Katrina, in particular, revealed the need to further build a national system of emergency management that better integrates voluntary agencies' efforts and capabilities. A national blueprint for such a system that coordinates voluntary, government, and private sector responders is outlined by the Department of Homeland Security's (DHS) 2008 National Response Framework (the Framework). National planning has been a complex process on many fronts—local, state, and federal government, and private—and many questions arise in the process. In particular Congress and others have raised concerns regarding the capabilities of voluntary organizations, in support of governments, to provide mass care and other assistance when there is a large-scale disaster. To provide insight into the readiness of these organizations to respond to large-scale disasters requiring a federal response, we examined the following questions:

1. What are the roles of major national voluntary organizations in providing mass care and other human services in response to large-scale disasters requiring federal assistance?

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2. What steps have these organizations taken since Katrina to strengthen their capacity for service delivery?
 3. What is known about their current capabilities for responding to mass care needs in such a large-scale disaster?
 4. What are the remaining challenges that confront voluntary organizations in preparing for such large-scale disasters?

Overall, to address these objectives, we reviewed federal and voluntary organization documents; conducted site visits; interviewed local, state, and national governmental and voluntary agency officials; and reviewed relevant laws. More specifically, we reviewed governmental and other reports on the lessons learned from the response to Hurricane Katrina as well as key federal disaster management documents, including the 2008 National Response Framework; the Catastrophic Incident Supplement to the Framework, which describes the federal government's detailed strategy for coordinating a national response to a catastrophic disaster; and Emergency Support Function 6—Mass Care, Emergency Assistance, Housing, and Human Services Annex (ESF-6), which together describe the federal coordination of the delivery of federal mass care and other human services. We also interviewed officials from the Federal Emergency Management Agency (FEMA)—a federal agency within DHS that is the lead agency for responding to disasters. For five major voluntary organizations—the Red Cross, The Salvation Army, the Southern Baptist Convention, Catholic Charities USA, and United Way of America—we reviewed documents including their disaster response plans, memorandums of agreement, and various data, such as data on shelters and other mass care resources. We also interviewed voluntary organization officials at their national headquarters as well as the Director of the National Voluntary Organizations Active in Disaster (NVOAD), an umbrella group of nationwide nonprofit organizations. To examine voluntary organizations' capabilities—especially in mass care—we conducted site visits to four metropolitan areas considered at high risk for different types of disasters, such as major earthquakes, hurricanes, or terrorist attacks: (1) Los Angeles, California; (2) Miami, Florida; (3) New York City, New York; and (4) Washington D.C. For each of these areas, we reviewed documents and obtained available data from the voluntary organizations on their sheltering and feeding capabilities. We also interviewed officials from the selected voluntary organizations; local and state government emergency management agencies; NVOAD's local affiliates, known as Voluntary Organizations Active in Disaster (VOAD); and FEMA's regionally based liaisons to the voluntary sector, known as voluntary agency liaisons. In discussing voluntary organizations'

capabilities in this report, we do not attempt to assess the total disaster response capabilities in any single location that we visited or the efficacy of any responses to particular scenarios, such as major earthquakes versus hurricanes. We conducted this performance audit from August 2007 to September 2008 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. See appendix I for more information on our scope and methodology.

Results in Brief

The voluntary organizations in our review are a major source of mass care and other services in large-scale disasters and play key roles in national response, in coordination with local, state, and federal governments, under the National Response Framework. Four of these organizations provide a variety of services such as mass care feeding, case management, and cleanup, while the fifth—the United Way—mostly conducts fund-raising for other organizations. The organizations’ response structures also vary, from more centralized, with a high level of authority at the national level, to more decentralized, in which local units are autonomous. Most of the organizations coordinate their services with each other and governments at various levels through formal written agreements and equally important informal working relationships. The newly issued National Response Framework recognizes the importance of voluntary organizations in disaster response and specifically designates the American Red Cross as one of the support agencies for the mass care functions of ESF-6. This support role represents a change from the Red Cross’s role in the earlier national plan as the primary agency for mass care, because FEMA and the Red Cross agreed that the Red Cross—as a nongovernmental entity—cannot legally direct federal resources. Recently, in response to a major budget deficit, the Red Cross made staffing cuts and other changes in its operations and also sought federal funding to assist it with the cost of its support agency responsibilities under the Framework. The Catastrophic Incident Supplement to the Framework, which describes the federal vision of the national response to a catastrophic disaster, still characterizes the Red Cross as the primary agency for mass care, although both FEMA and Red Cross officials agreed that the Red Cross would serve as a support agency in accordance with the more recent ESF-6 role change. FEMA and Red Cross officials also agreed that the Red Cross would continue to provide mass care services in a catastrophic disaster, acting as a private service provider, regardless of any future revisions to this Supplement. While FEMA is revising an annex to the Framework on catastrophic

incidents, according to agency officials, it does not currently have a time frame for revising the more detailed, operationally specific Supplement, although agency officials said they are in the process of establishing a review timeline. Although the Red Cross and FEMA told us that they understand the Red Cross's role as a support agency in a catastrophic event, there is no interim agreement documenting these expectations.

In response to weaknesses evident during Katrina, the four direct service providers in our review—Red Cross, The Salvation Army, the Southern Baptist Convention, and Catholic Charities—have taken steps to strengthen their service delivery by expanding service coverage and improving collaboration with each other on services, logistics, and communications. To address its gaps in service coverage, the Red Cross is in the process of implementing two main strategies: reorganizing its chapters and developing stronger partnerships with local community and faith-based organizations, particularly in rural areas with hard-to-reach populations. According to Red Cross officials, these initiatives are expected to improve service delivery while expanding services to communities that do not have established Red Cross chapters. While the Red Cross has made staffing cuts and other changes in response to its budget deficit, Red Cross officials reported that these service delivery initiatives would continue; nevertheless, the effect of these changes remains to be seen. Meanwhile, the national and four local offices of the direct service providers to varying degrees also strengthened their ability to coordinate services by collaborating more on feeding and case management and improving their logistical and communications systems. For example, to prevent future breakdowns in resource deployment and management, the Red Cross, The Salvation Army, and the Southern Baptist Convention are working together to improve management of their supply chains.

Initial assessments have not fully captured the collective capabilities of major voluntary organizations; however, evidence suggests that without government and other assistance, a worst-case large-scale disaster would overwhelm voluntary organizations' current sheltering and feeding capabilities, according to voluntary organization officials and data we reviewed. The federal government and voluntary organizations in our review have started to identify mass care capabilities, but most existing assessments are locally or regionally based and do not provide a picture of nationwide capabilities. For example, FEMA's 2007 survey of disaster capabilities in selected states assesses sheltering but has not yet begun to address feeding capabilities outside of shelters. Moreover, it does not include all voluntary organization capabilities, since participating states only include information from organizations with which they have formal

agreements, according to FEMA officials. In the metro areas we visited, these agreements were generally limited to the Red Cross. Except for the Red Cross, the other voluntary organizations we reviewed have not yet assessed their own nationwide capabilities, and some do not use standard terms or measures for characterizing mobile kitchens and other disaster resources. In the four metro areas we visited, the Red Cross, The Salvation Army, and the Southern Baptist Convention were able to provide data on their local sheltering and feeding resources, and they also report having substantial nationwide resources that can be brought to bear in an affected area for a large-scale disaster. Nevertheless, the need for mass care services in a worst-case large-scale disaster, as projected by government and the Red Cross, would likely overwhelm their current capabilities, according to voluntary organization officials as well as our analysis. For example, a major earthquake in a metropolitan area could necessitate shelter for as many as 300,000 people, according to DHS, but Red Cross officials in Los Angeles—a city prone to earthquakes—told us their local sheltering capacity is 84,000 people under optimal conditions. Voluntary organization officials also said developing additional capability is constrained by the limited availability of personnel and other logistical challenges. In recognition of these challenges, local governments we visited and FEMA officials told us they are planning to use government employees and private sector resources to help address sheltering and feeding needs. Red Cross and FEMA officials also told us that in a catastrophic situation, assistance will likely be provided from many sources, including the general public, as well as the private and nonprofit sectors, that are not part of any prepared or planned response.

National and local voluntary organizations, including local VOADs, in our study continue to face challenges in increasing the number of trained personnel, identifying and dedicating financial resources for preparedness, and strengthening governmental links. Officials from these organizations told us that they found it difficult to dedicate staff to planning and coordination activities for future disasters. In addition, shortages of trained mass care volunteers continue to be an ongoing concern despite the efforts of voluntary organizations and government agencies to build a cadre of trained personnel. Identifying and dedicating financial resources for disaster planning and preparedness becomes increasingly difficult for organizations in light of competing priorities. For example, while the Red Cross raised more than \$2 billion following Katrina, currently the Red Cross commented that it has been difficult to raise public donations to support its capacity-building initiatives. Additionally, while DHS emergency preparedness grants are another potential source of such funding, voluntary organization officials told us they typically do not receive funding from these grants. According to a senior official from

FEMA's grant office, FEMA considered voluntary organizations as among the eligible subgrantees for several emergency preparedness grants, but federal guidance to states who distribute these grants did not clearly indicate this. Finally, although the service providers in our review took steps to increase coordination with each other, coordination and interaction with government agencies at all levels remain a challenge for organizations we visited. While local VOADs in the areas we visited helped voluntary organizations coordinate with each other and local government agencies, the ability of these VOADs to effectively work with government agencies varied. For the Red Cross, it is too soon to tell how its recent staffing cuts and other changes will affect its ability to coordinate with FEMA and state governments during disasters.

In this report we are making recommendations to FEMA to update and document FEMA's expectations for the Red Cross in a catastrophic disaster, take steps to better incorporate voluntary organizations' capabilities into its assessments of mass care capabilities, and clarify states' ability to consider voluntary organizations and local VOADs as among the potential recipients of federal preparedness funds. In commenting on a draft of this report, FEMA agreed with our recommendations on establishing a time frame for updating the role of the American Red Cross in the Catastrophic Incident Supplement and clarifying federal guidance to states on potential recipients of preparedness grants. However, FEMA criticized certain aspects of our methodology, asserting that the draft did not address the role of states in coordinating mass care. As stated in our objectives, the focus of our report, by design, is on voluntary organizations' roles and capabilities in disaster response. While focusing on voluntary organizations, our draft report also acknowledges the disaster response role and responsibilities of governments—local, state, and federal—under the National Response Framework. Accordingly, we interviewed local, state, and federal government emergency management officials, as described in the more detailed description of our report's methodology. FEMA also raised concerns about whether the voluntary organizations discussed in our report provided a comprehensive picture of mass care capabilities. However, our report does not attempt to address all the services and capabilities of the voluntary sector but acknowledges that other voluntary organizations also provide mass care and other services. It also includes the caveat that we do not attempt to assess the total disaster response capabilities in any single location we visited. FEMA also disagreed with our recommendation to better incorporate voluntary organizations' capabilities in assessments because the government cannot command and control private sector resources. However, FEMA is required under the Post-Katrina Act to establish a comprehensive assessment system to

assess the nation's prevention capabilities and overall preparedness. A comprehensive assessment of the nation's capabilities should account as fully as possible for voluntary organizations' capabilities in mass care. Assessing capabilities more fully does not require controlling these resources but rather cooperatively obtaining and sharing information. Without such an assessment, the government will have an incomplete picture of the mass care resources it can draw upon in large-scale disasters. In its comments, FEMA also asserted that our report incorrectly assumes that if funding was made available, it would enable voluntary organizations to shelter and care for people in catastrophic events. However, we discuss potential federal funding in relation to voluntary organizations' preparedness and planning activities, not direct services. As noted in the report, such funding could be used to strengthen voluntary organizations' disaster preparedness, such as coordination with FEMA, training of personnel, and developing continuity of operations plans. FEMA also provided some technical clarifications, which we incorporated as appropriate.

We also provided a draft of this report to the American Red Cross as well as excerpts from the draft report, as appropriate, to The Salvation Army, the Southern Baptist Convention, Catholic Charities USA, and NVOAD. In its comments, the Red Cross further explained its role in providing post-evacuation sheltering under New York City's coastal storm plan and provided technical clarifications. We added information as appropriate to further clarify the American Red Cross's role in providing sheltering in New York City. In addition, the American Red Cross, The Salvation Army, and NVOAD provided us with technical comments, which we have incorporated as appropriate.

Background

State and local governments generally have the principal responsibility for meeting mass care and other needs in responding to a disaster; however, governments largely carry out this responsibility by relying on the services provided by voluntary organizations. Voluntary organizations provide sheltering, feeding, and other services, such as case management, to disaster victims and have long supported local, state, and federal government responses to disasters.

Voluntary Organizations in Disasters

Voluntary organizations have historically played a critical role in providing services to disaster victims, both on a routine basis—in response to house fires and local flooding, for example—and in response to far rarer

disasters such as devastating hurricanes or earthquakes.¹ Their assistance can vary from providing immediate services to being involved in long-term recovery efforts, including fund-raising. Some are equipped to arrive at a disaster scene and provide immediate mass care, such as food, shelter, and clothing. Other charities address short-term needs, such as providing case management services to help disaster victims obtain unemployment or medical benefits. Other voluntary organizations provide long-term disaster assistance such as job training or temporary housing assistance for low-income families. In addition, local organizations that do not typically provide disaster services may step in to address specific needs, as occurred when churches and other community organizations began providing sheltering after the Gulf Coast hurricanes.

The American Red Cross, a nongovernmental organization founded in 1881, is the largest of the nation's mass care service providers. Operating under a congressional charter since 1900, the Red Cross provides volunteer humanitarian assistance to the armed forces, serves as a medium of communication between the people of the United States and the armed forces, and provides direct services to disaster victims, including feeding, sheltering, financial assistance, and emergency first aid.²

An additional key player in the voluntary sector is NVOAD, an umbrella organization of nonprofits that are considered national in their scope. Established in 1970, NVOAD is not itself a service delivery organization but rather coordinates planning efforts by many voluntary organizations responding to disaster, including the five organizations in this review. In addition to its 49 member organizations, NVOAD also coordinates with chartered state Voluntary Organizations Active in Disaster (VOAD) and their local affiliates. (See app. II for NVOAD members.)

The occurrence in 2005 of Hurricanes Katrina and Rita revealed many weaknesses in the federal disaster response that were subsequently

¹Voluntary organizations—also called charities—are organizations established to address the needs of the poor or distressed and other social welfare issues and represent a substantial presence in American society. Federal, state, and private agencies monitor how well voluntary organizations are meeting these needs. At the federal level, the Internal Revenue Code Section 501(c) establishes categories of tax-exempt organizations and recognizes charitable organizations, among others, for this purpose. See also GAO, *September 11: More Effective Collaboration Could Enhance Charitable Organizations' Contributions in Disasters*, GAO-03-259 (Washington, D.C.: Dec. 19, 2002).

²Congress repealed the Red Cross's 1900 charter and adopted a new charter in 1905, which has been amended several times.

enumerated by numerous public and private agencies—including the GAO, the White House, and the American Red Cross. These weaknesses included a lack of clarity in roles and responsibilities among and between voluntary organizations and FEMA and a need for the government to include voluntary organizations in national and local disaster planning. According to several post-Katrina reports, the contributions of voluntary organizations, especially faith-based groups, had not been effectively integrated into the earlier federal plan for disaster response—the 2004 National Response Plan. These reports called for better coordination among government agencies and voluntary organizations through cooperative relationships and joint planning and exercises. (See bibliography.)

National Approach to Disaster Response

Under the Homeland Security Act, which President Bush signed in 2002, as amended by the Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act),³ FEMA has been charged with responsibility for leading and supporting a national, risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation. In support of this mission, FEMA is required to partner with the private sector and nongovernmental organizations, as well as state, local, tribal governments, emergency responders, and other federal agencies. Under the act, FEMA is specifically directed, among other things, to

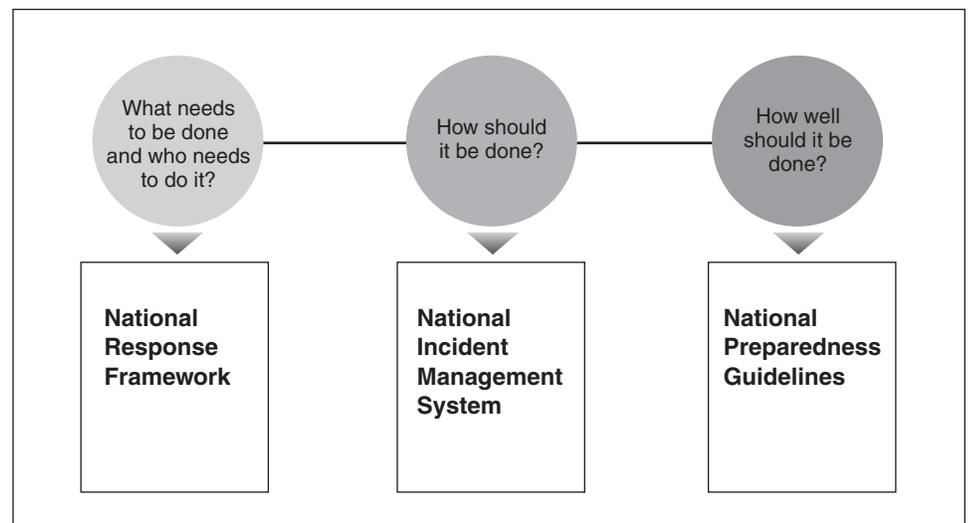
- build a comprehensive national incident management system;
- consolidate existing federal government emergency response plans into a single, coordinated national response plan;
- administer and ensure the implementation of that plan, including coordinating and ensuring the readiness of each emergency support function under the plan; and
- update a national preparedness goal and develop a national preparedness system to enable the nation to meet that goal.

As part of its preparedness responsibilities, FEMA is required to develop guidelines to define risk-based target capabilities for federal, state, local, and tribal preparedness and establish a comprehensive assessment system to assess, on an ongoing basis, the nation's prevention capabilities and

³Pub. L. No. 107-296, as amended by Pub. L. No. 109-295.

overall preparedness. FEMA is also required to submit annual reports which describe, among other things, the results of the comprehensive assessment and state and local catastrophic incident preparedness. FEMA may also use planning scenarios to reflect the relative risk requirements presented by all kinds of hazards. As we noted in previous reports and testimony, the preparation for a large-scale disaster requires an overall national preparedness effort designed to integrate what needs to be done (roles and responsibilities), how it should be done, and how well it should be done.⁴ The principal national documents designed to address each of these questions are the *National Response Framework*, the *National Incident Management System*, and the *National Preparedness Guidelines*. A core tenet of these documents is that governments at all levels, the private sector, and nongovernmental organizations, such as the Red Cross and other voluntary organizations, coordinate during disasters that require federal intervention. (See fig. 1.)

