

February 2008

NATIONAL DISASTER RESPONSE

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





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.

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.

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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.

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Abbreviations

ADA	Americans with Disabilities Act
DHS	Department of Homeland Security
ESF	emergency support function
FEMA	Federal Emergency Management Agency
NCD	National Council on Disability
NRF	National Response Framework
NRP	National Response Plan
NSS	National Shelter System
NVOAD	National Voluntary Organizations Active in Disasters
OIG	Office of the Inspector General
VAL	Voluntary Agency Liaison

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United States Government Accountability Office
Washington, DC 20548

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Congressional Requesters

The 2005 Gulf Coast hurricanes caused extensive human suffering and damage along the Gulf Coast, and highlighted the need for improved coordination of mass care services, such as shelter and feeding. Voluntary organizations, including the American Red Cross and the Salvation Army, play a critical role in providing these services after disasters. Using lessons learned from the hurricanes, the Department of Homeland Security (DHS) has developed the National Response Framework (NRF) that defines the roles of federal, state, local, tribal governments; the private sector; and voluntary organizations in response to disasters, including mass care. The NRF—which was released in January 2008—designates 15 emergency support functions (ESF) that address specific disaster response needs. The NRF made a key change to the prior 2004 National Response Plan (NRP) by shifting the primary agency responsibility for coordinating federal support for mass care under the sixth emergency support function (ESF-6) from the Red Cross to the Federal Emergency Management Agency (FEMA), a federal agency that is a component of DHS.¹ As the primary agency for mass care, FEMA is responsible for convening organizations that are part of ESF-6 after disasters and responding to state requests for assistance by directing resources from federal agencies to meet state needs. Under the NRF, states continue to have principal responsibility for meeting mass care needs.

When responding to a disaster, states utilize the mass care services of voluntary organizations. The Red Cross—the nation’s largest mass care provider—has two distinct roles in disaster response. As a support agency under ESF-6 of the NRF, the Red Cross assists FEMA and states in coordinating mass care activities. The Red Cross also maintains a separate role outside of the federal framework as a private mass care service provider using donated funds. National Voluntary Organizations Active in Disasters (NVOAD), an umbrella organization of 49 nonprofits (see app. II for a list of NVOAD members as of December 2007), is also a support agency under ESF-6. NVOAD has responsibility for sharing information and facilitating collaboration among its members while these

¹ The NRF will be effective as of March 22, 2008. Until that time, the NRP will remain in effect.

organizations plan for and respond to disasters. As support agencies, the Red Cross and NVOAD work with FEMA at the nation's disaster response center after disasters. After Hurricanes Katrina and Rita, mass care services to the disabled and elderly were identified as a key problem. Partly in response, Congress passed the Post-Katrina Emergency Management Reform Act of 2006² (Post-Katrina Act or the Act), which included provisions directing FEMA to assist states, localities, and voluntary organizations in preparing to serve these populations.

After Katrina, local voluntary organizations—such as churches—played a critical role in providing mass care. At one point after Katrina, nearly as many evacuees were staying in shelters operated by churches and other small nonprofits as were staying in Red Cross shelters.³ These organizations often sought reimbursement for related expenses through the Public Assistance program, which is administered by FEMA. The federal government generally provides funds to state and local governments through the Public Assistance program, which then reimburse voluntary organizations.

Our previous work on the federal response to the 2005 Gulf Coast hurricanes identified three main areas of concern: a lack of clearly defined roles and responsibilities, the capabilities to perform those roles and responsibilities, and accountability for resources.⁴ This report examines the following questions: (1) What was the rationale of DHS for shifting the primary role for coordinating mass care from the Red Cross to FEMA, and what are potential implementation issues associated with this change? (2) How well equipped is NVOAD to fulfill its role in ESF-6 of the NRF? (3) To what extent has FEMA addressed issues that arose after Hurricanes Katrina and Rita with the provision of mass care services to the disabled and elderly? (4) To what extent have major national voluntary organizations made preparations since Hurricanes Katrina and Rita to better meet the mass care needs of the disabled and elderly? and (5) What difficulties did local voluntary organizations providing mass care after

² The Post-Katrina Emergency Management Reform Act of 2006, Pub. L. No. 109-295, Title VI.

³ For further information, see the Aspen Institute report in the bibliography at the end of this report.

⁴ GAO, *Catastrophic Disasters: Enhanced Leadership, Capabilities, and Accountability Controls Will Improve the Effectiveness of the Nation's Preparedness, Response, and Recovery Systems*, [GAO-06-618](#) (Washington, D.C.: September 2006).

Katrina and Rita face in being reimbursed under FEMA's Public Assistance Program, and to what extent has FEMA addressed these issues?

