



Highlights of [GAO-08-369](#), a report to congressional requesters

## Why GAO Did This Study

Using lessons from the 2005 Gulf Coast hurricanes, the federal government released the National Response Framework (NRF) in January 2008. This report examines (1) why the primary role for mass care in the NRF shifted from the Red Cross to the Federal Emergency Management Agency (FEMA), and potential issues with implementation, (2) whether National Voluntary Organizations Active in Disasters (NVOAD)—an umbrella organization of 49 voluntary agencies—is equipped to fulfill its NRF role, (3) the extent to which FEMA has addressed issues with mass care for the disabled since the hurricanes, (4) the extent to which major voluntary agencies have prepared to better serve the disabled since the hurricanes, and (5) the extent to which FEMA has addressed issues voluntary agencies faced in receiving Public Assistance reimbursement. To analyze these issues, GAO reviewed the NRF and other documents, and interviewed officials from FEMA, voluntary agencies, and state and local governments.

## What GAO Recommends

GAO recommends that (1) FEMA improve coordination with voluntary agencies, such as by enhancing capabilities of its specialized staff, (2) NVOAD improve information-sharing during the response to disasters, and (3) FEMA increase coordination with the National Council on Disability. Agency officials agreed with the recommendations.

[www.gao.gov/cgi-bin/getrpt?GAO-08-369](http://www.gao.gov/cgi-bin/getrpt?GAO-08-369).

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

## NATIONAL DISASTER RESPONSE

# FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors

## What GAO Found

FEMA and the Red Cross agreed that FEMA should be the primary agency for mass care in the NRF because the primary agency should be able to direct federal agencies' resources to meet mass care needs, which the Red Cross cannot do. The shifting roles present several implementation issues. For example, while FEMA has enhanced responsibilities for coordinating the activities of voluntary organizations, it does not currently have a sufficient number of specialized staff to meet this responsibility.

NVOAD has characteristics that help it carry out its broad role of facilitating voluntary organization and government coordination, but limited staff resources constrain its ability to effectively fulfill its role in disaster response situations. NVOAD held daily conference calls with its members after Hurricane Katrina, but these calls were not an effective means of sharing information, reflecting the fact that NVOAD had only one employee at the time of Katrina.

FEMA has begun taking steps in several areas to improve mass care for the disabled based on lessons learned from the Gulf Coast hurricanes. For example, FEMA hired a Disability Coordinator to integrate disability issues into federal emergency planning and preparedness efforts. However, FEMA has generally not coordinated with a key federal disability agency, the National Council on Disability, in the implementation of various initiatives, as required by the Post-Katrina Emergency Management Reform Act of 2006.

The Red Cross has taken steps to improve mass care services for the disabled, but still faces challenges. For example, the Red Cross developed a shelter intake form to assist staff in determining whether a particular shelter can meet an individual's needs. However, Red Cross officials said that some local chapters are still not fully prepared to serve individuals with disabilities. Other voluntary organizations had not identified a need to improve services for individuals with disabilities, and we did not identify concerns with their services.

FEMA has partially addressed the issues faced by local voluntary organizations, such as churches, in seeking Public Assistance reimbursement for mass care-related expenses after the hurricanes. At the time of the hurricanes, a key FEMA reimbursement program was not designed for a disaster of Katrina's magnitude, but FEMA has changed its regulations to address this issue. Local voluntary organizations also had difficulty getting accurate information about reimbursement opportunities. Key FEMA staff had not received training on reimbursement policies and sometimes did not provide accurate information, and some of the information on FEMA's Web site was not presented in a user-friendly format. FEMA has not addressed these communication issues.