Figure 1: Federal Framework for National Response to Large-Scale Disasters



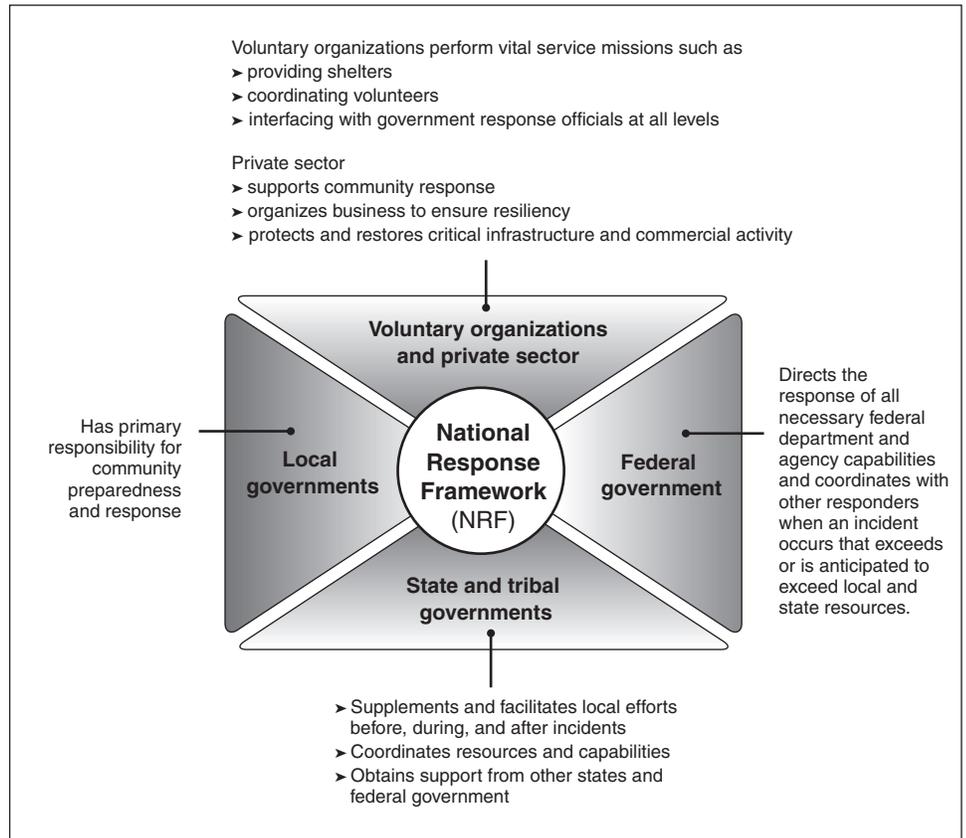
Source: GAO analysis.

⁴See for example GAO, *Homeland Security: Observations on DHS and FEMA Efforts to Prepare for and Respond to Major and Catastrophic Disasters and Address Related Recommendations and Legislation*, [GAO-07-1142T](#) (Washington, D.C. : July 31, 2007).

National Response Framework

DHS's National Response Framework, which became effective in March 2008, delineates roles for federal, state, local, and tribal governments; the private sector; and voluntary organizations in responding to disasters. The new framework revises the National Response Plan, which was originally signed by major federal government agencies, the Red Cross, and NVOAD in 2004. Under the National Response Framework, voluntary organizations are expected to contribute to these response efforts through partnerships at each level of government. In addition, FEMA, in conjunction with its voluntary agency liaisons, acts as the interface between these organizations and the federal government. (See fig. 2.)

Figure 2: Voluntary Organizations, Governments, and Private Sector Roles under the National Response Framework



Source: GAO analysis.

The Framework also creates a flexible and scalable⁵ coordinating structure for mobilizing national resources in a large-scale disaster. Under the Framework, local jurisdictions and states have lead responsibility for

⁵A scalable response refers to one that is adaptable to change in size, scope, and complexity, with resources from all levels of government, appropriately scaled to need, according to the Framework.

Sheltering, Feeding, and Other
Human Services under the ESF-
6 in the National Framework

responding to a disaster and can request additional support from the federal government as needed.⁶

In addition, for catastrophic incidents that almost immediately overwhelm local and state resources and result in extraordinary levels of mass casualties or damage, the Framework—through its Catastrophic Incident Supplement—specifies the conditions under which the federal government can proactively accelerate the national response to such disasters without waiting for formal requests from state governments.⁷ The Supplement was published in 2006 after Hurricane Katrina.⁸

The National Framework organizes the specific needs that arise in disaster response into 15 emergency support functions, or ESFs. Each ESF comprises a coordinator, a primary agency, and support agencies—usually governmental agencies—that plan and support response activities. Typically, support agencies have expertise in the respective function, such

⁶The primary authority under which the federal government provides assistance to states after a disaster is the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5201. Under the act, the President may issue a major disaster or emergency declaration when a governor, whose state resources are overwhelmed, requests federal assistance. The Post-Katrina Act amended the Stafford Act so that the President could provide accelerated federal assistance and support without a governor's request where necessary to save lives, prevent human suffering, or mitigate severe damage. Pub. L. No. 109-295, § 681. Under the Stafford Act, FEMA provides assistance for mass care, debris removal, restoration of facilities, and financial aid to families and individuals, among other activities. The Stafford Act also specifies that in providing relief and assistance, FEMA may use—with consent—the personnel and facilities of voluntary disaster relief organizations in distributing food, supplies, or other items, among other things.

⁷Catastrophic incidents are defined differently from major disasters. Under the Stafford Act, a major disaster is defined as “any natural catastrophe...or regardless of cause, any fire, flood, or explosion in any part of the United States.” 5 U.S.C. § 5122(2). The Post-Katrina Act added a definition of catastrophic incident as “any natural disaster, act of terrorism, or other man-made disaster that results in extraordinary levels of casualties or damage or disruption, severely affecting the population (including mass evacuations), infrastructure, environment, economy, national morale, or government functions in an area.” Pub. L. No. 109-295, § 602(4). The 2008 National Response Framework contains the same definition of a catastrophic incident. In this report, we also use the term “catastrophic disaster” or “catastrophic event” to refer more generally to large-scale disasters of great magnitude that may or may not meet the definition of a catastrophic incident.

⁸The 2005 draft version of the Catastrophic Incident Supplement had not yet been fully adopted when Hurricane Katrina occurred and was not invoked at the time to guide the federal response to the disaster.

as in mass care, transportation, communication, or firefighting.⁹ In a disaster, FEMA is responsible for activating the ESF working groups of key federal agencies and other designated organizations that are needed.

For the voluntary organizations in our review, Emergency Support Function 6 (ESF-6) is important because it outlines the organizational structure used to provide mass care and related services in a disaster. These services are

- mass care (e.g., sheltering, feeding, and bulk distribution of emergency relief items),
- emergency assistance (e.g. evacuation, safety, and well-being of pets),
- disaster housing (e.g., roof repair, rental assistance), and
- human services (e.g., crisis counseling, individual case management).

Under ESF-6, FEMA is designated as the primary federal agency responsible for coordinating and leading the federal response for mass care and related human services, in close coordination with states and others such as voluntary organizations—a role change made in 2008 in response to issues that arose during Katrina. FEMA carries out this responsibility by convening federal ESF-6 support agencies during disasters and coordinating with states to augment their mass care capabilities as needed. Under ESF-6, the Red Cross and NVOAD are each named as support agencies to FEMA, along with numerous federal departments, such as the Department of Health and Human Services. FEMA’s voluntary agency liaisons, located in FEMA regions, are largely responsible for carrying out these coordinating duties with voluntary organizations.

⁹Support agencies are assigned based on their authorities, resources, and capabilities in a given functional area, according to the National Framework. State governments often operate response structures with similar emergency support functions.

Voluntary Organizations Are a Major Source of Mass Care and Other Services in Disasters and Have Significant Support Roles under the National Response Framework

As private service providers fulfilling their humanitarian missions, the voluntary organizations in our review have historically served as significant sources of mass care and other services in large-scale disasters and play key roles in national response—in coordination with local, state, and federal governments—under the National Response Framework. While their response structures differ in key ways—with some having more centralized operations than others, for example—these voluntary organizations coordinate their services through formal written agreements and through informal working relationships with other organizations. In recognition of their long-standing leadership in providing services to disaster victims, these organizations, especially the American Red Cross and NVOAD, have considerable roles in supporting FEMA under the nation’s National Response Framework. While this new Framework shifted the Red Cross from a primary agency for mass care to a support agency, largely because the Red Cross cannot direct federal resources, the 2006 Catastrophic Incident Supplement has not been updated to reflect this change. FEMA does not currently have a timetable for revising the Supplement, as required under the Post-Katrina Act, and while FEMA and Red Cross officials told us that they have a mutual understanding of the Red Cross’s role as a support agency in a catastrophic disaster, this understanding is not currently documented.

While the Voluntary Organizations Differ in Key Ways, They Have Traditionally Been Major Providers of Mass Care and Other Services

While the major national voluntary organizations in our review differ in their types of services and response structures, they have all played important roles in providing mass care and other services, some for over a century. According to government officials and reports on the response to Katrina, the Red Cross and the other voluntary organizations we reviewed are a major source of mass care and other disaster services, as was evident in the response to Hurricane Katrina.¹⁰

Types and Focus of Disaster Services Vary Among the Voluntary Organizations

The five voluntary organizations we reviewed differ in the extent to which they focus on providing disaster services and in the types of services they provide. Four of the five organizations directly provide a variety of mass care and other services, such as feeding and case management, while the

¹⁰Other sources of these services include the private sector, through contracts with various levels of government, and government agencies and employees at local, state, and federal levels. In addition, other voluntary organizations that are outside the scope of this report, such as America’s Second Harvest, also provide services. America’s Second Harvest is a charitable hunger relief organization, comprising a network of more than 200 member food banks and food rescue organizations across the nation.

fifth—the United Way—focuses on fund-raising for other organizations. As the nation’s largest disaster response organization, the Red Cross is the only one of the five in our review the core mission of which is to provide disaster response services.¹¹ In providing its services, the Red Cross typically coordinates with state and local governments to support their response and has formal agreements with state or local emergency management agencies to provide mass care and other disaster services. For example, the Red Cross serves as a support agency in the Washington, D.C., disaster response plan for mass care, feeding, and donations and volunteer management. In contrast to the Red Cross, The Salvation Army, the Southern Baptist Convention, and Catholic Charities are faith-based organizations that provide varying types and degrees of disaster services – some for decades—as an extension of their social and community service missions.¹² The United Way raises funds for other charities and provides resources to local United Way operations, but does not directly provide services to survivors in response to disasters. (See table 1.)

Table 1: Disaster-Related Services Provided by the Five Voluntary Organizations In Our Review

Organization	Mass care services provided	Human services provided	Other disaster-related services provided
American Red Cross	<ul style="list-style-type: none"> • sheltering • feeding • emergency first aid • bulk distribution of emergency items • collection and provision of information on disaster victims to family members 	<ul style="list-style-type: none"> • health and mental services • emergency financial assistance 	<ul style="list-style-type: none"> • blood services

¹¹According to the Red Cross’s mission statement, the Red Cross will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies.

¹²For example, Catholic Charities’ mission—exercising leadership in assisting its membership in their mission of service, advocacy, and convening—does not refer to disaster response or relief, and the organization has become more active in disaster response since 1990. In contrast, The Salvation Army has provided emergency services to individuals and communities since its first charter was enacted in the United States in 1899, and the first major U.S. disaster that The Salvation Army responded to was in 1900 in response to the Galveston, Texas, hurricane, while the Southern Baptist Convention began its disaster work in 1967.

Organization	Mass care services provided	Human services provided	Other disaster-related services provided
The Salvation Army	<ul style="list-style-type: none"> • feeding • sheltering • bulk distribution of emergency items 	<ul style="list-style-type: none"> • disaster social services 	<ul style="list-style-type: none"> • spiritual and emotional care • cleanup and restoration services • donations management • missing persons services • medical assistance
Southern Baptist Convention	<ul style="list-style-type: none"> • feeding 	Not applicable	<ul style="list-style-type: none"> • chainsaw crews who clear trees and other obstructions following a disaster • child care • showering units for volunteers and victims • chaplaincy and counseling • “mud out” operations in which volunteers assist in removal of debris from buildings following a flood • temporary repairs • bilingual services
Catholic Charities USA	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • individual and family case management, which may include mortgage or rent assistance, home repair assistance, and transportation • referrals to other organizations for benefits • medical and cash assistance • disaster crisis counseling 	<ul style="list-style-type: none"> • temporary housing
United Way of America	Not applicable	Not applicable	<ul style="list-style-type: none"> • fund-raising for other disaster service providers • participates in local committees to address unmet needs • sponsors information and referral system (2-1-1 Hotline)^a • helps coordinate unaffiliated or spontaneous volunteers

Source: Data provided by charities.

Note: In this table, the terms “mass care” and “human services” characterize types of services in line with these terms as used in the federal Emergency Support Function-6 under the National Response Framework.

^aThe number 2-1-1 is a telephone number that, where available, connects people with community and human services and volunteer opportunities (e.g., food banks, shelters, counseling, child-care). Its implementation is being spearheaded by the United Way and information and referral agencies in states and local communities. As of June 2007, 2-1-1 coverage serves approximately 198 million Americans, or about 65 percent of the United States population, according to the United Way.

While voluntary organizations have traditionally played an important role in large-scale disasters, their role in response to Hurricane Katrina, the largest natural disaster in U.S. history, was even more significant,¹³ especially for the three mass care service providers in our study—the Red Cross, The Salvation Army, and the Southern Baptist Convention. For example, after Katrina, the Red Cross provided more than 52.6 million meals and snacks and opened more than 1,300 shelters across 27 states, while the Southern Baptist Convention provided more than 14.6 million meals and The Salvation Army provided 3.8 million articles of clothing. While Catholic Charities USA and its affiliates do not generally provide mass care services, during Katrina it assisted with feeding by donating food. (See table 2.)

Table 2: Disaster Services Provided during and after the Gulf Coast Hurricanes

Organization	Sheltered	Meals provided	Money raised	Volunteers
American Red Cross	3.4 million overnight stays ^a	52.6 million meals and snacks	\$2.1 billion	Volunteers: 245,000
The Salvation Army	91,400 lodging spaces provided	7.7 million meals and snacks	\$365 million ^b	Volunteer hours served: 506,443
Southern Baptist Convention	Not applicable	14.6 million meals	\$20 million ^c	Volunteer days: 165,748
Catholic Charities USA	Not applicable	51 million pounds of food provided	\$150 million	More than 110 Catholic Charities dioceses responded during Katrina
United Way of America	Not applicable	Not applicable	\$28 million	Not applicable

Source: Data provided by charities.

Note: Since voluntary organizations report these data differently, the data are not necessarily comparable.

^aOvernight stays provided by the Red Cross from August to December 2006.

^bMoney raised by the Red Cross as of May 2006.

^cMoney raised by The Salvation Army as of February 2006.

¹³The role of voluntary organizations was particularly important in Katrina because state and local resources were overwhelmed and the Interagency Incident Management Group, within the Department of Homeland Security, was not activated until roughly 36 hours after Katrina made landfall.

Voluntary Organizations' Response Structures Differ

The four direct service providers in our study—the Red Cross, The Salvation Army, the Southern Baptist Convention, and Catholic Charities¹⁴—each have distinct disaster response structures, with their national offices having different levels of authority over the organization's affiliates and resources, reflecting a continuum from more centralized operations, such as the Red Cross, to more decentralized operations, such as Catholic Charities USA. For example, in a large-scale disaster, the national office of the Red Cross directly sends headquarters-based trained staff, volunteers, and equipment to the affected disaster site, while Catholic Charities USA's disaster response office provides technical assistance to the affected member dioceses but does not direct resources. (See table 3.) Similarly, to facilitate its ability to direct a nationwide response from headquarters, the Red Cross has a national headquarters and service area staff of about 1,600 as of May 2008, maintains a 24/7 disaster operations center at its headquarters, and has a specially trained cadre of over 71,000 volunteers who are nationally deployable, according to the Red Cross. In contrast, the Southern Baptist Convention and Catholic Charities each have 1 or 2 staff at their national offices who are responsible for disaster response coordination for their organizations. These differences in the national offices' roles within the voluntary organizations means that when voluntary organizations respond to disasters of increasing magnitude by “ramping up”—a process similar to the scalable response described in the National Response Framework—they do so in different ways and to different extents.

Table 3: Voluntary Organizations' National Office Disaster Response Functions in Large-Scale Disasters

	Directs response	Provides personnel and equipment	Coordinates personnel and equipment	Provides technical assistance
American Red Cross	X	X	X	X
The Salvation Army			X	X
Southern Baptist Convention			X	
Catholic Charities USA				X

Source: GAO analysis of voluntary organization data.

¹⁴For the purposes of this report, we are focusing on the four organizations in our review that provide direct services in disasters, especially mass care; consequently, unless otherwise noted, the United Way will not be included in general statements about the voluntary organizations.

While the voluntary organizations in our review coordinate with one another and with the government, their disaster response structures are not necessarily congruent with the response structures of other voluntary organizations or aligned geographically or jurisdictionally with those of government. In essence, the voluntary organizations' response structures do not necessarily correspond to the local, state, and federal structures of response—as described in the National Framework. For example, The Salvation Army and Catholic Charities are not aligned geographically with states, while the Southern Baptist Convention is aligned roughly along state lines, called state conventions, and the Red Cross's organizational structure supports regional chapter groupings, which are also aligned generally by state. Furthermore, while the Red Cross and The Salvation Army have regional or larger territorial units, these are not necessarily congruent with FEMA's 10 regions. (See table 4).

Table 4: Voluntary Organizations' Regional and Local Response Structures

Regional level

- American Red Cross—has four regions, each comprising between four and eight disaster offices.
- The Salvation Army—has four territorial offices that coordinate regional disaster response through 40 divisions. Each division can encompass one or more states depending on density and population.
- Southern Baptist Convention—does not have a regional level. Neighboring state conventions coordinate as needed, but each is independent.
- Catholic Charities USA—does not have a regional level.

Local level

- American Red Cross—has 733 local chapters.
- The Salvation Army—has local command centers located in communities that report to the divisions.
- Southern Baptist Convention—has 42 autonomous state conventions organized loosely according to state boundaries.
- Catholic Charities USA—has 180 member dioceses, each owned and operated independently.

Source: Data provided by charities.

In a similar vein, these service providers do not necessarily follow the command and control structure typical of the federal incident command system set forth in the National Incident Management System (NIMS) for

unifying disaster response.¹⁵ These organizations vary in the extent to which they have adopted this command system, according to officials we spoke with. For example, organization officials told us that the Red Cross, The Salvation Army, and the Southern Baptist Convention use this command system, while Catholic Charities does not.

Mutual Aid Agreements and Informal Working Relationships Link the Organizations to One Another

The voluntary organizations in our review coordinate and enhance their service delivery through formal written agreements at the national level. While not all of the voluntary organizations have such agreements with each other, the Red Cross maintains mutual aid agreements with the national offices of The Salvation Army, the Southern Baptist Convention, and Catholic Charities USA, as well as 39 other organizations with responsibilities under ESF-6. For example, under a 2000 agreement between the Red Cross and the Southern Baptist Convention, a feeding unit addendum describes operations and financial responsibilities when the two organizations provide mass feeding services cooperatively. According to Southern Baptist Convention officials, the general premise of this agreement is that the Convention will prepare meals in its mobile feeding units, while the Red Cross will distribute these meals using its emergency response vehicles.