To obtain information on changes in the roles of FEMA and the Red Cross under the NRF, we reviewed key FEMA and Red Cross documents, such as the new NRF, and interviewed officials from FEMA, the Red Cross, other major national voluntary organizations, including the Salvation Army and Southern Baptists, and emergency management officials from a selection of states that included Louisiana, Mississippi, and nine other states throughout the country to help us identify potential implementation issues with the shift in roles in the new ESF-6. We gathered information about NVOAD's capability to perform its NRF role by reviewing NVOAD documents about its member services, internal governance, funding and plans for the future. We also interviewed officials from NVOAD, eight of NVOAD's member organizations, and FEMA to obtain additional information. To gather information about the efforts made by FEMA and voluntary organizations to improve services for individuals with disabilities and the elderly, we interviewed FEMA officials, officials from five major national voluntary organizations—the Red Cross, Salvation Army, Catholic Charities, Southern Baptists, and United Way—local- and state-level emergency managers from Mississippi, Louisiana, and Texas, and officials from advocacy groups for elderly and disabled populations.⁵ We also reviewed FEMA and Red Cross documents that pertained to the elderly and disabled. To examine issues related to the Public Assistance Program, we reviewed FEMA's regulations, policies, and protocols for reimbursements at the time of Katrina and subsequent changes to these regulations, policies and procedures. We also reviewed FEMA's website and interviewed officials within FEMA's Public Assistance Program, FEMA's Voluntary Agency Liaisons, local voluntary organizations providing mass care that sought reimbursement, and state and local governments in the Gulf Coast region. Finally, we reviewed reports on the response to the Gulf Coast hurricanes. For a list of the reports that we reviewed, see our bibliography.

We conducted this performance audit between January 2007 and February 2008 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to

⁵ Advocates for the elderly and individuals with disabilities told us that the mass care issues faced by these groups are similar. We use the term individuals with disabilities to refer to both of these groups throughout this report.

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.

Results in Brief

DHS and the Red Cross agreed that the mass care primary agency role in the NRF should be shifted from the Red Cross to FEMA in large part because the primary agency needs to be able to direct federal resources, which the Red Cross cannot do. Although the Red Cross' specific responsibilities in ESF-6 have largely remained the same as it shifts to a support agency role, a key change is that the Red Cross will be responsible for reporting data from only Red Cross shelters—not all shelters, as was previously required. States will report data from non-Red Cross shelters. The changing ESF-6 roles of the Red Cross and FEMA raise several potential implementation issues once the NRF takes effect. First, the NRF includes expectations for the development of a shelter database to be used for collecting and reporting shelter data. Although FEMA and the Red Cross have developed an initial database for collecting and reporting shelter data, FEMA is still working to develop a federal shelter database that will track demographic data on shelter populations. Second, officials in some states we contacted were concerned about their ability to collect and report complete information from shelters. In particular, state officials were concerned about collecting data from unplanned shelters, which are usually opened by organizations with no disaster response experience. Third, while ESF-6 calls for an enhanced federal effort in helping coordinate voluntary agency assistance, FEMA does not have enough staff resources to fulfill this responsibility. Voluntary Agency Liaisons (VAL) are FEMA employees who coordinate the activities of voluntary organizations and FEMA, but currently there is only one full-time VAL who can work on the full range of coordination issues in each FEMA region, which can include up to eight states. In addition, VALs do not currently receive any role-specific training. Last, although FEMA has made progress, the agency has not yet completed its efforts to identify and fill gaps in mass care capabilities. For example, FEMA has completed an initial analysis of gaps in state mass care capabilities in 18 states, but is still working to expand this initiative to all states.

Although NVOAD has several characteristics that help it carry out its role in coordinating the activities of voluntary organizations under ESF-6, staff limitations constrain its ability to effectively fulfill its role in disaster response. NVOAD is well positioned for its coordination role because it does not compete with its members for donor funds and brings together

voluntary organizations with diverse objectives under one organization. NVOAD's mission has historically been building relationships among its members and sharing information prior to disasters, and most NVOAD member organizations with which we spoke said that it is effective in this role. NVOAD's ESF-6 role also includes coordination responsibilities after disasters, but NVOAD's coordination efforts in responding to Hurricanes Katrina and Rita were not an effective way of providing key information, according to NVOAD members we spoke with. NVOAD's primary form of communication with its members during the Gulf Coast hurricanes was daily conference calls, but the calls often ran long and dealt with many issues that were not of relevance to the whole group. NVOAD's executive director told us that these problems were due to staff limitations—during Katrina NVOAD had only one staff person, and currently it has two. NVOAD's new executive director agreed that the communication strategy after Katrina was not effective, and told us that improving NVOAD's use of Web-technology to better share information after disasters is one of several key areas for improvement.