According to many of the voluntary organization officials we interviewed, another essential ingredient for response is to have active, informal working relationships with leaders of other organizations that are well established before disasters strike. These relationships are especially important when organizations do not have formal written agreements¹⁶ or when the agreements do not necessarily represent the current relationship

¹⁵NIMS provides a standardized structure for command during disasters. The incident command system is able to be applied in a variety of settings as a management system that is intended to assist in making incident management more effective. The system accomplishes this through an integration of facilities, equipment, personnel, procedures, and communications that operate within one organizational structure. While voluntary organizations are not required to adopt this incident command structure, FEMA encourages voluntary organizations to adhere to NIMS procedures and terminology to help facilitate their integration into government preparedness and response efforts.

¹⁶As we previously reported, voluntary organizations can better assist those in need of disaster assistance through coordination and collaboration, as well as understanding each other's roles and responsibilities. This requires effective working relationships with frequent contacts. Collaborative working relationships are essential building blocks of strategies that ease access to disaster assistance. [GAO-03-259](#).

between two organizations.¹⁷ Regular local VOAD meetings and joint training exercises with local and state governments facilitate these working relationships by providing an opportunity for relationship building and informal communication. For example, a Florida catastrophic planning exercise in 2006-2007 brought together 300 emergency management professionals and members of the Florida VOAD to develop plans for two types of catastrophic scenarios. According to disaster officials, relationships built through this type of interaction allow participants to establish connections that can be drawn upon during a disaster.

The ESF-6 under the National Framework Recognizes the Important Role of the Red Cross and NVOAD Members in Disasters

The National Response Plan that was instituted after September 11, and the 2008 National Response Framework, which superseded it, both recognized the key role of the Red Cross and NVOAD member organizations in providing mass care and other services by giving the Red Cross and NVOAD responsibilities under the ESF-6 section of the Framework.

The Red Cross Role

The 2008 National Response Framework, which revised the National Response Plan, clarified some aspects of the Red Cross's role that had been problematic during the Katrina response. Under the 2008 ESF-6 section of the Framework, the Red Cross has a unique federally designated role as a support agency to FEMA for mass care. As noted in our recent report, the Red Cross was previously designated as the primary agency for mass care under ESF-6 in the 2004 National Response Plan, but the Red Cross's role was changed under the 2008 Framework to that of a support agency.¹⁸ This role change was made in large part because FEMA and the Red Cross agreed—in response to issues that arose during Katrina—that

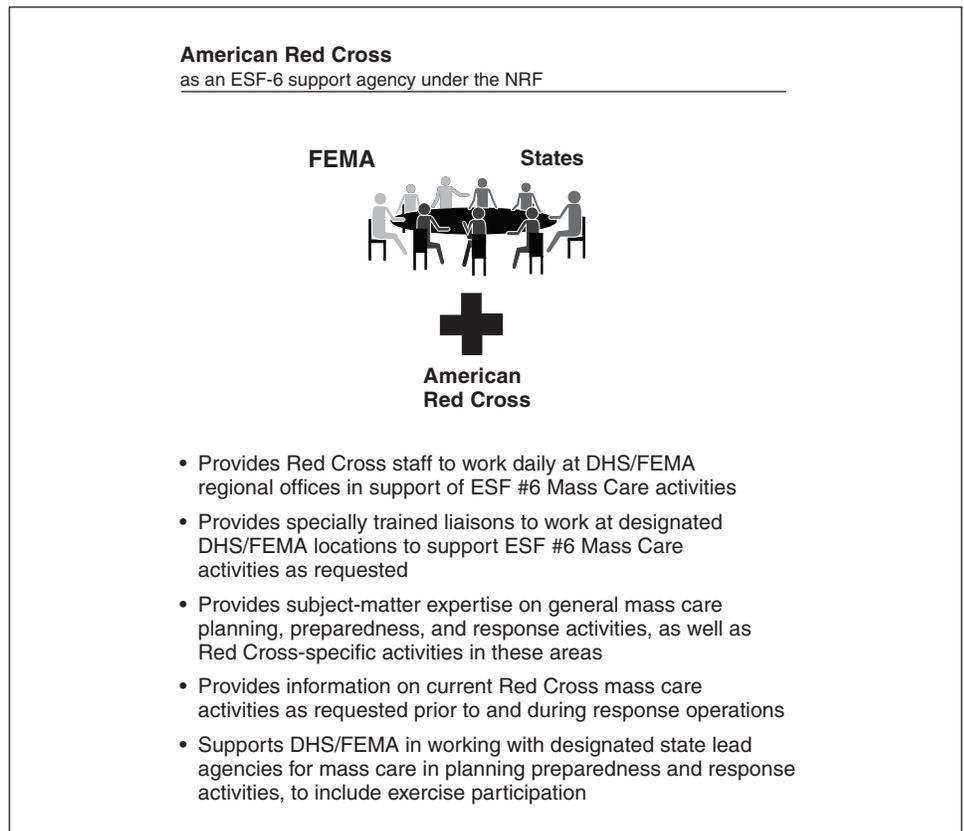
¹⁷Some of the organizations in our review maintain formal written agreements that predate September 11, Hurricane Katrina, and the development of the NRF. For example, the written agreement between the Red Cross and Catholic Charities was created in 1991 and the agreement between the Red Cross and The Salvation Army was established in 1994. These agreements confirm long-term relationships between the organizations, but do not necessarily reflect their current working relationships, according to officials we spoke with.

¹⁸GAO, *National Disaster Response: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors*, [GAO-08-369](#) (Washington, D.C.: Feb. 27, 2008).

the primary agency responsible for coordinating mass care nationwide needs to be able to direct federal resources.

As a support agency under ESF-6, the Red Cross helps FEMA and the states coordinate mass care activities in disasters. In particular the Red Cross is charged with providing staff and specially trained liaisons to work at FEMA's regional offices and other locations, and providing subject matter expertise on mass care planning, preparedness, and response. In addition, the Red Cross is expected to take the lead in promoting cooperation and coordination among government and national voluntary organizations that provide mass care during a disaster, although it does not direct other voluntary organizations in this role. (See fig. 3.) ESF-6 also acknowledges the Red Cross's separate role as the nation's largest mass care service provider, which is distinct from its role under the Framework. When providing mass care services, the Red Cross acts on its own behalf and not on behalf of the federal government, according to the ESF-6.

Figure 3: Red Cross Role under the National Response Framework



Source: GAO analysis; images, Art Explosion.

In recent months, the Red Cross has reported a significant budget deficit that has led it to substantially reduce its staff, including those assigned to FEMA and its regional offices, and to seek federal funding for its ESF-6 responsibilities—a major policy shift for the organization. According to Red Cross officials, the Red Cross has experienced major declines in revenues in recent years, and the organization reported a projected operating budget deficit, for fiscal year 2008, of about \$150 million. To address this shortfall, in early 2008 the Red Cross reduced the number of its staff by about 1,000, with most of these staffing cuts made at its national headquarters and in service areas, in departments that support all Red Cross functions, such as information technology, human resources, and communications. These cuts included eliminating its full-time staff at FEMA’s 10 regional offices and reducing staff that supported state emergency management agencies from 14 to 5. While it is too soon to tell the impact of these changes, Red Cross officials we spoke with told us

these staffing cutbacks will not affect its ability to provide mass care services. For example, several positions were also added to its Disaster Services unit to support local chapters' service delivery, according to Red Cross data, including area directors and state disaster officers—a new position at the Red Cross. However, with regard to its ESF-6 responsibilities, Red Cross officials also said that while the organization will continue to fulfill its ESF-6 responsibilities, it is changing the way it staffs FEMA's regional offices during disasters by assigning these responsibilities, among others, to state disaster officers and using trained volunteers to assist in this role. According to the Red Cross, its costs for employing a full-time staff person in each FEMA regional office and for staffing its headquarters to support federal agencies during disasters is \$7 million annually, for an operation that the Red Cross says is no longer sustainable. Consequently, in May 2008 testimony before the Senate Committee on Homeland Security and Governmental Affairs, the Red Cross requested that Congress authorize and appropriate funding to cover these positions and responsibilities under the ESF-6.¹⁹ In addition, the Red Cross requested \$3 million to assist it in funding its role of integrating the mass care services provided by the nongovernmental sector, for a total of \$10 million requested.

Role of NVOAD and Its Members

In addition to the Red Cross, NVOAD is also designated as a support agency under the 2008 ESF-6 section of the Framework, as it was in the previous national plan. In its role as a support agency for mass care, NVOAD is expected to serve as a forum enabling its member organizations to share information, knowledge, and resources throughout a disaster; it is also expected to send representatives to FEMA's national response center to represent the voluntary organizations and assist in disaster coordination. A new element in the 2008 ESF-6 is that voluntary organizations that are members of NVOAD are also specifically cited in ESF-6 under NVOAD, along with descriptions of their services or functions in disaster response. According to NVOAD and FEMA officials, listing the individual NVOAD members and their services in the ESF-6 does not change organizations' expected roles or create any governmental obligations for these organizations to respond in disasters, but rather recognizes that NVOAD represents significant resources available through the membership of the voluntary organizations.

¹⁹Testimony of Joseph Becker, Senior Vice President, Disaster Services, American National Red Cross, May 15, 2008, before the Senate Committee on Homeland Security and Governmental Affairs.

Under the Catastrophic Incident Supplement, the Red Cross Is Still Described as the Lead Agency for Mass Care, Which Is Inconsistent with Changes Made to ESF-6

While the Red Cross's role for ESF-6 has been changed from that of a primary agency under the National Response Plan to that of a support agency under the new Framework, the Catastrophic Incident Supplement still reflects its earlier role, requiring the Red Cross to direct federal mass care resources. The Supplement provides the specific operational framework for responding to a catastrophic incident, in accordance with federal strategy. When the Supplement was issued, in 2006, the Red Cross was the primary agency for coordinating federal mass care assistance and support for the mass care section of ESF-6 under the National Response Plan.²⁰ As previously mentioned, in January 2008 the Red Cross's role under ESF-6 changed from that of a primary agency to that of a support agency, partly because the Red Cross lacks the authority to direct federal resources. The Supplement has not yet been updated to reflect this recent change in the Red Cross's role. However, FEMA and Red Cross officials agreed that in a catastrophic incident, the Red Cross would serve as a support agency for mass care—not as the lead agency—and therefore would not be responsible for directing federal resources. According to FEMA, in a catastrophic incident, the management, control, dispensation, and coordination of federal resources will change, shifting this responsibility from the Red Cross to FEMA, so as to be consistent with the National Response Framework and the ESF-6.

In addition to describing its ESF-6 support agency responsibilities in a catastrophic disaster, the Supplement lays out the mass care services the Red Cross would provide in a catastrophic disaster—acting as a private organization—and FEMA and Red Cross officials agreed that the Red Cross would continue to provide these services as part of its private mission, regardless of the change to its role in the ESF-6 or any future revisions to the Supplement. The Red Cross's services and actions as a private service provider are integrated into the Supplement for responding to catastrophic disasters. In an event of catastrophic magnitude, the Red Cross is expected to directly provide mass care services to disaster victims, such as meals and immediate sheltering services to people who are denied access to their homes. The Supplement also includes the Red Cross in a schedule of actions that agencies are expected to automatically take in response to a no-notice disaster, such as a terrorist attack or devastating earthquake. For example, within 2 hours after the Supplement is implemented, the Red Cross is expected to inventory shelter space in a 250-mile radius of the disaster using the National Shelter System, dispatch

²⁰The 2006 Catastrophic Incident Supplement was a supplement to the 2004 National Response Plan for catastrophic incidents. The Supplement remains in effect under the 2008 National Response Framework.

specially trained staff to assess needs and initiate the Red Cross's national response, coordinate with its national voluntary organization partners to provide personnel and equipment, and deploy Red Cross kitchens and other mobile feeding units. However, according to the ESF-6, in providing these mass care services, the Red Cross is acting on its own behalf and not on the behalf of the federal government or other governmental entity, and the Supplement similarly states that the Red Cross independently provides mass care services as part of its broad program of disaster relief. According to Red Cross officials, if the Supplement were implemented, the Red Cross would continue providing the same mass care services that it has always provided as a private organization. FEMA officials agreed that its expectations of the services the Red Cross would provide in a catastrophic event have not changed, and that its role as a service provider has not been affected by the changes to the ESF-6. According to FEMA, FEMA will augment the Red Cross's resources in a catastrophic disaster, and the two organizations are working together to develop a memorandum of agreement to ensure that the Red Cross is provided with adequate federal support for logistics, human resources, and travel in a catastrophic event.

Although FEMA is charged with revising the Supplement under the Post-Katrina Reform Act,²¹ agency officials told us that the agency does not currently have a time frame for updating the Supplement and does not have an interim agreement documenting FEMA's and the Red Cross's understanding of the Red Cross's role as a support agency under the Supplement. FEMA officials told us that the agency was revising the 2004 Catastrophic Incident Annex—a brief document that establishes the overarching strategy for a national response to this type of incident—but that it does not yet have a time frame for updating the more detailed Supplement, which provides the framework for implementing this strategy, although the agency told us that it is in the process of establishing a review timeline. According to FEMA, future revisions to the Supplement will shift responsibility for directing federal mass care resources from the Red Cross to FEMA, in order to remain consistent with the National Response Framework and ESF-6. Furthermore, FEMA and the Red Cross told us that they have a mutual understanding of the Red Cross's role as a support agency in a catastrophic disaster. However, this understanding is not currently documented. As the experience in responding to Hurricane Katrina demonstrated, it is important to have a clear agreement on roles and responsibilities. Crafting such agreements in

²¹Pub.L. No. 109-295, §611(13).

writing ahead of time—before the need to respond to a catastrophic event—would help clarify potentially unknown sources of misunderstanding and communicate this understanding not just to FEMA and the Red Cross, but also to FEMA’s many support agencies for ESF-6 and the Red Cross’s partner organizations in the voluntary sector. There is also precedent for having an interim agreement on changed roles: In 2007, while the National Response Plan was being revised, FEMA and the Red Cross developed an interim agreement on roles and responsibilities that set forth the Red Cross’s shift from primary to support agency.

Voluntary Organizations Have Taken Steps to Expand Coverage and Strengthen Their Service Delivery Structures

In response to weaknesses in service delivery that became evident during Hurricane Katrina, the American Red Cross, The Salvation Army, the Southern Baptist Convention, and Catholic Charities have acted to expand their service coverage and strengthen key aspects of their structures. The Red Cross has reorganized its chapters and established new partnerships with local community and faith-based organizations, particularly in rural areas with hard-to-reach populations. While Red Cross officials did not expect these improvements to be undermined by the organization’s budget deficit, the effect of recent staff reductions at headquarters and elsewhere remains to be seen. Meanwhile, all four organizations, to varying degrees, have made changes to strengthen their ability to coordinate services by collaborating more on feeding and case management and improving their logistical and communications systems.

The Red Cross Is Taking Steps to Expand Service Coverage by Reorganizing Its Response Structure

In recognition of the fact that its service coverage had been inadequate during the 2005 Gulf Coast hurricanes,²² the Red Cross subsequently reorganized its service delivery structure and initiated or strengthened partnerships with local community organizations—a process that is still ongoing. During Katrina, when approximately 770,000 people were displaced, the Red Cross was widely viewed as not being prepared to meet the disaster’s unprecedented sheltering needs, in part because some areas—particularly rural areas—lacked local chapters or were not offering services; furthermore, the Red Cross had weak relationships with faith-based and other community groups that stepped in during this crisis to

²²See the American Red Cross’s self-assessment: From Challenge to Action: American Red Cross Actions To Improve and Enhance its Disaster Response And Related Capabilities For the 2006 Hurricane Season and Beyond: (Washington, D.C.: June 2006).

assist disaster victims.²³ To address these problems, the Red Cross is implementing two main initiatives:

First, to expand and strengthen its service delivery, including its capacity to respond to catastrophic disasters, the Red Cross is reorganizing its field structure by

- **Establishing a more flexible approach to service delivery** to accommodate varying needs of diverse communities within the same jurisdiction. According to the Red Cross, the jurisdiction of many chapters consisted of urban, suburban, and rural counties. Previously, chapter services were based on an urban model, but this one-size-fits-all approach, according to the Red Cross, did not well suit the needs and capacities of suburban and rural areas. The Red Cross now differentiates among three service levels, and each chapter can match service levels to the communities within its jurisdiction according to the community's population density and vulnerability to disasters.²⁴ As part of this differentiated approach, the chapters also use a mix of methods for providing services—from teams of disaster-trained volunteers to toll-free numbers and the Internet to formal partnerships—depending on the service level needed.
- **Realigning its regional chapter groupings**—each consisting of three to eight local chapters—to cover larger geographic areas, additional populations, and better support their local chapters. Regional chapters were established based on factors such as population density, total geographic area, and community economic indicators. According to the Red Cross, streamlining administrative back-office functions, such as human resources and financial reporting, through an organization-wide initiative to reduce duplication will free up chapter resources for service delivery. With this realignment, regional chapters now are expected to provide their local chapters with technical assistance, evaluate local

²³See the bibliography for a list of studies and reports on the response to Hurricane Katrina.

²⁴The different service levels are for (a) large metropolitan centers with substantial disaster vulnerability, (b) areas with medium population densities with moderate vulnerability, and (c) rural areas and isolated communities with limited vulnerability. According to the Red Cross, chapters will identify a service delivery plan for rural and isolated areas. In some isolated, remote areas, for example, Red Cross services may be offered by means of a partnership with a local volunteer fire district and access to Internet and telephone support while in other areas, services may be offered through a trained disaster action team, health and safety providers, and occasional visits by Red Cross staff.

chapters' overall service delivery capacity, and identify strategies to maximize service delivery, according to the Red Cross.

Second, the Red Cross is working to strengthen its local chapters' relationships with local faith- and community-based organizations so as to help better serve diverse and hard-to-reach populations. During Katrina, the Red Cross lacked such relationships in certain parts of the country, including hurricane-prone areas, and did not consistently serve the needs of many elderly, African-American, Latino, and Asian-American disaster victims and people with disabilities. To remedy this, the Red Cross initiated a new community partnership strategy under which local chapters identify key community organizations as possible disaster response partners and enter into agreements with them on resources to be provided, including reimbursements for costs associated with sheltering disaster victims. The partnership strategy's goals include improving service to specific communities by overcoming linguistic and cultural barriers; increasing the number of possible facilities for use as shelters, service centers, and warehouses; and enlisting the support of organizations that have relationships with the disabled community. According to Red Cross officials, local chapters around the country have initiated thousands of new partnerships with faith-based and local community organizations. However, because these partnerships are formed at the local chapter level, the national office does not track the exact number of new agreements signed, according to the Red Cross.

In addition, the Red Cross has also taken some actions to better address the mass care needs of disaster victims with disabilities—a particular concern during Katrina—although concerns still remain about the nation's overall preparations for mass care for people with disabilities. For example, the Red Cross developed a shelter intake form to help volunteers determine if a particular shelter can meet an individual's needs as well as new training programs for staff and volunteers that specifically focus on serving the disabled, as we previously reported.²⁵ It has also prepositioned items such as cots that can be used in conjunction with wheelchairs in warehouses to improve accessibility to shelters. However, as we reported in February 2008, Red Cross headquarters officials told us that some local chapters were not fully prepared to serve people with disabilities and that it was difficult to encourage local chapters to implement accessibility policies. In the report we also noted that FEMA had hired a disability coordinator to improve mass care services for the disabled, but it had not

²⁵See [GAO-08-369](#).

yet coordinated with the National Council on Disability, as required under the Post-Katrina Act. More specifically, we recommended that FEMA develop a set of measurable action steps, in consultation with the disability council, for coordinating with the council. According to the National Disability Council, while FEMA and the council have met on several occasions to discuss their joint responsibilities under the Post-Katrina Act, FEMA has not yet developed action steps for coordination in consultation with the council. FEMA officials told us they are preparing an update for us on their response to the recommendation.

Although the Red Cross recently significantly reduced its staffing levels, the staffing cutbacks were designed to uphold the organization's delivery of disaster services, according to the Red Cross. Red Cross national officials told us that overall, these and other staffing cuts were designed to leave service delivery intact and that the Red Cross plans to maintain the reorganization of its chapter and service level structure as well as its community partnership initiative. However, since these changes are so recent, it remains to be seen how or whether the cuts and realignment of responsibilities will affect the organization's post-Katrina efforts to expand and strengthen its service delivery.

To Improve Their Service Delivery Structures, the Red Cross and Other Organizations Increased Coordination and Strengthened Their Logistics and Communications Systems

On the basis of their experiences with large-scale disasters, including Katrina, the national offices, and to some extent the local offices, of the direct service providers in our study reported to varying degrees increasing coordination with each other.²⁶ In particular, they collaborated more on feeding operations and information sharing and made logistical and communications improvements to prevent future problems, according to organization officials.

²⁶While the national offices of the Red Cross, The Salvation Army, the Southern Baptist Convention, Catholic Charities, and United Way made direct contributions to the Hurricane Katrina response and relief effort, in the four metropolitan areas we visited, the Katrina experiences of the voluntary organizations' local offices varied, such as sending their staff and volunteers to affected areas or providing evacuees with housing assistance and case management services in their own area. In addition, the local voluntary organizations we met with discussed their service delivery improvements based on their experiences during other large-scale disasters in their regions, such as the September 11 attacks in the New York and Washington, D.C., metro region or the 1994 Northridge, California, earthquake.

Coordination on Provision of Services

With regard to mass care services, officials from the national offices of the Red Cross, The Salvation Army, and the Southern Baptist Convention—the three mass care providers in our review—reported increasing their collaboration on delivering mass feeding services. During Katrina, mass care services were duplicated in some locations and lacking in others, partly because voluntary organizations were unable to communicate and coordinate effectively. One reason for this confusion, according to the Southern Baptist Convention, was that many locally based volunteers were unaware that the national offices of the Red Cross and the Southern Baptist Convention had a mutual aid agreement to work with each other on feeding operations and as a result did not coordinate effectively. Since Katrina, the Southern Baptist Convention and the Red Cross have developed a plan to cross-train their kitchen volunteers and combine their core curricula for kitchen training. Similarly, The Salvation Army and the Southern Baptist Convention—who also collaborate on mass feeding services—created a joint training module that cross-trains Southern Baptist Convention volunteers to work in Salvation Army canteens and large Salvation Army mobile kitchens. The two organizations also agreed to continue liaison development.

In addition, the voluntary organizations in our study told us that they shared case management information on the services they provide to disaster survivors through the Coordinated Assistance Network (CAN)—which is a partnership among several national disaster relief nonprofit organizations.²⁷ After September 11, CAN developed a Web-based case management database system that allows participating organizations to reduce duplication of benefits by sharing data about clients and resources with each other following disasters. This system was used in Katrina and subsequent disasters. The Red Cross, The Salvation Army, and the United Way were among the seven original partners that developed and implemented CAN. According to officials from the Red Cross's national headquarters office, CAN has served as a tool for improving coordination and maintaining consistency across organizations and has also fostered collaboration at the national level among organization executives. An official from Catholic Charities USA told us it has seen a reduction in the duplication of services to clients since it began participating in CAN. Two

²⁷After September 11, GAO recommended that FEMA convene a working group to encourage voluntary organizations involved in disaster response to integrate several lessons learned from the attacks, including easing access to aid for those eligible and enhancing coordination among charities and with FEMA. See [GAO-03-259](#). Following our report, seven of the largest disaster response organizations—including the Red Cross, The Salvation Army, and the United Way—in partnership with FEMA, formed CAN to ease collaboration and facilitate data sharing.

Coordination on the Logistics
of Mass Care Supplies and
Services

of the local areas we visited participated in CAN—New York City and Washington, D.C.—and officials from some local voluntary organizations and VOADs in these two cities said they participate in CAN.²⁸ In New York City, Red Cross officials said CAN was used to support the Katrina victims who were evacuated to the area. Catholic Charities officials told us that following September 11, CAN helped ease the transition between the Red Cross’s initial case management services and longer-term services provided by other organizations. In addition, an official from the local VOAD said using CAN is a best practice for the sector.

The three voluntary organizations that provide mass care services have taken steps to improve their supply chains by coordinating more with each other and FEMA to prevent the breakdown in logistics that had occurred during Hurricane Katrina, according to officials we spoke with. In responding to Hurricane Katrina, the Red Cross, FEMA, and others experienced difficulties determining what resources were needed, what was available, and where resources were at any point in time, as we and others reported. Since then, the Red Cross and FEMA’s logistics department have communicated and coordinated more on mass care capacity, such as the inventory and deployment of cots, blankets, and volunteers, according to national office Red Cross officials. The Red Cross also said the logistics departments of the Red Cross and FEMA meet regularly and that the two organizations are working on a formal agreement and systematically reviewing certain areas, such as sharing information on supplies and warehousing. In addition to the Red Cross, the Southern Baptist Convention and The Salvation Army made changes to improve their supply chain management systems. In Katrina, the Southern Baptist Convention experienced a breakdown in the system that prevented it from replenishing its depleted mobile kitchen stock, according to officials from the organization. While FEMA ultimately helped with supplies, the Southern Baptist Convention has since collaborated with the Red Cross and The Salvation Army to develop a supply chain management system to minimize logistical problems that could interfere with its ability to provide feeding services, according to national office officials from the Southern Baptist Convention.

²⁸Currently, six communities nationwide participate as pilot communities that will lead to the development of new models of community readiness and response. The six pilot communities are the District of Columbia; San Francisco, California; New York City, New York; New Orleans, Louisiana; Oklahoma City, Oklahoma; and Seattle, Washington. In addition to pilot cities, CAN has the capacity to deploy throughout the United States for large-scale disasters and is available through a request process. According to an official from the Red Cross’s national headquarters office, CAN is available all across the country and CAN partner organizations are encouraging their local affiliates to use it.

Changes to Strengthen Communications Systems

To ensure that disaster staff and volunteers can receive and share information during a disaster, the voluntary organizations in our review told us they had to varying degrees strengthened their communications systems since Katrina. Hurricane Katrina destroyed core communications systems throughout the Gulf Coast, leaving emergency responders and citizens without a reliable network needed for coordination.²⁹ Since then, to prevent potential loss of communication during disasters, the Red Cross increased the number of its disaster response communications equipment and prepositioned emergency communications response vehicles that had Global Positioning Systems. According to organization officials, the Red Cross prepositioned communications equipment in 51 cities across the country, with special attention to hurricane-prone areas. The Red Cross also provided some communications equipment to the Southern Baptist Convention for its mobile kitchens and trucks. According to Red Cross national office officials, the organization's long-term goal for communications is to achieve interoperability among different systems such as landline, cellular, and radio networks. Furthermore, the Red Cross reported that it can communicate with FEMA and other federal agencies during a disaster through its participation in the national warning system and its use of a high-frequency radio program also used by federal agencies; in contrast, communication with nonfederal organizations is through liaisons in a facility or by e-mail or telephone. In addition to these Red Cross efforts, the Southern Baptist Convention enabled its ham radio operators throughout the country to directly access its national disaster operations center through a licensed radio address, began including a communications officer in each of its incident command teams, and established a standard communications skill set for all of its local affiliates, among other improvements. Local Salvation Army units also reported upgrading their communications system since Katrina. In Washington, D.C., The Salvation Army began developing an in-house communications system in the event that cellular and satellite communications networks are down, and in Miami, The Salvation Army equipped its canteens with Global Positioning Systems to help disaster relief teams pinpoint locations if street signs are missing due to a disaster. In addition, Catholic Charities in Miami purchased new communications trailers with portable laptop computer stations, Internet access, a generator, and satellite access, according to a Catholic Charities official.

²⁹The White House, *The Federal Response to Hurricane Katrina: Lessons Learned* (Washington, D.C.: February 2006).

Although Early Assessments Are Limited, a Worst-Case Large-Scale Disaster Would Likely Overwhelm the Current Ability of Major Voluntary Organizations to Provide Mass Care in Four Metro Locations without Government and Other Assistance

Although initial assessments do not yet fully capture the collective capabilities of major voluntary organizations, the evidence suggests that without government and other assistance, a worst-case large-scale disaster would overwhelm voluntary organizations' current mass care capabilities in the metropolitan areas we visited. The federal government and voluntary organizations have started to identify sheltering and feeding capabilities. However, at this point most existing assessments are locally or regionally based and do not provide a full picture of the nationwide capabilities of these organizations that could augment local capabilities. Furthermore, attempts to develop comprehensive assessments are hindered by the lack of standard terms and measures in the field of mass care. In the four metro areas we visited, the American Red Cross, The Salvation Army, and the Southern Baptist Convention were able to provide information on their local sheltering and feeding resources, and in large-scale disasters their substantial nationwide resources could be brought to bear in an affected area. Nevertheless, the estimated need for sheltering and feeding in a worst-case large-scale disaster—such as a Katrina-level event—would overwhelm these voluntary organizations. We also found, however, that many local and state governments in the areas we visited, as well as the federal government, are planning to use government employees and private sector resources to help address such extensive needs. Red Cross and FEMA officials also told us that in a catastrophic situation, assistance will likely be provided from many sources, including the general public, as well as the private and nonprofit sectors, that is not part of any prepared or planned response.

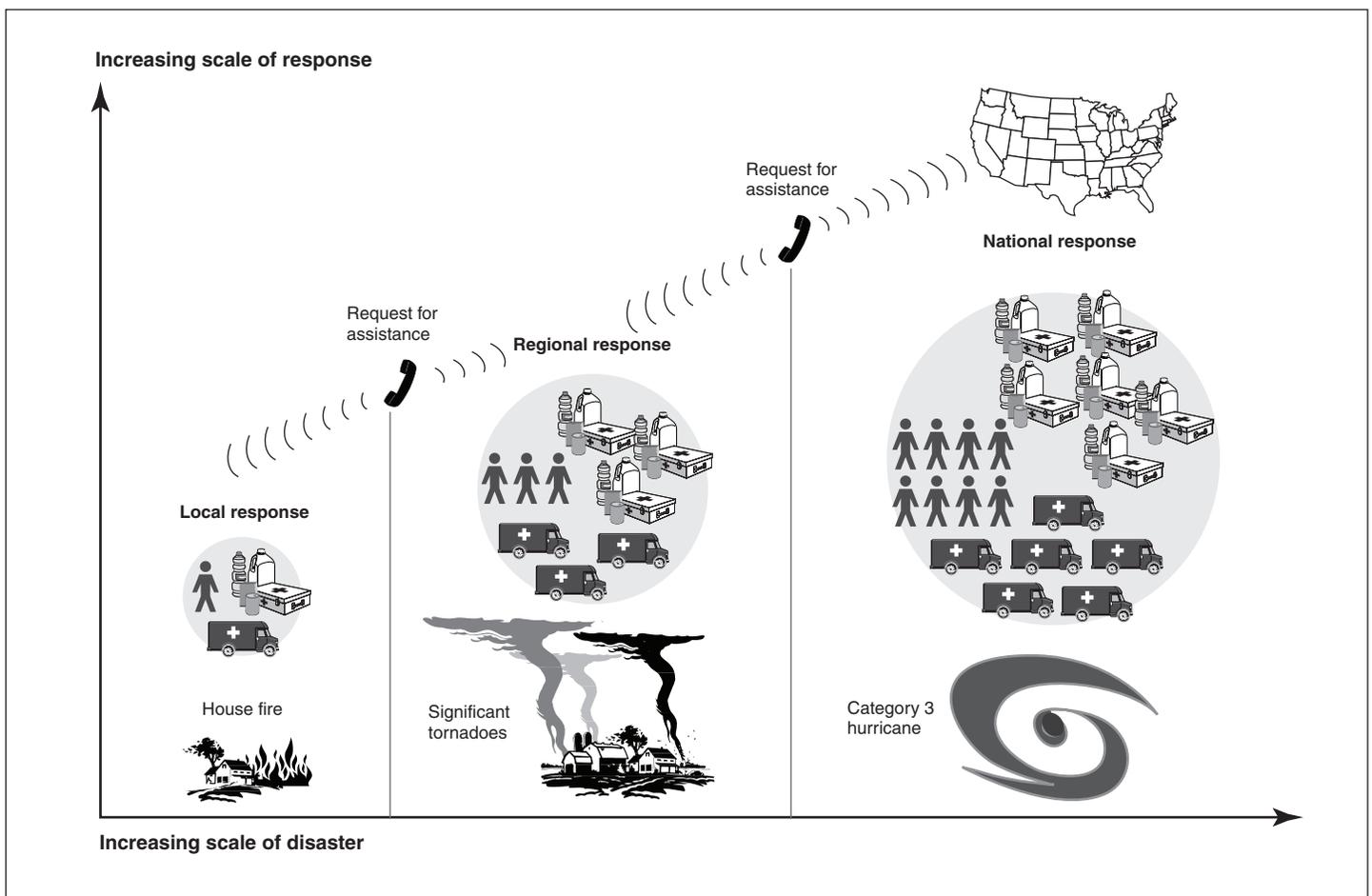
Capabilities Assessment for Mass Care Is an Emerging Effort That Has Yet to Fully Include Voluntary Organizations

Because the assessment of capabilities among multiple organizations nationwide is an emerging effort—largely post-Katrina—it does not yet allow for a systematic understanding of the mass care capabilities that voluntary organizations can bring to bear to address large-scale disasters in the four metropolitan areas in our review. Assessments help organizations identify the resources and capabilities they have as well as potential gaps. To assess capabilities in such disasters in any metro area, it is necessary to have information not only on an organization's local capabilities but also its regional and nationwide capabilities.³⁰ Under this scalable approach—which is a cornerstone of the Framework and the Catastrophic Supplement as well—local voluntary organizations generally ramp up their capabilities to respond to large-scale disasters, a process that is shown in figure 4. Voluntary organizations are generally able to

³⁰This is particularly important for catastrophic disasters that would trigger a proactive national federal response under the Catastrophic Incident Supplement.

handle smaller disasters using locally or regionally based capabilities, but in a large-scale disaster their nationwide capabilities can be brought to bear in an affected area. While our focus in this review is on voluntary organizations' resources and capabilities, governments at all levels also play a role in addressing mass care needs in large-scale disasters.

Figure 4: Voluntary Organizations' Scaling Up Process in Large-Scale Disasters



Source: GAO analysis; images; Art Explosion.

In anticipation of potential disasters, the federal government and the Red Cross have separately started to assess sheltering and feeding capabilities, but these assessments involve data with different purposes, geographic scope, and disaster scenarios. Consequently they do not yet generate detailed information for a comprehensive picture of the capabilities of the voluntary organizations in our review. (See table 5.)

Table 5: Current and Ongoing Assessments of Disaster Response Capabilities by FEMA and the Red Cross

Source	Title	Goal or purpose	Geographic scope	Type(s) of disasters	Date completed	Limitations
FEMA/ DHS	Gap Analysis Program (GAP)	To identify states' existing disaster capability and potential gaps in seven critical areas: sheltering, debris removal, evacuation, temporary housing, medical needs, commodity distribution, and fuel availability. Once gaps are identified, FEMA works with the states to address any deficiencies.	Phase I: 21 hurricane-prone states and territories along the Eastern and Gulf Coasts Phase II: Expanding to all states	Phase I: Category III Hurricane Phase II: States can choose the types of disasters they want to use for the assessment.	Phase I: 2007 Phase II: 2009 (tentative)	Does not assess feeding capabilities outside of shelters Does not incorporate data from voluntary organizations if they do not have formal agreements with state or local governments
FEMA/ DHS American Red Cross	National Shelter System ^a	To provide information using a Web-based system on shelter facilities, capacity, and population counts.	Nationwide	Not applicable	Red Cross version was released in 2006. New FEMA version scheduled for release in 2008	Primarily includes data on shelters operated by the Red Cross, and states have recently entered new data on non-Red Cross shelters
American Red Cross	Risk-Based Capacity Building Initiative	To address catastrophic risks by identifying existing capabilities and creating a response strategy to address the unique requirements of selected catastrophic events.	Six high-risk areas of the country ^b	The most likely, worst-case catastrophic disaster scenario for each area.	2007	Limited to six high-risk areas of the country

Source	Title	Goal or purpose	Geographic scope	Type(s) of disasters	Date completed	Limitations
American Red Cross	Chapter Disaster Readiness Assessments	To gain a clear understanding of each chapter's ability to respond and deliver services should a disaster occur within its jurisdiction.	All Red Cross chapters	The assessment determines the chapter's readiness to respond to disasters of different magnitudes ranging from a 10 family event to a major disaster. ^c	Conducted annually starting in 2003. Most recent assessment was in spring 2007.	Looks at each chapter individually rather than assessing the organization as a whole

Source: GAO analysis

^aAn initial shelter system that is owned and was paid for by the Red Cross, with FEMA as a partner agency, is currently operational. The federal National Shelter System—operated by FEMA in partnership with the Red Cross—is owned and housed at FEMA and scheduled for release in August 2008. When completed, the plan is for the Red Cross to enter and verify data for Red Cross shelters, and for states to enter and verify data for all other shelters.

^bThe six areas were Southern California, National Capital Region, New York City Metropolitan Area, Gulf Coast, California Bay Area, and Southeast Coast.

^cIn its Chapter Readiness Assessments, the Red Cross defines a major disaster as the largest, most likely event that could have an impact on the chapter. Each chapter is expected to meet with local emergency managers to discuss the largest most likely event. The minimum service delivery requirements for this scenario is for a chapter to be able to operate two shelters with a total of 200 residents, prepare and serve 1,000 meals per day, and staff one government liaison office.

FEMA is currently spearheading two initiatives that to some extent address the mass care capabilities of voluntary organizations in our review. FEMA's Gap Analysis Program, which has so far looked at state capabilities in 21 hurricane-prone states and territories, has begun to take stock of some voluntary organizations' capabilities. According to FEMA officials, states incorporated sheltering data from organizations with which they have formal agreements. In the four metro areas we visited, however, we found that—unlike the Red Cross—The Salvation Army and the Southern Baptist Convention did not generally have formal agreements with the state or local government.³¹ For this reason, it is unlikely that their resources have been included in this first phase, according to FEMA officials.³² Also, this initial phase of analysis did not assess feeding

³¹The Salvation Army and the Southern Baptist Convention primarily provide feeding services, but The Salvation Army also has some shelter facilities it can operate during large-scale disasters, according to officials we met.