FEMA has made progress in addressing a number of the problems with the provision of mass care for the disabled since the hurricanes, but has generally not coordinated with disability experts as required by the Post-Katrina Act. After Hurricanes Katrina and Rita, reports from several federal agencies identified specific steps FEMA should take to improve mass care services for the disabled in two key areas: providing information to help states plan for meeting the needs of this population and increasing the participation of people with disabilities and subject matter experts in the planning process. FEMA has begun addressing both of these issues as it implements requirements of the Post-Katrina Act. To help with state planning efforts, FEMA has developed a standard definition of "special needs" populations, which refers to individuals who may need additional assistance after disasters in functional areas such as maintaining independence, communication, or medical care. In addition, in accordance with the requirements of the Act, FEMA has appointed a Disability Coordinator who is responsible for integrating disability issues into federal emergency planning and preparedness efforts. However, FEMA has generally not coordinated with the National Council on Disability (NCD)—a federal agency that addresses disability issues—as required by the Act. We found that FEMA did not coordinate with NCD on several initiatives for which the Act specifically required coordination, such as an initiative to define the disaster response capabilities state and local governments should possess. As a result, disability-related concerns may not be fully addressed.

Of the major national voluntary organizations we examined, only the Red Cross has taken steps to better prepare for meeting the mass care needs of disabled individuals, and the Red Cross faces continuing challenges in ensuring that these needs will be met. We identified two major concerns with the Red Cross' services after the Gulf Coast hurricanes: a lack of appropriate intake procedures that resulted in some individuals with disabilities who could have been served being turned away from Red Cross shelters, and a lack of accessibility for the disabled in some shelters. The Red Cross has developed a shelter intake form that should allow volunteers to better determine whether a particular shelter can meet an individual's needs. The Red Cross has also developed new training for its mass care managers to help them address the needs of the disabled. Red Cross headquarters officials told us, however, that some Red Cross local chapters are still not fully prepared to serve individuals with disabilities and that it has been difficult to encourage local chapters to implement accessibility policies. Officials from the other major national voluntary organizations said that the hurricanes had heightened their awareness of issues faced by the disabled but that they had not identified a need to improve services for these individuals. We did not find issues with these organizations' services, largely because these organizations focus on feeding and other services that require fewer modifications for the disabled than sheltering.

Voluntary organizations faced two types of difficulties in seeking reimbursement under the Public Assistance program: limitations in the scope of program coverage and communication difficulties. At the time of Katrina, FEMA regulations only allowed voluntary organizations providing services within disaster areas to be reimbursed by state and local governments for mass care expenses, despite the fact that Katrina evacuees dispersed throughout the country. FEMA has since amended these regulations to allow voluntary organizations acting on behalf of eligible disaster victims outside of declared disaster zones to be reimbursed for services provided. Voluntary organizations also faced problems in obtaining clear and accurate information about reimbursement policies and procedures, but FEMA has not addressed this issue. FEMA VALs—FEMA's key liaisons to the voluntary sector—do not receive training on Public Assistance program policies, and many representatives of voluntary organizations that sought assistance from VALs told us that VALs either could not provide them with basic information or provided them with the wrong information. In addition, although FEMA Public Assistance program policies are available on FEMA's Web site, we found that some of the information is not presented in a user-friendly format that would help voluntary organizations navigate

Public Assistance opportunities and does not include contact information for obtaining assistance.

We are making several recommendations to improve the ability of federal agencies and voluntary organizations to coordinate and respond to disasters. To ensure that FEMA has the staff resources necessary to meet its role in coordinating with voluntary organizations, we recommend that FEMA take action to enhance the capabilities of its VAL workforce. We are also recommending that to improve its ability to meet its NRF information-sharing responsibilities after disasters, NVOAD assess its members' information needs and improve its communication strategies, and that FEMA provide technical assistance to NVOAD in this effort. To ensure that disability issues are fully included in FEMA's planning efforts, we are recommending that FEMA develop specific action steps for how it will coordinate with NCD with regard to relevant provisions of the Post-Katrina Act. In addition, to help ensure that voluntary organizations can readily obtain clear and accurate information about the Public Assistance program, we are recommending that FEMA take action to make the information on its Web site about reimbursement opportunities for voluntary organizations more user-friendly. Agency officials agreed with our recommendations.