³²Red Cross officials said they have provided states with capabilities data that included some information from other voluntary organizations, but it is not known the extent to which states incorporated these data into their GAP assessments.

capabilities outside of those available in shelters, a key facet of mass care for which voluntary organizations have significant resources.³³ Another form of assessment under way through FEMA and the Red Cross—the National Shelter System database—which collects information on shelter facilities and capacities nationwide—largely consists of shelters operated by the Red Cross, and states have recently entered new data on non-Red Cross shelters as well.³⁴ While The Salvation Army and other voluntary spokesmen told us they have shelters at recreation centers and other sites that are not listed in this database, FEMA officials told us the accuracy of the shelter data is contingent upon states reporting information into the system and updating it frequently. FEMA has offered to have its staff help states include non-Red Cross shelter data in the database and has also provided or facilitated National Shelter System training in 26 states and 3 territories. As of July 2008, shelters operated by the Red Cross account for about 90 percent of the shelters listed, and according to FEMA officials, 47 states and 3 territories have entered non-Red Cross shelter data into the database. In commenting on the draft report, FEMA noted that in addition to these assessments, the agency is conducting catastrophic planning efforts to help some states develop sheltering plans for responding to certain disaster scenarios. For example, the states involved in planning efforts for the New Madrid earthquake are developing plans to protect and assist their impacted populations and identifying ways to augment the resources provided by voluntary organizations and the federal government.

Of the voluntary organizations in our review, the Red Cross is the only one that has, to date, undertaken self-assessments of its capabilities. First, its annual readiness assessments of individual local chapters provide an overview of locally based capabilities for disasters of various scales and identify shortfalls in equipment and personnel for each chapter. Second, the Red Cross has also conducted comprehensive assessments of its

³³The GAP analysis began by having states and territories identify existing disaster capabilities and potential gaps in seven critical areas: sheltering, debris removal, evacuation, temporary housing, medical needs, commodity distribution, and fuel availability. Since the first phase focused on hurricane-prone areas of the country, it did not include one of the four locations in our review — the Los Angeles metro area—in the analysis.

³⁴An initial shelter system that is owned and was paid for by the Red Cross, with FEMA as a partner agency, is currently operational. However, FEMA has developed a federal National Shelter System that will be owned and housed at FEMA and is scheduled for release in August 2008. When the federal shelter system is completed, the plan is for Red Cross to enter and verify data for Red Cross shelters, and for states to enter and verify data for all other shelters. See [GAO-08-369](#).

sheltering and feeding capabilities in six high-risk areas of the country as part of its capacity-building initiative for those areas. Focusing on the most likely worst-case catastrophic disaster scenario for each area, this initiative reflects the Red Cross's primary means of addressing its responsibilities under the federal Catastrophic Supplement. Red Cross officials said that while they incorporated data from The Salvation Army and the Southern Baptist Convention into this assessment, many of their other partner organizations were unable to provide the Red Cross with such information. The Salvation Army and Southern Baptist Convention officials with whom we spoke said they have not yet assessed their organizations' nationwide feeding capabilities, although they were able to provide us with data on the total number of mobile kitchens and other types of equipment they have across the country.

Also underlying the problem of limited data on voluntary organizations is the lack of standard terminology and measures for characterizing mass care resources. For example, voluntary organizations do not uniformly use standard classifications for their mobile kitchens. This makes it difficult to quickly assess total capacity when dozens of mobile kitchens from different organizations arrive at a disaster site or when trying to assess capabilities. While DHS requires all federal departments and agencies to adopt standard descriptions and measures—a process defined in NIMS as resource typing—voluntary organizations are not generally required to inventory their assets according to these standards. Red Cross officials report that their organization does follow these standards, but The Salvation Army and Southern Baptist Convention officials said their organizations currently do not, although the latter has taken steps to do so. Specifically, national Southern Baptist officials said they are working with the Red Cross and The Salvation Army to standardize their mobile kitchen classifications using NIMS resource definitions. We also found indications of change at the local level in California with regard to The Salvation Army. Officials there told us they used NIMS resource typing to categorize the organization's mobile kitchens in the state and that they have provided these data to California state officials.

Meanwhile, FEMA is also working with NVOAD to standardize more ESF-6 service terms, in accordance with its responsibilities under the Post-Katrina Reform Act.³⁵ This initiative currently includes terms and

³⁵The Post-Katrina Act requires FEMA to collaborate with state, local, and tribal governments, and organizations that represent emergency response providers on developing standards for deployment capabilities, including typing of resources likely needed in disasters. Pub. L. No. 109-295, §611(13).

definitions for some mass care services such as shelter management and mobile kitchens.³⁶ However, FEMA officials said it may be several years before additional standard terms and measures are fully integrated into disaster operations.

While Voluntary Organizations' Resources Are Substantial, Their Sheltering and Feeding Capabilities Would Likely Fall Short of Estimated Needs in a Worst-Case Large-Scale Disaster without Government and Other Assistance

Although systematic assessments of mass care capabilities are limited, it is evident that in large-scale, especially worst-case, catastrophic disasters, the three mass care voluntary organizations would not likely be able to fulfill the need for sheltering and feeding in the four metropolitan areas in our review without government and other assistance, according to voluntary organization officials we interviewed as well as our review of federal and other data. Red Cross officials, as well as some officials from other organizations we visited, generally agreed that they do not have sufficient capabilities to single-handedly meet all of the potential sheltering and feeding needs in some catastrophic disasters. While the mass care resources of these voluntary organizations are substantial, both locally and nationally, our analysis indicates a likely shortage of both personnel and assets. Anticipating such shortages, the voluntary organizations we spoke with are making efforts to train additional personnel. According to local, state, and federal government officials we spoke with, government agencies—which play key roles in disaster response—told us that they were planning to use government employees and private sector resources in such disasters in addition to the resources of voluntary organizations. Red Cross and FEMA officials also told us that in a catastrophic situation, assistance will likely be provided from many sources, including the general public, as well as the private and nonprofit sectors, that are not part of any prepared or planned response.

Federal and Other Estimates of Needs in Worst-Case Large-Scale Disasters

Within the past few years, DHS, the Red Cross, and others have developed estimates of the magnitude of mass care services that might be needed to respond to worst-case catastrophic disasters, such as various kinds of terrorist attacks or a hurricane on the scale of Katrina or greater. The estimates vary according to the type, magnitude, and location of such

³⁶FEMA has so far developed definitions for 120 kinds of resources used in disaster response, but only a few of these are related to mass care.

disasters and are necessarily characterized by uncertainties.³⁷ (See table 6.)

Table 6: Examples of Federal and Other Estimates of the Magnitude of Mass Care Needs in Worst-Case Large-Scale Disasters

Source	Methodology	Geographic scope	Type(s) of disasters	Estimated needs	
				Sheltering (people)	Feeding
Department of Homeland Security —Target Capabilities List (September 2007)	The estimates were developed by DHS after an in-depth analysis of the Major Earthquake scenario in the National Planning Scenarios. ^a	A major metropolitan area with a population of approximately 10 million people	7.2-magnitude earthquake with a subsequent 8.0 earthquake (Richter scale)	313,000	1.5 million meals per day
American Red Cross —Risk-Based Capacity Building Initiative (July 2007)	Red Cross worked with state and local officials and other disaster experts to develop worst-case disaster scenarios in six high-risk areas of the country.	Six high-risk areas of the county, encompassing the four metropolitan areas in our study:	Southern California: 7.2 to 7.5 magnitude earthquake	564,113	2.5 million people will need feeding
		Southern California	Washington, D.C., region: chemical, biological, radiological, nuclear, or major explosion terrorist attack	300,000	— ^b
		National Capital Region	New York metropolitan area: category III/IV hurricane	605,000 ^c	4 million people will need feeding ^c
		New York City metro area	Gulf Coast	328,646 ^d	657,292 meals per day ^d
		California Bay area			
		Southeast Coast	Gulf Coast: Category V hurricane		

³⁷Red Cross officials emphasized to us that estimating needs for scenarios is very speculative because of the unknowns and varying aspects of mass care needs. For example, one official noted that pre-event evacuation shelter needs are different from regular shelter needs for people whose homes are destroyed. He also noted that shelter needs can follow different trajectories after some types of disaster such as an earthquake, not reaching maximum levels until several days after an initial impact.

Source	Methodology	Geographic scope	Type(s) of disasters	Estimated needs	
				Sheltering (people)	Feeding
Florida Division of Emergency Management ^e —Hurricane Ono planning project (November 2007)	The estimates were developed by a team of state and federal subject matter experts for use at a catastrophic planning workshop.	South Florida	Category V hurricane	885,000	3 million meals per day

Source: GAO analysis.

^aThe National Planning Scenarios were developed by the Homeland Security Council—in partnership with DHS; other federal departments and agencies; and state, local, tribal, and territorial governments—to illustrate the potential scope, magnitude, and complexity of a range of major events. The 15 scenarios include terrorist attacks and major disasters such as hurricanes and earthquakes.

^bThe Red Cross’s assessment for a chemical, biological, radiological, nuclear, or major explosion terrorist attack in the Washington, D.C., region does not include an estimate for the number of people needing feeding services.

^cEstimates are specifically for New York, New York.

^dEstimates are specifically for Florida.

^eThe Hurricane Ono planning project is a joint initiative by FEMA and the state of Florida. It is part of the Florida catastrophic planning project that started in the fall of 2006. These estimates provide the basis for analyzing the ability of voluntary organizations— particularly the Red Cross—to provide sheltering and feeding in response to large-scale, especially catastrophic disasters. In a catastrophic disaster, government agencies are expected to work together with voluntary organizations and the private sector to collectively meet the substantial need for mass sheltering and feeding, according to the National Framework and Catastrophic Supplement.

Sheltering Resources and Capabilities

Although sheltering resources are substantial, in a worst-case large-scale disaster, the need for sheltering would likely exceed voluntary organizations’ current sheltering capabilities in most metro areas in our study, according to government and Red Cross estimates of needs. The preponderance of shelters for which data are available are operated by the Red Cross in schools, churches, community centers, and other facilities that meet structural standards, but The Salvation Army and other organizations also operate a small number of sheltering facilities as well. The Red Cross does not own these shelter facilities, but it either manages the shelters with its own personnel and supplies under agreement with the owners or works with its partner organizations and others to help them manage shelters. At the national level, the Red Cross has identified 50,000 potential shelter facilities across the country, as noted in the National Shelter System database. In addition, the Red Cross has enough sheltering supplies, such as cots and blankets, to support up to 500,000 people in

shelters nationwide.³⁸ However, while disaster victims can be evacuated to shelters across the country if necessary, as happened after Katrina, Red Cross officials told us they prefer to shelter people locally. In the four metro areas we visited, the Red Cross has identified shelter facilities and their maximum or potential capacities, as shown in table 7.

Table 7: Shelters Operated by the American Red Cross and Potential Capacity in Four Metropolitan Areas

	Washington, D.C.	New York, N.Y.	Los Angeles, Calif.	Miami, Fla.
Number of shelter facilities	386	623	341	65
Total bed space capacity	13,000	311,500 ^a	84,000	38,000

Source: Data provided by the Red Cross.

Note: The actual number of people the Red Cross can shelter in these facilities after a large-scale disaster would be affected by such things as the location and scope of the disaster-impacted area, the availability of trained personnel, the condition of utilities and other infrastructure, and the availability of transportation.

^aDuring the initial evacuation phase of the response, these same shelters would be operated by the New York City government and would have the capacity to shelter more than 600,000 people. The evacuation shelters have higher capacities because they provide fewer services and need less space per person than the shelters that are operated by the Red Cross that provide more comprehensive services.

Despite local and nationally available resources, the kinds of large-scale disasters for which estimates of need exist would greatly tax and exceed the Red Cross’s ability to provide sheltering. For example, for a major earthquake in a metropolitan area, DHS estimates that 313,000 people would need shelter,³⁹ but in Los Angeles—a city prone to earthquakes—Red Cross officials told us they are capable of sheltering 84,000 people locally under optimal conditions. The Red Cross’s own analyses of other types of worst-case disaster scenarios also identified shortages in

³⁸The Red Cross estimated that 500,000 people would need shelters in a worst-case scenario, or approximately three times the highest number of people sheltered during a single night during the response to Hurricane Katrina.

³⁹The catastrophic estimate is not for a specific geographic location but is based on an earthquake along a fault zone in a major metropolitan area with a population of approximately 10 million people, which is about the population of Los Angeles County. This estimate is from DHS’s Target Capabilities List (September 2007). A key element of the DHS National Preparedness Guidelines, the Target Capabilities List defines specific capabilities that communities, the private sector, and all levels of government should collectively possess in order to respond effectively to disasters.

sheltering capacity in New York and Washington, D.C., as well.⁴⁰ For example, for a nuclear terrorist attack in Washington, D.C., the Red Cross estimates that 150,000 people would need sheltering in the National Capital Region and identified a gap of over 100,000 shelter spaces after accounting for existing capabilities.

The ability to build or strengthen sheltering capabilities depends on several elements, including the availability of trained personnel and supplies, the condition of shelter facilities, and the particular disaster scenario and location, among other things. Chief among these constraints, according to national and local Red Cross officials, is the shortage of trained volunteers. Red Cross officials said there are 17,000 volunteers and staff in the Red Cross's national disaster services human resources program that have received extensive training in sheltering as of May 2008 and an additional 16,000 Red Cross workers trained in mass care that can be deployed across the country.⁴¹ However, local chapters are still expected to be self-sufficient for up to 5 days after a large-scale disaster occurs, while staff and volunteers are being mobilized nationwide. According to the Red Cross's annual chapter assessments, personnel shortages limit the ability of all four chapters we visited to manage the local response beyond certain levels. In New York City, Red Cross officials noted that it has identified enough shelters to optimally accommodate more than 300,000 people, but that it has only enough personnel locally to simultaneously operate 25 shelters, for a total sheltering capability of 12,500 people. The Red Cross is working with its local chapters to develop action plans to address personnel shortages. For example, in New York, the Red Cross has set a goal of recruiting 10,000 additional volunteers—in addition to the 2,000 it had as of December 2007 to operate shelters—and plans to attract 850 new volunteers each quarter. In addition, supply chain and warehousing challenges affect the ability to maximize sheltering capabilities. According to Red Cross officials, it is not necessary to maintain large inventories of some supplies, such as blankets, if they can be quickly and easily purchased. However, obtaining other supplies such as cots requires a long lead time since they may need to be shipped from as far away as China, a fact that can be particularly problematic in no-

⁴⁰The Red Cross's risk-based capacity-building initiative assessment of a category V hurricane in the Gulf Coast identified a surplus of sheltering capacity in all of Florida of approximately 113,000 bed spaces over estimated needs. However, a Red Cross official said that since this initiative was state focused, it did not specifically assess sheltering capacity in the Miami metropolitan area.

⁴¹Red Cross officials also said that more volunteers could be trained and deployed after a disaster.

notice events such as major earthquakes. While purchasing supplies as needed can reduce warehousing costs, this approach can also be affected by potential disruptions in the global supply chain, according to officials we spoke with.

In DHS's Catastrophic Incident Supplement, an underlying assumption is that substantial numbers of trained mass care specialists and managers will be required for an extended period of time to sustain mass care sheltering and feeding activities after a catastrophic disaster. In recognition of the need to increase the number of trained personnel to staff existing shelters, state and local governments in the four metropolitan areas we visited told us they are planning to train and use government employees to staff shelters in such large-scale disasters. For example, in New York City, the Office of Emergency Management is preparing to use trained city government employees and supplies to provide basic sheltering care for up to 600,000 residents in evacuation shelters. The city-run evacuation shelters would be located at schools for the first few days before and after a catastrophic hurricane. After this initial emergency plan is implemented, the city expects the Red Cross to step in and provide more comprehensive sheltering services to people who cannot return to their homes.⁴² As Red Cross officials told us, the New York City government is the only local organization with the potential manpower to staff all the available shelters, but the Red Cross will also provide additional personnel to help operate some of the city's evacuation shelters and special medical needs shelters. As of November 2007, 22,000 New York City employees had received shelter training through a local university, with some additional training from the Red Cross. Similarly, in Los Angeles, as of January 2008, approximately 1,400 county employees had been trained in shelter management so far, and the Red Cross has set a goal to train 60,000 of the county's 90,000 employees. In addition, state governments have resources, equipment, and trained personnel that can be mobilized to provide mass care, according to state and FEMA officials. States can also request additional resources from neighboring states through their mutual aid agreements. According to Red Cross and FEMA officials, in a catastrophic disaster, sheltering assistance would likely be provided from many sources, such as churches and other community

⁴²The Red Cross does not currently have the capability to shelter all the people that would be unable to return to their homes, according to the Red Cross's own analysis. The New York City government plans to return the evacuation shelters, which include schools and other city-owned facilities, to their normal functions as soon as possible after a disaster, but would extend the use of these facilities for sheltering if needed. The number of people needing comprehensive sheltering services is expected to be smaller than the 600,000 who may need sheltering during the evacuation phase of a catastrophic hurricane.

Feeding Resources and Capabilities

organizations, as occurred in the aftermath of the Katrina hurricanes, and they also noted that such assistance was not part of any prepared or planned response.

Although voluntary organizations' feeding resources are also substantial, the feeding needs in a worst-case large-scale disaster would likely exceed the voluntary organizations' current feeding capabilities for most metro areas in our review, according to government and Red Cross estimates of needs. In their feeding operations, voluntary organizations make use of mobile kitchens or canteens to offer hot meals and sandwiches, prepackaged meals known as meals-ready-to-eat (MRE), and hot and cold meals prepared by contracted private vendors.⁴³ The Red Cross, The Salvation Army, and the Southern Baptist Convention have locally based resources for feeding disaster victims in the four metro areas we visited. For example, The Salvation Army and the Southern Baptist Convention have mobile kitchens stationed in close proximity to each of the four metro areas we visited. Some of these mobile kitchens are capable of producing up to 25,000 meals per day. The Red Cross also has feeding resources in these metro areas including prepackaged meals, vehicles equipped to deliver food, and contracts with local vendors to prepare meals. In addition, by mobilizing nationwide resources, such as mobile kitchens and prepackaged meals, the Red Cross reports that it currently has the capability, together with the Southern Baptist Convention, to provide about 1 million meals per day—about the maximum number of meals served per day during Katrina. Across the country, The Salvation Army has 697 mobile kitchens and other specialized vehicles and the Southern Baptist Convention has 117 mobile kitchens that can be dispatched to disaster sites, according to organization officials.⁴⁴ Furthermore, Red Cross officials also said they have 6 million prepackaged meals stockpiled in warehouses across the country that can be quickly distributed in the first few days after a disaster, before mobile kitchens are fully deployed to the affected area. Red Cross officials also said that they can tap into additional food sources, such as catering contracts with food service providers, during prolonged response efforts.

⁴³Mobile kitchens, also known as canteens, are essentially kitchens on wheels that can prepare and serve two to three hot meals per day. For example, a typical Salvation Army mobile kitchen has a griddle, four burner stove top, oven, microwave, refrigerator/freezer, and generator.

⁴⁴The Salvation Army also has buildings located across the country that can be used during disasters as feeding sites and distribution centers.

Despite these substantial resources nationwide, in a worst-case large-scale disaster, feeding needs would still greatly exceed the current capabilities of these voluntary organizations, according to government and Red Cross estimates of needs under different scenarios. For example, DHS estimates that feeding victims of a major earthquake would require approximately 1.5 million meals per day, but this need is considerably greater than the 1 million meals per day currently possible, leaving a shortfall of about 500,000 meals per day.⁴⁵ According to state government estimates, the gap is even larger for other types of disaster scenarios. For example, according to Florida state estimates, a category IV hurricane could produce the need for 3 million meals per day, which is considerably greater than the 1 million meals per day that the Red Cross can provide. In addition, a nuclear terrorist attack in Washington, D.C., would require 300,000 meals per day more than the Red Cross's current capabilities allow, according to the Red Cross's internal assessments.

The ability to build or strengthen feeding capabilities depends on the availability of trained personnel, equipment, and supplies. As with sheltering, some voluntary organization officials told us that the key constraint is the limited availability of trained personnel. Feeding services are a labor-intensive process. For example, Southern Baptist Convention officials said it takes a team of 50 trained people to operate a large mobile kitchen, and an additional 50 people are needed every 4 days because teams are rotated in and out of disaster sites. Southern Baptist Convention officials said that although they have 75,000 trained volunteers in their organization, there are still not enough trained volunteers, especially experienced team leaders. They said the shortage of experienced team leaders is particularly challenging because mobile kitchens cannot be deployed without a team leader. The voluntary organizations are addressing these personnel shortages by promoting training programs for new staff and volunteers and also utilizing additional unaffiliated, untrained volunteers who join during response efforts. For example, according to The Salvation Army, its national disaster training program has trained more than 16,000 personnel throughout the United States since 2005. In addition, supply disruptions are also a major concern in large-scale disasters because mobile kitchens and other feeding units need to be restocked with food and supplies in order to continue providing meals. Red Cross officials told us they are in the process of expanding their food supply by contracting with national vendors to provide additional meals during disasters. In addition, as previously mentioned, the Southern

⁴⁵This DHS estimate of feeding needs is from the Target Capabilities List (September 2007).

Baptist Convention faced problems resupplying its mobile kitchens during the response to Hurricane Katrina and has since taken steps to develop a supply chain management system with the Red Cross and The Salvation Army to minimize future logistical problems.

In the four metro areas we visited, some state and local government officials we met with told us they are planning to fill these gaps in feeding services by contracting with private sector providers. In Florida, the state is planning to use private sector contractors to fill gaps in feeding services in preparation for a catastrophic hurricane. A Florida state official said obtaining and distributing the estimated 3 million meals per day that would be needed is a huge logistical challenge that would require the state to use 20 to 40 private vendors. In Washington, D.C., the emergency management officials said they are also establishing open contracts with private sector providers for additional prepackaged meals and other food supplies.

Federal Government's Supplementary Efforts

As a result of FEMA's new responsibilities under the Post-Katrina Act and its new role as the primary agency for mass care under the National Framework, FEMA officials have told us that the agency was working to identify additional resources for situations in which the mass care capabilities of government and voluntary organizations are exceeded.⁴⁶ FEMA officials said that FEMA has developed contracts with private companies for mass care resources for situations in which the needs exceed federal capabilities. After Katrina, FEMA made four noncompetitive awards to companies for housing services. Since then, contracts for housing services have been let through a competitive process and broadened in scope so that if a disaster struck now they could also include facility assessment for shelters, facility rehabilitation—including making facilities accessible—feeding, security, and staffing shelters. According to the FEMA official in charge of these contracts, the contracts gave the federal government the option of purchasing the resources it needs in response to disasters. FEMA officials said, however, that they prefer using federal resources whenever possible because private sector contract services are more expensive than federal resources. FEMA also has a mass care unit that is responsible for coordinating ESF-6 partner agency activities and assessing state and local government shelter shortfalls. According to FEMA, the members of the mass care unit based in Washington, D.C., are composed of subject matter experts trained in various mass care operations, including sheltering. Mass care teams have

⁴⁶See [GAO-08-369](#).

been deployed to assist with sheltering operations, such as the California wildfires of 2007 and the Iowa floods of 2008. FEMA regional offices have also begun to hire staff dedicated to mass care.

Shortages in Personnel, Preparedness Funding, and Connections to Government Remain a Challenge

Shortages in trained personnel, identifying and dedicating financial resources for preparedness activities, and strengthening connections with government agencies continue to challenge the voluntary organizations in our study. Voluntary organizations in our review continue to face shortages in trained staff to work on preparing for future disasters, among other things, and volunteers to help provide mass care services, even though voluntary organizations and government agencies we met with made efforts to train additional personnel. Identifying and dedicating financial resources for disaster planning and preparedness become increasingly difficult as voluntary organizations also strive to meet competing demands. In addition, the level of involvement and interaction of voluntary organizations in disaster planning and coordination with government agencies is an ongoing challenge, even for the American Red Cross, which has recently changed the way it works with FEMA and state governments.

Personnel Shortages Continue to Be a Common Concern

The most commonly cited concern that voluntary organizations have about their capabilities is the shortage of trained staff or volunteers, particularly for disaster planning and preparedness, according to voluntary organization officials. State and local governments are primarily responsible for preparing their communities to manage disasters locally—through planning and coordination with other government agencies, voluntary organizations, and the private sector. However, voluntary organization officials we met with told us it was difficult for them to devote staff to disaster planning, preparedness activities, and coordination. At the national level, the Southern Baptist Convention and Catholic Charities USA maintained small staffs of one or two people that work on disaster preparedness and coordination, which they said made preparedness and coordination for large-scale disasters challenging. At the local level, we also heard that staff who were responsible for disaster planning for their organization had multiple roles and responsibilities, including coordinating with others involved in disaster response as well as daily responsibilities in other areas. This was particularly an issue for the faith-based organizations, such as The Salvation Army and the Southern Baptist Convention, for whom disaster response, while important, is generally ancillary to their primary mission. For example, in Florida the state Southern Baptist Convention has a designated staff member solely focused on disaster relief and recovery, but other state Southern Baptist Conventions expect disaster staff to split their time among other

responsibilities, such as managing the men's ministry, and generally do not have the time or ability to interact with the state emergency management agency, according to an official from the Florida Southern Baptist Convention. Similarly, a Salvation Army official in Miami commented that The Salvation Army could do more if they had a dedicated liaison employee to help with their local government responsibilities, including coordinating the provision of mass care services, which the organization provides in agreement with the local government. According to a national official from Catholic Charities USA, local Catholic Charities that provide disaster services usually have one employee to handle the disaster training and response operation, in addition to other responsibilities. While it would be ideal for all local Catholic Charities to have at least two or three employees trained in disaster response, she said, the organization currently does not have resources for this training. In New York and Los Angeles, officials from Catholic Charities confirmed that the lack of personnel capable of responding to disasters is an ongoing challenge for their organization.

These shortages in trained staff affected the ability of some local voluntary organizations and VOADs we met with to develop and update business continuity and disaster response plans, according to officials from these organizations.⁴⁷ In Los Angeles, an official from Catholic Charities told us that it does not have a disaster or continuity-of-operations plan tailored to the organization's needs, because it does not have dedicated disaster staff to develop such plans. Voluntary organization officials in Miami emphasized the importance of having such continuity plans, because after Hurricanes Katrina and Wilma struck Florida in 2005, most of the local voluntary organizations in the area were unable to provide services due to damage from the storm. In addition, organizations and VOADs we visited said that they struggle to update their disaster response plans. For instance, in Los Angeles, an official from the local VOAD told us that the organization's disaster response plan needed to be updated, but that the VOAD has not addressed this need because of staffing limitations. This official also told us the VOAD was planning to hire two full-time staff

⁴⁷Business and continuity-of-operations plans are important for maintaining essential services, since a large-scale disaster could disrupt operations by damaging shelter facilities, making equipment inaccessible, and displacing volunteers and staff.

sometime in 2008 using federal pandemic influenza funds received through the county public health department.⁴⁸

In addition, as mentioned earlier, voluntary organization officials both nationally and locally told us that they face a shortage of trained volunteers, which limits their ability to provide sheltering and feeding in large-scale, and especially catastrophic disasters. This continues to be an ongoing concern despite the efforts of voluntary organizations and government agencies to build a cadre of trained personnel.

Voluntary Organizations Face Difficulties in Identifying and Dedicating Funding for Disaster Preparedness and Capacity Building

Identifying and dedicating funding for disaster preparedness is a challenge for voluntary organizations in light of competing priorities, such as meeting the immediate needs of disaster survivors. Officials from voluntary organizations in our review told us that they typically raised funds immediately following a disaster to directly provide services, rather than for disaster preparedness—or, for that matter, longer-term recovery efforts. Although the Red Cross raised more than \$2 billion to shelter, feed, and provide aid to disaster survivors following Katrina, the Red Cross recently acknowledged that it is less realistic to expect public donations to fund its nationwide disaster capacity-building initiatives. Similarly, the biggest challenge for Catholic Charities USA is identifying funds for essential disaster training—a key aspect of preparedness, according to an official. At the local level, an official from Catholic Charities in New York noted also that incoming donations tend to focus on funding the initial disaster response. As we previously reported, vague language and narrowly focused definitions used by some voluntary organizations in their appeal for public donations following the September 11 attacks contributed to debates over how funds should be distributed, particularly between providing immediate cash assistance to survivors or services to meet short- and long-term needs.⁴⁹ An indication of this continuing challenge is that officials from Catholic Charities in Washington, D.C., and New York reported that they are still working with September 11 disaster victims and communities, and that they struggle to raise funds for long-term recovery work in general.

⁴⁸The Pandemic Influenza Funding program is administered by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Funding under this program is intended to improve state and local capacity to prepare for and respond to an influenza pandemic through projects such as engaging the public as part of the public health decision-making process and initiating collaborative planning among health care providers to ensure the delivery of essential services during a pandemic influenza outbreak.

⁴⁹See [GAO-03-259](#).

Besides public donations, while federal grant programs could provide another potential source of preparedness funding for voluntary organizations, local voluntary organization officials told us it was difficult to secure funding through these programs without support from the local government.⁵⁰ Local voluntary organizations officials we met with said that federal funding for disaster preparedness, such as the Urban Area Security Initiative Grant Program, could be useful in helping their organization strengthen their capabilities. For example, such grants could be used to coordinate preparedness activities with FEMA and other disaster responders, better enable voluntary organizations to develop continuity of operations plans, and train staff and volunteers. However, although voluntary organizations are among those that play a role in the National Response Framework—especially in relation to ESF-6—these organizations received little to no federal funding through programs such as the Homeland Security Grant Programs, according to some local voluntary organization and VOAD officials we visited. Under most of these grants, states or local governments are the grant recipients, and other organizations such as police and fire departments can receive funds through the state or local governments. Of the local voluntary organizations and VOADs in our study, two Red Cross chapters received DHS funding in recent years, according to the Red Cross. In Los Angeles, Red Cross officials told us that the chapter had to be sponsored and supported by the local government in order to receive DHS funding for shelter equipment and supplies.

While the director of FEMA’s grant office told us that FEMA considered voluntary organizations as among the eligible subgrantees for several preparedness grants under the Homeland Security Grant Program, the grant guidance does not state this explicitly. According to fiscal year 2008 grant guidance, a state-designated administrating agency is the only entity eligible to formally apply for these DHS funds. The state agency is required to obligate funds to local units of government and other designated recipients, but the grant guidance does not define what it means by “other

⁵⁰DHS provides states and local governments with technical assistance and funding to enhance emergency management and homeland security. Specifically, DHS provides a range of grant programs administered by FEMA to states and local governments for emergency management under the Homeland Security Grant Program, which funds planning, organization, equipment, training, and exercise activities in support of national preparedness and response. The programs under Homeland Security Grant Program include the State Homeland Security Program and the Urban Areas Security Initiative. In particular, the Urban Areas Security Initiative grant is awarded to some states with high-threat and high density urban areas that need planning, exercises, equipment, and training to respond to acts of terrorism.

designated recipient.” In addition, FEMA strongly encourages the timely obligation of funds from local units of government to other subgrantees, as appropriate, but possible subgrantees are not identified. State agencies have considerable latitude in determining how to spend funds received through the grant program and which organizations to provide funds to, according to the FEMA grant director. However, for fiscal year 2005, approximately two-thirds of Homeland Security Grant Program funds were dedicated to equipment—such as personal protective gear, chemical and biological detection kits, and satellite phones—according to DHS, while 18 percent were dedicated to planning activities.⁵¹ An official from FEMA’s grants office told us that following the September 11 attacks, the grant program focused on prevention and protection from terrorism incidents, but it has evolved since Katrina. According to this official, the fiscal year 2008 grant guidance encourages states to work with voluntary organizations, particularly for evacuations and catastrophic preparedness. Furthermore, this official said it is possible that DHS grant funding has not yet trickled down to local voluntary organizations. It is possible that the tendency of DHS funding programs to focus on equipment for prevention and protection rather than on preparedness and planning activities could also shift as states and localities put equipment and systems into place and turn to other aspects of preparedness.

Voluntary Organizations’ Connections with Local Governments and FEMA Remain a Challenge

Local VOADs can play a key role in disaster preparation and response through interactions with local emergency management agencies of local governments, although the local VOADS in the areas we visited varied in their ability and approach to working with local governments on disasters. Like NVOAD, local VOADs are not service providers. Instead, like NVOAD nationally, local VOADs play an important role in coordinating response and facilitating relationship building in the voluntary sector at the local level, according to government officials. Generally, most of the voluntary organizations in the locations we visited were members of their local VOADs. Several local government emergency managers told us they relied on the local VOADs as a focal point to help them coordinate with many voluntary organizations during disasters. Some local VOADs in our review met regularly and were closely connected to the local governmental emergency management agency—including having seats at the local emergency operations centers. More specifically, the Red Cross was a

⁵¹Since 2005, DHS has produced an Annual Report on Preparedness Funding, which includes data on the obligation, expenditure status, and use of funds for all major federal preparedness grants—including non-DHS grants—awarded to states, localities, and other nonfederal entities.

member of the local VOADs in the areas we visited. It also directly coordinated with government agencies during a disaster and had a seat at the local emergency operations center in all four locations. In New York and Miami, The Salvation Army units were VOAD members and had seats as well. Other VOADs were less active and experienced and were not as closely linked to governmental response. In Washington, D.C., the local VOAD has struggled to maintain a network and continually convene since its inception, according to the current VOAD Chair. In Miami, a local VOAD member told us that the VOAD had little experience with large-scale disasters, because it re-formed after Hurricane Katrina and the area has not experienced major hurricanes since then. In addition, one of the local VOADs was tied to a local ESF-6 mass care operating unit, while others were more closely connected to an emergency function that managed unaffiliated volunteers and donations. The local VOAD in Los Angeles worked with the local government on ESF-6, issues while the VOADs in Miami and Washington, D.C., coordinated with government agencies through managing volunteers and donations during disasters.

Currently, NVOAD has few resources to support state and local VOADs. NVOAD's executive director told us that NVOAD plans to provide state and local VOADS with more support using Web-based tools and guidance, but these plans are hindered by a lack of funding to implement them. As we recently reported, NVOAD is limited in its ability to support its national voluntary organization members, and also lacks the staff or resources to support its affiliated state and local VOADS.⁵² Because of these limitations, we recommended that NVOAD assess members' information needs, improve its communication strategies after disasters, and consider strategies for increasing staff support after disasters. NVOAD agreed with this recommendation and reported that the organization is looking to develop communications systems that take better advantage of current technologies. Since our previous report was issued, NVOAD has expanded its staff from two to four members, some of whom are working to build the collective capacity of state and local VOADS and providing training and technical assistance to state VOADS.

At the federal level, although FEMA plays a central role in coordinating with voluntary organizations on mass care and other human services, its difficulties in coordinating activities with the voluntary sector due to staffing limitations were also noted in this earlier report. At the time of our report, FEMA only had one full-time employee in each FEMA region⁵³—a

⁵²See [GAO-08-369](#).

⁵³There are 10 FEMA regional offices and each can include up to eight states.

voluntary agency liaison—to coordinate activities between voluntary organizations and FEMA, and FEMA liaisons did not have training to assist them in fully preparing for their duties. In light of FEMA’s responsibilities for coordinating the activities of voluntary organizations in disasters under the National Framework, we recommended that FEMA take additional actions to enhance the capabilities of FEMA liaisons in order to fulfill this role. FEMA agreed with our recommendation; however, it is too early to assess the impact of any changes to enhance liaisons’ capabilities.

Last, because of its current budget deficit, the Red Cross faces new challenges in fulfilling its ESF-6 role as a support agency. The Red Cross noted that it is working closely with its government partners in leadership positions to manage the transition, following its staffing reductions at FEMA’s regional offices and elsewhere and the subsequent realignment of staff responsibilities. The Red Cross reported that it will monitor the impact of these changes and make adjustments as needed. At the same time, as was previously mentioned, the Red Cross has also requested \$10 million in federal funding to cover its staffing and other responsibilities under the ESF-6. According to FEMA officials, FEMA funded 10 regional positions to replace the Red Cross mass care planner positions that were terminated. FEMA also said that while it is too early to assess the long-term impact of these Red Cross staffing changes, FEMA was experiencing some hindrance to effective communications and limits on the Red Cross’s participation in planning at FEMA headquarters, regional offices, and field offices. Regarding the Red Cross strategy of relying on shared resources and volunteers instead of full-time dedicated staff in FEMA regional offices, FEMA officials noted that dedicated staff has proven to be a more reliable source for an ongoing relationship and interaction between agencies. They expressed concern that the lack of dedicated staff, frequent rotations, and inconsistent skill level of volunteers—used instead of full-time Red Cross staff—will hamper communications and may impede coordination efforts. These concerns are similar to the difficulties Red Cross ESF-6 staff faced during Katrina, as we noted in a previous review.⁵⁴

Conclusions

Because the American Red Cross and other major voluntary organizations play such a vital role in providing mass care services during large-scale

⁵⁴During Katrina, the Red Cross’s ESF-6 staffing strategies made it difficult for ESF-6 staff to develop and maintain effective working relationships with staff from other organizations. See GAO, *Hurricanes Katrina and Rita: Coordination between FEMA and the Red Cross Should Be Improved for the 2006 Hurricane Season*, [GAO-06-712](#) (Washington, D.C.: June 8, 2006).

disasters, the importance of having a realistic understanding of their capabilities cannot be underestimated. FEMA has taken initial steps by having states assess their own capabilities and gaps in several critical areas and has completed an initial phase of this analysis. However, this broad assessment effort has yet to fully include the sheltering capabilities of many voluntary organizations and has not yet begun to address feeding capabilities outside of shelters. We understand that when a large-scale disaster strikes, some portion of mass care services will be provided by local voluntary organizations that did not specifically plan or prepare to do so, and that their capabilities cannot be assessed in advance. However, without more comprehensive data from voluntary sector organizations that expect to play a role, the federal government will have an incomplete picture of the mass care resources it could draw upon as well as of the gaps that it must be prepared to fill in large-scale and catastrophic disasters. Unless national assessments more fully capture the mass care capabilities of key providers, questions would remain about the nation's ability to shelter and feed survivors, especially in another disaster on the scale of Katrina.

To the extent that local, state, and federal governments rely on voluntary organizations to step in and care for massive numbers of affected people, the challenges these organizations face in preparing for and responding to rare—but potentially catastrophic—disasters are of national concern. Reliant on volunteers and donations, many of the organizations we visited said that federal grant funding could help them better prepare for and build capacity for large-scale disasters, because they struggle to raise private donations for this purpose. Federal grants, while finite, are available to assist in capacity building, and voluntary organizations can be among those who receive federal grant funds from states and localities, according to FEMA officials. However, most of the voluntary organizations in our review have not received such funding, although they told us it would be beneficial. While there are many competing demands and priorities for such funds, clearer grant guidance could at least ensure that those making grant decisions consider voluntary organizations and VOADs as among those able to be subgrantees under these grants. Unless voluntary organizations are able to strengthen their capabilities and address planning and coordination challenges, the nation as a whole will likely be less prepared for providing mass care services during a large-scale disaster.

An additional area of concern is the expected role of the Red Cross in a catastrophic disaster of a scale that invokes the federal government's Catastrophic Incident Supplement. As the experience with responding to Katrina showed, it is important to agree on roles and responsibilities, as

well as have a clear understanding of operating procedures in the event of a catastrophic disaster. However, FEMA officials said they have not yet revised or updated the Supplement, as required under the Post-Katrina Reform Act, with the result that the mass care section of the Supplement still reflects Red Cross's previous role as primary agency for mass care, and not its current role as a support agency under ESF-6. While both FEMA and the Red Cross told us they expected the Red Cross to play a support agency role in a catastrophic event—consistent with the ESF-6—unless this understanding is confirmed in writing and incorporated into federal planning documents for responding to a catastrophic event, the nature of that understanding cannot be transparent to the many parties involved in supporting mass care.

Finally, while it is too early to assess the impact of the changes in how the American Red Cross expects to coordinate with FEMA in fulfilling its responsibilities under ESF-6, its capacity to coordinate with FEMA is critical to the nation's mass care response in large-scale disasters. As a result, the continued implementation, evolution, and effect of these changes bear watching.

Recommendations for Executive Action

To help ensure that the Catastrophic Incident Supplement reflects the American Red Cross's current role under ESF-6 as a support agency for mass care, we recommend that the Secretary of Homeland Security direct the Administrator of FEMA to establish a time frame for updating the mass care section of the Supplement so that it is consistent with the changes in the ESF-6 under the new Framework, and no longer requires the Red Cross to direct federal government resources. In the meantime, FEMA should develop an interim agreement with the Red Cross to document the understanding they have on the Red Cross's role and responsibilities in a catastrophic event.

To more fully capture the disaster capabilities of major voluntary organizations that provide mass care services, we recommend that the Secretary of Homeland Security direct the Administrator of FEMA to take steps to better incorporate these organizations' capabilities into assessments of mass care capabilities, such as FEMA's GAP Analysis, and to broaden its assessment to include feeding capabilities outside of shelters. Such steps might include

- soliciting the input of voluntary organizations, such as through NVOAD;
- integrating voluntary organization data on capabilities into FEMA's analyses; and

-
- encouraging state governments to include voluntary mass care organization data in studies.

To help these voluntary organizations better prepare for providing mass care in major and catastrophic disasters, we recommend that the Secretary of Homeland Security direct the Administrator of FEMA to clarify the Homeland Security Grant Program funding guidance for states so it is clear that voluntary organizations and local VOADs are among those eligible to be subgrantees under the program.

Agency Comments and Our Evaluation

We provided a draft of this report to DHS for review and comment. Overall, in its response, FEMA acknowledged the importance of mass care planning among governmental and nongovernmental partners and stated that the report provides a broader understanding of the mass care support capabilities of several national voluntary organizations. FEMA also agreed with our recommendation on establishing a time frame for updating the Catastrophic Incident Supplement and with our recommendation on clarifying Homeland Security Grant Funding guidance. However, FEMA criticized certain aspects of the draft report, asserting, for example, that our methodology did not address the role of states in coordinating mass care. FEMA also disagreed with our recommendation to better incorporate voluntary organizations' capabilities in assessments. FEMA provided technical clarifications and additional examples of its planning activities, which we have incorporated into the report as appropriate. FEMA's written comments are provided in appendix III of this report.

In its comments, FEMA stated that our understanding of mass care service delivery and the report's scope and methodology was flawed partly because, in the agency's view, the draft report did not adequately reflect the role of state governments in disaster response. As stated in our objectives, the primary focus of our report, by intention and design, is on voluntary organizations' roles and capabilities in disaster response. Our report accordingly discusses selected voluntary organizations' services and roles, actions in response to past disasters such as Katrina, their mass care capabilities, and the main challenges they face. As noted in our report, the National Response Framework and the Catastrophic Incident Supplement recognize the importance of voluntary organizations' role in disaster response, particularly with regard to mass care. While focusing on voluntary organizations, our draft report also acknowledges and discusses the disaster response role and responsibilities of governments—local, state, and federal—under the Framework. In line with this, we therefore interviewed local, state, and federal government emergency management officials, as stated in the more detailed description of our report's

methodology. We have added clarifying language as appropriate to our report to make clear our consideration of state governments' role.

In its comments, FEMA also raised concerns about whether the voluntary organizations discussed in our report provided a comprehensive picture of mass care capabilities. However, our report does not attempt to address all the services and capabilities of the voluntary sector. The report acknowledges that other voluntary organizations also provide mass care and other services and includes the caveat that we do not attempt to assess the total disaster response capabilities in any single location we visited. As described in our section on scope and methodology, we selected the five voluntary organizations in our report because of their contributions to the Hurricane Katrina response and congressional interest in these particular organizations. While mass care represents a significant focus—and is the only focus in discussing capabilities—other findings are not limited in this way. For example, we discuss all five organizations' services and contributions during Katrina. However, for the purpose of discussing mass care capabilities, we specifically focused on the three voluntary organizations in our review that provide mass care—the American Red Cross, The Salvation Army, and the Southern Baptist Convention. We did not include the United Way or Catholic Charities in our finding on capabilities because we agree that they do not provide mass care services. The draft report explicitly states this narrower scope and our reasons for it in key places.

FEMA also commented that two tables in the draft report were incomplete. FEMA stated that table 5, on assessments of capabilities, did not include FEMA's catastrophic planning efforts. Since the table focuses on assessments rather than broader planning initiatives, we have incorporated this information into our report as an example of FEMA's planning efforts. FEMA also stated that table 6, on estimated mass care needs in worst-case disasters, represents a limited view of mass care capabilities and coordination. However, the table's purpose is to provide estimates of the magnitude of mass care services that would be needed to respond to worst-case disasters, and not to identify gaps in capabilities or coordination issues, which we address in later sections of our report. We have modified the table's title to clarify the information it contains.

Regarding FEMA's response to our recommendations, FEMA agreed with our recommendation that it should establish a time frame for updating the mass care section of the Catastrophic Incident Supplement so that it is consistent with the changes in ESF-6 under the new Framework. In its comments, FEMA noted it is in the process of establishing a timeline for updating the Catastrophic Incident Supplement and will change the role of

the Red Cross from that of a primary to support agency when the document is updated. We have noted this in the report accordingly. FEMA also agreed with our recommendation to clarify the Homeland Security Grant Program Funding guidance so that it is clear voluntary organizations and VOADs are considered eligible subgrantees.

FEMA disagreed with our recommendation that it should take steps to better incorporate the capabilities of voluntary organizations' into assessments of mass care capabilities. Specifically, FEMA said that federal, state, and local governments cannot command and control private sector resources. We understand the limitations of governmental authority over voluntary organization's resources; however, as we mention in the draft report, under the Post-Katrina Act, FEMA is required to establish a comprehensive assessment system to assess the nation's prevention capabilities and overall preparedness, including its operational readiness. While the act does not specifically include voluntary organizations' capabilities, a comprehensive assessment of the nation's capabilities should account as fully as possible for voluntary organizations' capabilities in mass care. Taking steps to assess capabilities more fully does not require controlling these resources but rather cooperatively obtaining and sharing information. This could be done as an extension of FEMA's ongoing partnerships with voluntary organizations to help strengthen coordination and collaboration in preparation for future disasters. We continue to think that it is important for FEMA to assess the significant capabilities that voluntary organizations can bring to bear in support of governmental efforts to prepare for and respond to disasters. As we noted in our report, without such an assessment, the government will have an incomplete picture of the mass care resources it can draw upon in large-scale disasters.

In its comments, FEMA also asserted that our report incorrectly assumes that if funding were made available, it would enable voluntary organizations to shelter and care for people in catastrophic events. However, our report discusses potential federal funding in relation to voluntary organizations' preparedness and planning activities, not direct services. As noted in the report, such funding could be used to strengthen voluntary organizations' disaster preparedness, such as coordination with FEMA, training of personnel, and developing continuity-of-operations plans. If FEMA provided clearer guidance to states on voluntary organizations' potential eligibility for these grants as subgrantees, voluntary organizations might be able to strengthen planning and coordination for future disasters and better utilize their substantial capabilities. A key premise of the National Response Framework is that voluntary organizations play a vital role in times of need, and recent

experience has demonstrated that voluntary organizations already play significant roles in providing shelter and care in large-scale disasters.

We also provided a copy of our draft report to the American Red Cross and excerpts from the draft report as appropriate to The Salvation Army, the Southern Baptist Convention, Catholic Charities USA, and National Voluntary Organizations Active in Disaster. In its comments, the American Red Cross further explained its role in New York City's coastal storm plan. We have added this information as appropriate to further clarify the Red Cross's role under this scenario. In addition, the Red Cross, The Salvation Army, and NVOAD provided us with technical comments, which we have incorporated as appropriate. The American Red Cross's written comments are provided in appendix IV.

We are sending copies of this report to the Secretary of the Department of Homeland Security, the American Red Cross, The Salvation Army, the Southern Baptist Convention, Catholic Charities, the United Way, and NVOAD. We will also make copies available to others upon request. In addition, the report will be available at no charge on GAO's Web site at <http://www.gao.gov>. Please contact me at (202) 512-7215 if you or your staff have any questions about this report. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Other major contributors to this report are listed in appendix V.



Cynthia M. Fagnoni
Managing Director, Education, Workforce,
and Income Security Issues

List of Congressional Requesters

The Honorable Joseph I. Lieberman
Chairman

The Honorable Susan M. Collins
Ranking Member
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Charles E. Grassley
Ranking Member
Committee on Finance
United States Senate

The Honorable Edward M. Kennedy
Chairman

The Honorable Michael B. Enzi
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Herb Kohl
Chairman
Special Committee on Aging
United States Senate

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

The Honorable David E. Price
Chairman
Subcommittee on Homeland Security
Committee on Appropriations
House of Representatives

Appendix I: Objectives, Scope, and Methodology

We designed our study to provide information on (1) what the roles of major national voluntary organizations are in providing mass care and other human services in response to large-scale disasters requiring federal assistance, (2) what steps these organizations have taken since Katrina to strengthen their capacity for service delivery, (3) what is known about these organizations' current capabilities for responding to mass care needs in such a large-scale disaster, and (4) what the remaining challenges are that confront voluntary organizations in preparing for such large-scale disasters. We focused our review on the following five major voluntary organizations based on their contributions during Hurricane Katrina and congressional interest: the American Red Cross, The Salvation Army, the Southern Baptist Convention, Catholic Charities USA, and the United Way of America. Since the United Way of America does not provide direct services in disasters, we did not include it in our analysis of recent improvements to service delivery, response capabilities, and remaining challenges. For our review of voluntary organizations' response capabilities, we limited our focus to the three organizations in our study that provide mass care services: the Red Cross, The Salvation Army, and the Southern Baptist Convention. To obtain information for all of the objectives, we used several methodologies: we reviewed federal and voluntary organization documents; reviewed relevant laws; interviewed local, state, and federal government and voluntary agency officials; conducted site visits to four selected metropolitan areas; and collected data on the voluntary organizations' capabilities.

Reviews of Governmental and Voluntary Agency Documents

We reviewed governmental and voluntary organization documents to obtain information on the role of voluntary organizations, recent improvements to service delivery, response capabilities, and remaining challenges. To obtain an understanding of the federal disaster management framework, we reviewed key documents, such as the 2008 National Response Framework, the Emergency Support Function 6—Mass Care, Emergency Assistance, Housing, and Human Services Annex (ESF-6), the 2006 Catastrophic Incident Supplement, and the 2007 National Preparedness Guidelines, which collectively describe the federal coordination of mass care and other human services. We also reviewed pertinent laws, including the Post-Katrina Emergency Management Reform Act of October 2006. In addition, we reviewed documents for each of the five voluntary organizations in our review, which describe their roles in disasters and explained their organizational response structures. These documents included mission statements, disaster response plans, and statements of understanding with government agencies and other voluntary organizations. We also reviewed key reports written by federal agencies, Congress, voluntary organizations, policy institutes, and GAO to

identify lessons learned from the response to Hurricane Katrina and steps voluntary organizations have taken since then to improve service delivery.¹

Interviews of Federal Government and National Voluntary Organization Officials

We interviewed federal government and national voluntary organization officials to obtain information on the role of voluntary organizations, recent improvements to service delivery, response capabilities, and remaining challenges. At the federal level, we interviewed officials from the Federal Emergency Management Agency (FEMA) in the ESF-6 Mass Care Unit, the FEMA Grants Office, and the Disaster Operations Directorate. We also interviewed the executive director of the National Voluntary Organizations Active in Disaster (NVOAD). We interviewed these officials regarding the role of the voluntary organizations in disaster response, grants and funding offered to voluntary organizations, voluntary organization and government logistics in disasters, assessments of capabilities, and the types of interactions each of them has with the organizations from our review. We also interviewed national voluntary organization officials from the five organizations in our review about the roles of their organizations in disaster response, improvements the organizations had made to coordination and service delivery since Hurricane Katrina, their organizations' capabilities to respond to disasters, and what remaining challenges exist for the organizations in disaster response.

Visits to Four Major Metropolitan Areas

We visited four metropolitan areas—Washington, D.C.; New York, New York; Miami, Florida; and Los Angeles, California—to review the roles, response structures, improvements to service delivery, response capabilities, and challenges that remain for the selected voluntary organizations' in these local areas. We selected these metropolitan areas based on their recent experiences with disaster, such as September 11; their potential risk for large-scale disasters; and the size of their allotments through the federal Urban Areas Security Initiative grant program. The metropolitan areas that we selected also represent four of the six urban areas of the country considered most at risk for terrorism under the 2007 Urban Areas Security Initiative.

During our visits to the four metropolitan areas, we interviewed officials from the five voluntary organizations, local and state government emergency management agency officials, the heads of the local Voluntary

¹See the bibliography for a complete list of the "lessons learned" reports we reviewed.

Organizations Active in Disaster (VOAD), and FEMA’s regionally based liaisons to the voluntary sector, known as voluntary agency liaisons (VAL). During our interviews, we asked about the roles and response structures of voluntary organizations in disaster response, improvements the organizations had made to coordination and service delivery since Hurricane Katrina, the organizations’ capabilities to respond to disasters, and what challenges exist for the organizations in disaster response.

Capabilities Data and Catastrophic Estimates

To review voluntary organizations’ sheltering and feeding capabilities, we collected data through interviews and written responses from the three organizations in our study that provide mass care: the Red Cross, The Salvation Army, and the Southern Baptist Convention. By capabilities we mean the means to accomplish a mission or function under specified conditions to target levels of performance, as defined in the federal government’s National Preparedness Guidelines. We collected data on both their nationwide capabilities and their locally based capabilities in each of the four metropolitan areas we visited. To obtain capabilities data in a uniform manner, we requested written responses to questions about sheltering and feeding capabilities from these organizations in the localities we visited, and in many of these responses, voluntary organizations described how they derived their data. For example, to collect data on feeding capabilities, we asked voluntary organization officials how many mobile kitchens they have and how many meals per day they are capable of providing. To assess the reliability of the capability data provided by the voluntary organizations, we reviewed relevant documents and interviewed officials knowledgeable about the data. However, we did not directly test the reliability of these data because the gaps between capabilities and estimated needs were so large that greater precision would not change this underlying finding. It was also not within the scope of our work to review the voluntary organizations’ systems of internal controls for data on their resources and capabilities.

To identify potential needs for mass care services, we used available estimates for catastrophic disaster scenarios in each of the selected metropolitan areas: Washington, D.C.—terrorism; New York, New York—hurricane; Miami, Florida—hurricane; and Los Angeles, California—earthquake. We reviewed federal, state, and Red Cross estimates of sheltering and feeding needs resulting from these potential catastrophic disasters:

- *Federal catastrophic estimates*—We reviewed the earthquake estimates from the Target Capabilities List that were developed by the Department of Homeland Security (DHS) after an in-depth analysis of the Major

Earthquake scenario in the National Planning Scenarios. The National Planning Scenarios were developed by the Homeland Security Council—in partnership with the Department of Homeland Security, other federal departments and agencies, and state and local homeland security agencies. The scenario assumes a 7.2 magnitude earthquake with a subsequent 8.0 earthquake occurs along a fault zone in a major metropolitan area with a population of approximately 10 million people, which is approximately the population of Los Angeles County.

- *State catastrophic estimates*—We reviewed catastrophic hurricane estimates from the Florida Division of Emergency Management’s Hurricane Ono planning project. The project assumes a Category V hurricane making landfall in South Florida, which has a population of nearly 7 million people.
- *Red Cross catastrophic estimates*—We reviewed catastrophic estimates from the Red Cross’s risk-based capacity building initiative. To develop these estimates, the Red Cross worked with state and local officials and other disaster experts to develop “worst case” disaster scenarios in six high-risk areas of the country, including the four metropolitan areas in our study. The scenarios for these four metropolitan areas were: a 7.2 to 7.5 magnitude earthquake in Southern California; a chemical, biological, radiological, nuclear, or major explosion terrorist attack in the Washington, D.C. region; a Category III/IV hurricane in the New York metropolitan area; and a Category V hurricane in the Gulf Coast.

To identify general findings about nationwide preparedness, we compared the capabilities data provided by the voluntary organizations to these catastrophic disaster estimates. We did not attempt to assess the total disaster response capabilities in any single location that we visited or the efficacy of any responses to particular scenarios, such as major earthquakes versus hurricanes.

We conducted this performance audit from August 2007 to September 2008 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.

Appendix II: NVOAD Members

- Adventist Community Services
- America's Second Harvest
- American Baptist Men/USA
- American Radio Relay League, Inc. (ARRL)
- American Red Cross
- Ananda Marga Universal Relief Team (AMURT)
- Catholic Charities USA
- Christian Disaster Response
- Christian Reformed World Relief Committee (CRWRC)
- Church of the Brethren—Brethren Disaster Ministries
- Church of Scientology Disaster Response
- Church World Service
- City Team Ministries
- Convoy of Hope
- Disaster Psychiatry Outreach
- Episcopal Relief and Development
- Feed the Children
- Friends Disaster Service, Inc.
- Habitat for Humanity
- HOPE Coalition America
- Humane Society of the United States
- International Aid
- International Critical Incident Stress Foundation
- International Relief and Development (IRD)
- International Relief Friendship Foundation (IRFF)
- Latter Day Saints Charities
- Lutheran Disaster Response
- Mennonite Disaster Service
- Mercy Medical Airlift (Angel Flight)
- National Association of Jewish Chaplains
- National Emergency Response Team
- National Organization for Victim Assistance
- Nazarene Disaster Response
- Operation Blessing
- Points of Light Foundation and Volunteer Center National Network
- Presbyterian Church (USA)
- REACT International, Inc.
- Samaritan's Purse
- Save the Children
- Society of St. Vincent de Paul
- Southern Baptist Convention
- The Salvation Army
- Tzu Chi Foundation
- United Church of Christ—Wider Church Ministries

- United Jewish Communities
- United Methodist Committee on Relief
- United Way of America
- Volunteers of America
- World Vision

Source: NVOAD as of July 2008

Appendix III: Comments from the Department of Homeland Security

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



**Homeland
Security**

September 5, 2008

Cynthia M. Fagnoni.
Managing Director, Education, Workforce
And Income Security Issues
United States Government Accountability Office
Washington, DC 20548

Dear Ms. Fagnoni:

Thank you for the opportunity to review and comment on the Government Accountability Office's (GAO's) Draft Report GAO-08-823 entitled *FEMA Should More Fully Assess Organizations' Mass Care Capabilities and Update the Red Cross Role in Catastrophic Events*. Input provided by: IA/Mass Care Unit, Voluntary Agency (VOLAG) Unit.

FEMA acknowledges that enhanced mass care planning is needed across Federal, State, local, and non-governmental partners and is actively working to ensure that the capabilities and contributions of non-governmental and voluntary agencies are reflected in planning and operational documents.

The Catastrophic Incident Supplement (CIS) and the American Red Cross (p.25)

FEMA acknowledges that the Catastrophic Incident Supplement (CIS) needs to be updated to reflect changes in the National Response Framework (NRF) and is in the process of establishing a review timeline.

In addition, FEMA would like to take this opportunity to clarify the distinction between the roles and responsibilities of the American Red Cross as (1) a humanitarian organization that provides mass care services based on the seven principles of the International Red Cross Movement, with its roles and responsibilities as a (2) non-governmental/voluntary organization signatory to the NRF and the CIS.

In its role as a signatory to the NRF and CIS, the American Red Cross provides disaster and emergency preparedness, response and recovery services through a network of local chapters for most incidents in CONUS and OCONUS in support of Federal disaster operations. The American Red Cross is the only non-profit organization chartered by Congress (36 U.S.C. 300101-300111) to develop and implement a system of disaster and emergency relief nationwide. The American Red Cross has the capability to mobilize over 54,000 trained volunteers nationwide to respond to and assist in most disasters.

Also, the American Red Cross has over 740 chapters strategically located nationwide. This incredible response capacity is achieved through the donations of the American public and, to a more limited degree, through contracts with private and public sector organizations.

As established in their charter, the American Red Cross acts under its own authority to provide services independent of government funding or intervention. The services the organization provides are based on the American Red Cross's internal resources, vision, mission, commitment to the local communities where its chapters are located and its understanding of the Congressional Charter. Even if it was not a signatory organization to the NRF and CIS, the Red Cross would provide the same level of service to disaster survivors as it does today.

As a primary agency for mass care under the Federal Response Plan (FRP), and later, the National Response Plan (NRP), the American Red Cross struggled with maintaining separate roles and responsibilities. The role of primary agency for mass care under the NRF requires the designated agency to have the authority to manage and dispose of Federal assets; provide direction and command to Federal and State agencies; to coordinate other non-governmental organizations (NGOs); and receive direct requests and assignments from Federal authorities. At times, these roles and responsibilities clash with three principles of the Red Cross movement: impartiality, neutrality and independence. For example, Federal programs limit assistance to illegal immigrants; the American Red Cross provides full assistance and services to individuals regardless of their citizenship status.

By contrast, under the CIS, the activities required are not in conflict with the American Red Cross role as an independent and non-governmental organization.

Table 5: Current and Ongoing Assessments of Disaster Response Capabilities by FEMA and the Red Cross (p.38)

This section of the report does not include on-going catastrophic planning efforts underway in California, Florida and the States that may be impacted by a New Madrid earthquake (AR, TN, MS, MO, IN, IL and AL). In the planning phase, all potentially affected State governments are developing plans to protect and assist their impacted populations. Planning for sheltering in a post-impact environment is being conducted at the State level. This planning includes the augmentation of resources provided by Federal agencies and non-profit organizations.

The American Red Cross is not a government agency and does not encourage their local chapters to assume this lead role as the State Mass Care agency. States assign government agencies as the lead to work with counties and local government shelter and feeding services providers to ensure that local resources are available and to establish processes to augment local efforts. States with assigned agencies to lead Emergency Support Functions (ESF) # 6 Mass Care and sheltering functions include but are not limited to Louisiana, Texas, New York and Alabama.

Table 6: Examples of Federal and Other Estimates of Mass Care Needs in Worst-Case Large-Scale Disasters (p.43)

Consistent with the information provided throughout the report, this table represents a limited view of mass care capabilities and the current coordination that exists between State, local, and non-governmental partners.

To highlight the role of State and local partners, we offer the following information related to mass care and sheltering capabilities in the City of New York:

The table cites the American Red Cross' ability to shelter 600,000+ people in the event that a Category 3 Hurricane were to hit the New York City area. The Department of Homeless Services of the City of New York is the designated lead agency for the sheltering of citizens evacuated pre-landfall and for a catastrophic disaster, as well as the development and implementation of citywide sheltering plans. The Greater New York Chapter of the American Red Cross supports the activities of the Department of Homeless Services by staffing, feeding and providing support to the affected population. The Department of Homeless Services still is the lead sheltering agency for the City and will coordinate activities with the American Red Cross throughout the post-landfall response.

Most importantly, the American Red Cross shelter data for New York City omitted schools and other city-owned facilities in their post-impact scenarios. City government policy is to return public facilities to their normal functions as soon as possible after an event and thus the City has requested that American Red Cross identify alternate shelter facilities; however, if no other viable sheltering alternatives were to be available, the City government would extend the use of their facilities for sheltering operations and request additional assistance from the State for the purpose of housing those in need of shelter.

Appendix 1: Objectives, Scope, and Methodology (p.64)

While the information cited in the report provides the reader with a broader understanding of the mass care support capabilities of several national voluntary organizations, the GAO's basic understanding of the delivery of mass care services, and by extension the scope and methodology of the report are fundamentally flawed.

To obtain information for all of the objectives, we used several methodologies: we reviewed federal and voluntary organization documents, reviewed relevant laws, interviewed government and voluntary agency officials, conducted site visits to four metropolitan areas, and collected data on the voluntary organizations' capabilities." (p.64)

This methodology overlooks a critical partner in the coordination and delivery of mass care recovery services and capabilities – the State.

As declared in their own legislation, States are responsible for the safety and well being of their constituents. While non-governmental agencies such as the American Red Cross, Salvation Army, and Southern Baptist Convention support States in the execution of their responsibilities, at no time is the State's responsibility relinquished.

On 2008 Florida Statutes Title XVIII Chapter 252.35 Emergency management powers; Division of Emergency Management (2)

Include a shelter component that includes specific regional and interregional planning provisions and promotes coordination of shelter activities between the public, private, and nonprofit sectors. This component must, at a minimum: contain strategies to ensure the availability of adequate public shelter space in each region of the state; establish strategies for refuge-of-last-resort programs; provide strategies to assist local emergency management efforts to ensure that adequate staffing plans exist for all shelters, including medical and security personnel; provide for a post-disaster communications system for public shelters; establish model shelter guidelines for operations, registration, inventory, power generation capability, information management, and staffing; and set forth policy guidance for sheltering people with special needs.

It is important to note that the American Red Cross is an auxiliary resource (as the Nation's primary mass care service provider). Traditionally, the Red Cross negotiates with local jurisdictions for the use of public facilities and other resources, including but not limited to security, medical support (a large percentage of nurses assigned to shelters are from local or State Public Health agencies) and food (from school lunch programs), transportation and maintenance of the facilities.

The States of Florida and New York, both cited within the GAO report discussed herein, have delegated their immediate emergency services responsibilities to local government, while still retaining a support role when necessary. In drafting its report, the GAO did not interview State emergency management personnel of these two States to better understand the delegation and authorities, State resources, available services, equipment and trained personnel. For example, the State of Florida uses an assistance model similar to the Emergency Management Assistance Compact (EMAC), which is used for interstate emergency assistance to share resources between potentially affected and non-affected counties.

FEMA also has concerns about whether the NGOs that GAO interviewed for this report provide a comprehensive and accurate picture of mass care capabilities. Our specific concerns are as follows:

- Catholic Charities of USA and the United Way are not mass care providers and should have not been interviewed for the report. Catholic Charities provides Case Management, an issue that was discussed in this report has no relation with mass care and any reference should be taken out as it may confuse the readers.

- Several key National Voluntary Organizations Active in Disaster (NVOAD) which are providers of mass care were not interviewed. Those include: Second Harvest, Save the Children, Feed the Children, and Convoy of Hope.
- There are additional NVOAD members that provide volunteers and manage spontaneous volunteers. Representatives from these organizations were not interviewed. Their perspective would have been valuable to the report in that their capabilities would help to address the concerns raised by the American Red Cross and other NGOs related to staffing requirements in a catastrophic event.
- Citizen Corps and the Corporation for National and Community Service (CNCS) were not interviewed. CNCS AmeriCorps and Citizen Corps Community Emergency Response Team (CERT) volunteers provide personnel for the management of shelters to local and State agencies.

Government Responsibilities:

State Roles and Responsibilities: The responsibilities of sheltering fall under the auspices of State government, which through legislation delegates those responsibilities to local governments. Typically, local American Red Cross chapters are enlisted by local governments to support the management, feeding and delivery of emergency assistance to individuals and households in need. However, local government may request assistance from other agencies or local non-profits, such as The Salvation Army or volunteer fire departments.

In New York State (Note: the State Emergency Management Office (SEMO) was not interviewed for the GAO report), northern and rural county volunteer fire auxiliaries serve as shelter managers for emergency events such as floods, residential fires, snow storms and blizzards. This illustrates that sheltering is a local responsibility in New York and the State is the ultimate agent responsible for the implementation and support of shelters.

FEMA encourages States to develop strategies that include the use of non-governmental agencies to provide sheltering services; however, when specialized sheltering is needed, or there is a gap in general population sheltering resources, State and local jurisdictions can contract these sheltering services from non-profit organizations or for-profit private companies.

If requirements are beyond the State's capability to contract local resources exist, the State may deploy resources from neighboring States, through EMAC; FEMA will reimburse the affected State for costs associated with the deployment of EMAC resources.

Federal Roles and Responsibilities: The Federal government's role is to support and augment State needs for all phases of disaster preparedness, response and recovery; therefore, when requested, this can include augmentation of State sheltering capabilities.

FEMA, through the Public Assistance program, has established reimbursement policies for States when providing sheltering services. The NRF allows the U.S. Department of Agriculture-Forest Services, as well as the Corporation for National and Community Services, to be mission assigned to support sheltering services if needed. As it is not a Federal agency, the American Red Cross cannot be mission assigned. In the event that resource needs exceed the capacity of NGOs and State and Federal agencies, FEMA's Individual Assistance-Technical Assistance Contracts (IA-TAC) Branch can be activated. IA-TAC contracts with the private sector can augment American Red Cross staff shortages as well as provide full staffing and equipment to cover any shelter shortfalls.

To support the new authorities granted by the Post-Katrina Emergency Management Reform Act of 2006, FEMA created the Mass Care Unit within the Disaster Assistance Directorate. The twelve members of the Mass Care Unit based in Washington DC are composed of Subject Matter Experts (SME) who are trained in various mass care operations including sheltering. Current responsibilities of the unit include, but are not limited to, coordinating ESF # 6 partner agency activities and assessing State, Tribal and local governments shelter shortfalls. To support declared disasters FEMA Mass Care teams have been deployed to assist sheltering operations - such as the California Wildfires of 2007 and the Iowa Floods of 2008. FEMA regional offices have also begun to hire staff dedicated to mass care.

Response to Recommendations

The agency's response to specific recommendations laid out in the report are as follows:

Recommendation: Secretary of Homeland Security direct the Administrator of FEMA to establish a timeframe for updating the mass care section of the (Catastrophic Incident) Supplement so that it is consistent with the changes in ESF #6 under the new (National Response) Framework, and no longer requires the Red Cross to direct federal government resources. In the meantime, FEMA should develop an interim agreement with the Red Cross to document the understanding they have on the Red Cross's roles and responsibilities in a catastrophic event.

FEMA concurs with the recommendation. FEMA will change the role of the American Red Cross from a primary to a support agency in the CIS when the document is updated.

Recommendation: Secretary of Homeland Security direct the Administrator of FEMA to take steps to better incorporate these organizations' capabilities into assessments of mass care capabilities, such as FEMA's Gap Analysis and to broaden its assessment to include feeding capabilities outside of shelters.

FEMA non-concurs with this recommendation and would like to correct several inaccuracies in the underlying operational assumptions found within this report. These assumptions are identified as follows:

a) That FEMA or the Federal government should be able to account for and control the assets and resources of applicable non-profit and private organizations;

b) That, if funding is made available, non-profit organizations will be able to shelter and care for people in catastrophic events.

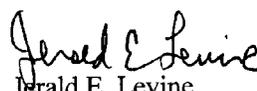
FEMA, State and local governments cannot command and control private sector resources unless the Federal government is funding them. Private organizations, both non-profit and for-profit, are responsible for their assets and the disposition of their assets. We can collaborate, cooperate and coordinate, but we cannot command or dispose of their resources. FEMA Voluntary Agency Liaisons and Mass Care staff work closely with the NVOAD to ensure coordination of National assets and full participation of voluntary agencies, as well as to avoid the duplication of benefits to disaster assistance recipients

Recommendation: Secretary of Homeland Security direct the Administrator of FEMA to clarify the Homeland Security Grant Program funding guidance for states so it is clear that voluntary organizations and local VOADs are among those eligible to be subgrantees under the program.

FEMA concurs with the recommendation. We will provide additional information in our 60 day letter after the GAO final report is published.

Thank you again for the opportunity to comment on this draft report and we look forward to working with you on future homeland security issues.

Sincerely,



Jerald E. Levine

Director

Departmental GAO/OIG Liaison Office

Appendix IV: American Red Cross



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August 27, 2008

BY E-MAIL

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Education, Workforce, and
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U.S. Government Accountability Office (GAO)
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RE: GAO Draft Report

Dear Gale and Deborah:

Attached please find Comments of the American Red Cross on the U.S. Government Accountability Office Draft Report, "Voluntary Organizations: FEMA Should More Fully Assess Organizations' Mass Care Capabilities and Update the Red Cross Role In Catastrophic Events" (GAO-08-823).

Sincerely,

A handwritten signature in cursive script that reads "Lori Polacheck".

Lori Polacheck
Senior Counsel

Comments of the American Red Cross on the U.S. Government Accountability Office Draft Report, “Voluntary Organizations: FEMA Should More Fully Assess Organizations’ Mass Care Capabilities and Update the Red Cross Role in Catastrophic Events”

The American Red Cross appreciates the opportunity to comment on the GAO Draft Report, “Voluntary Organizations: FEMA Should More Fully Assess Organizations’ Mass Care Capabilities and Update the Red Cross Role in Catastrophic Events” (“Draft Report”). Our comments are as follows:

Page 6: The Draft Report states that the Red Cross commented that it “may” be difficult to raise public donations to support capacity building initiatives. Instead of “may,” the words “has been” would more accurately reflect the fundraising challenges.

Page 8: The description of the Red Cross omits the Red Cross’s blood, emergency preparedness, and health and safety programs, and these are important components of the organization’s humanitarian mission.

Page 16: The report makes reference to the Red Cross doing Public Health Services, which are not within our scope.

Page 16: In addition to the services listed, the Red Cross also provides emergency financial assistance.

Page 16: “Safe & Well” is a Red Cross Disaster Welfare Information service, so the reference to both is redundant.

Pages 23, 24 and 58: The Draft Report states that the Red Cross is seeking federal funding to carry out our assigned responsibilities under the National Response Framework. We believe we are carrying out our assigned responsibilities now; we are requesting funding because it would help us do more.

Page 30: At this point we are unable to confirm that the number of new Red Cross partnerships is more than 10,000, but we are confident that we have entered into many thousands of new partnerships.

Page 34: The reference to the Red Cross increasing “the number of its disaster response communication networks” is a bit misleading and suggests we’ve added complexity. We increased our available communications equipment, but we did not add networks.

Page 39: The reference to “Red Cross shelters” still sounds as if we own these buildings (although this point is clarified later in the document on p. 44).

Page 44, footnote: This footnote references the highest single night occupancy during Katrina (141K); it is not a cumulative number of persons sheltered and this should be clarified.

Page 45: The GAO's main contention regarding sheltering capacity in the New York metropolitan area, that "the need for sheltering would likely exceed voluntary organizations' current sheltering capabilities," is correct. However, the Draft Report seems to miss the distinction that the Red Cross will not have to shelter 600,000 people in New York City during the evacuation phase of a catastrophic hurricane. Under New York City's Coastal Storm Plan's worst case scenario, the City will be doing that, using city employees. The Draft Report cites 623 "American Red Cross shelters" accommodating 311,500 people (i.e., 623 shelters at the Red Cross's preferred shelter capacity of 500 each), but those are actually New York City shelters with a capacity of 1,000 each. So, under the planning assumptions for the evacuation phase of a catastrophic hurricane in the New York metro area, there would be no gap in shelter capacity.

Regarding the staffing of shelters in New York City, current plans call for the Red Cross to supply up to 1,690 workers to 65 city evacuation centers and an additional 384 workers to eight special medical needs shelters. These targets are achievable.

Nevertheless, the Red Cross faces a challenge when the City's evacuation centers close and the Red Cross becomes responsible for people who cannot return home, but that would be a smaller number than the 600,000 who may need shelter during the evacuation phase. At this later stage of the response, the Greater New York chapter would be reinforced by national Red Cross resources.

Page 58: The report makes it sound as if FEMA funding for liaison positions is already in hand, which is not the case.

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Cynthia M. Fagnoni, Managing Director, (202) 512-7215 or fagnonic@gao.gov

Acknowledgments

In addition to the contact named above, Gale C. Harris, Assistant Director; Deborah A. Signer, Analyst-in-Charge; William W. Colvin; Amanda M. Leissoo; and Lacy Vong made significant contributions to this report. In addition, Susan Bernstein provided writing assistance, Jessica Botsford and Doreen Feldman provided legal assistance, Walter Vance provided technical assistance, and Mimi Nguyen assisted with the graphics.

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