Background

Hurricanes Katrina and Rita caused extensive human suffering and damage in Louisiana, Mississippi, and Texas. Hurricane Katrina made landfall in Mississippi and Louisiana on August 29, 2005, and alone caused more damage than any other single natural disaster in the history of the United States. Hurricane Katrina destroyed or made uninhabitable an estimated 300,000 homes—more than three times the total number of homes destroyed by the four major hurricanes that hit the continental United States in August and September 2004. Hurricane Rita followed on September 24, 2005, making landfall in Texas and Louisiana and adding to the devastation. Hurricane Katrina alone caused \$96 billion property damage.

Voluntary Organizations' Roles in Disasters

Voluntary organizations have historically played a large role in the nation's response to disasters. These organizations raised more than \$3.4 billion in cash donations in response to the Gulf Coast hurricanes as of February 2006, according to the Center on Philanthropy at Indiana University. The American Red Cross raised more than \$2.1 billion, about two-thirds of all dollars raised. The Salvation Army raised the second-highest amount, \$325 million, Catholic Charities raised about \$150 million, and the Southern Baptist National Convention raised about \$20 million.

Voluntary organizations' roles in responding to disasters can vary. Some, including the American Red Cross and the Salvation Army, are equipped to arrive at a disaster scene and provide immediate mass care, including food, shelter, and clothing, and in some circumstances, emergency financial assistance to affected persons. Other voluntary organizations focus on providing longer-term assistance, such as job training, scholarships, or mental health counseling. In addition, churches and other community organizations that do not traditionally play a role in disaster response may begin providing these services. For example, many small churches and other organizations provided sheltering services after the Gulf Coast hurricanes.

The Red Cross

Since its founding in 1881, the Red Cross has offered humanitarian care to the victims of war and devastating natural disasters. The organization is a private nonprofit entity but, since 1905, has had a congressional charter. Under the congressional charter the purposes of the Red Cross are to provide volunteer humanitarian assistance to the armed forces, serve as a medium of communication between the people of the United States and the armed forces, and provide disaster prevention and relief services. Although it is congressionally chartered, the Red Cross provides these services as a private organization.

Following a disaster, the Red Cross serves as a direct service provider to disaster victims. In this capacity, the organization provides services that include feeding, sheltering, financial assistance, and emergency first aid.

After Hurricanes Katrina and Rita, the Red Cross estimated that it provided more than 3.7 million hurricane victims with financial assistance, 3.4 million overnight stays in almost 1,100 shelters, and more than 27.4 million hot meals and 25.2 million snacks. According to the Red Cross, its efforts after Hurricanes Katrina and Rita were larger than for any previous disaster relief effort. For example, the Red Cross provided more than six times the number of shelter nights after Katrina and Rita than it did in the entire 2004 hurricane season, when four major hurricanes—Charley, Francis, Ivan, and Jeanne—struck the continental United States in August and September.

The NRF

The NRF is a guide to how the nation conducts all-hazards disaster response, including support for voluntary organizations providing shelter, food, and other mass care services. The NRF revises the nation's prior disaster plan, the NRP, which was originally signed by major federal government agencies, the Red Cross and NVOAD in 2004. Major federal government agencies, the Red Cross, NVOAD, and other voluntary organizations are included in the NRF. The NRF is designed on the

premise that disaster response is generally handled by local jurisdictions. In the vast majority of disasters, local emergency personnel, such as police, fire, public health, and emergency management personnel, act as first responders and identify needed resources to aid the community. Local jurisdictions can also call on state resources to provide additional assistance. The federal government responds to state or local requests for assistance when an incident occurs that exceeds state or local response capability or when an incident falls within its own response authorities. In such situations it may use the National Response Framework to involve all appropriate response partners. The 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 (Stafford Act).⁶ It authorizes the President to issue a major disaster or emergency declaration when a state's resources are overwhelmed and the governor makes a request for federal assistance. Under the Stafford Act, the federal government provides assistance for mass care, debris removal, restoration of facilities, and financial aid to families and individuals, among other activities. After disasters that result in extraordinary levels of mass casualties or damage, called catastrophes, the federal government can invoke the Catastrophic Incident Annex of the NRF. The Annex does not assume that local governments—which may no longer be functioning—will ask for assistance, but rather that the federal government will provide resources to the local level before being asked.

ESF-6

In addition to outlining the organizational structure used to respond to disasters, the National Response Framework designates 15 emergency support functions. ESF-6 creates a working group of key federal agencies and voluntary organizations to coordinate federal assistance in support of state and local efforts to provide:

- mass care, including sheltering, feeding, and emergency first aid;
- emergency assistance, such as coordination with voluntary organizations; reunification of families; pet evacuation and sheltering; support to specialized shelters; and support to medical shelters;
- housing, both short- and long-term; and

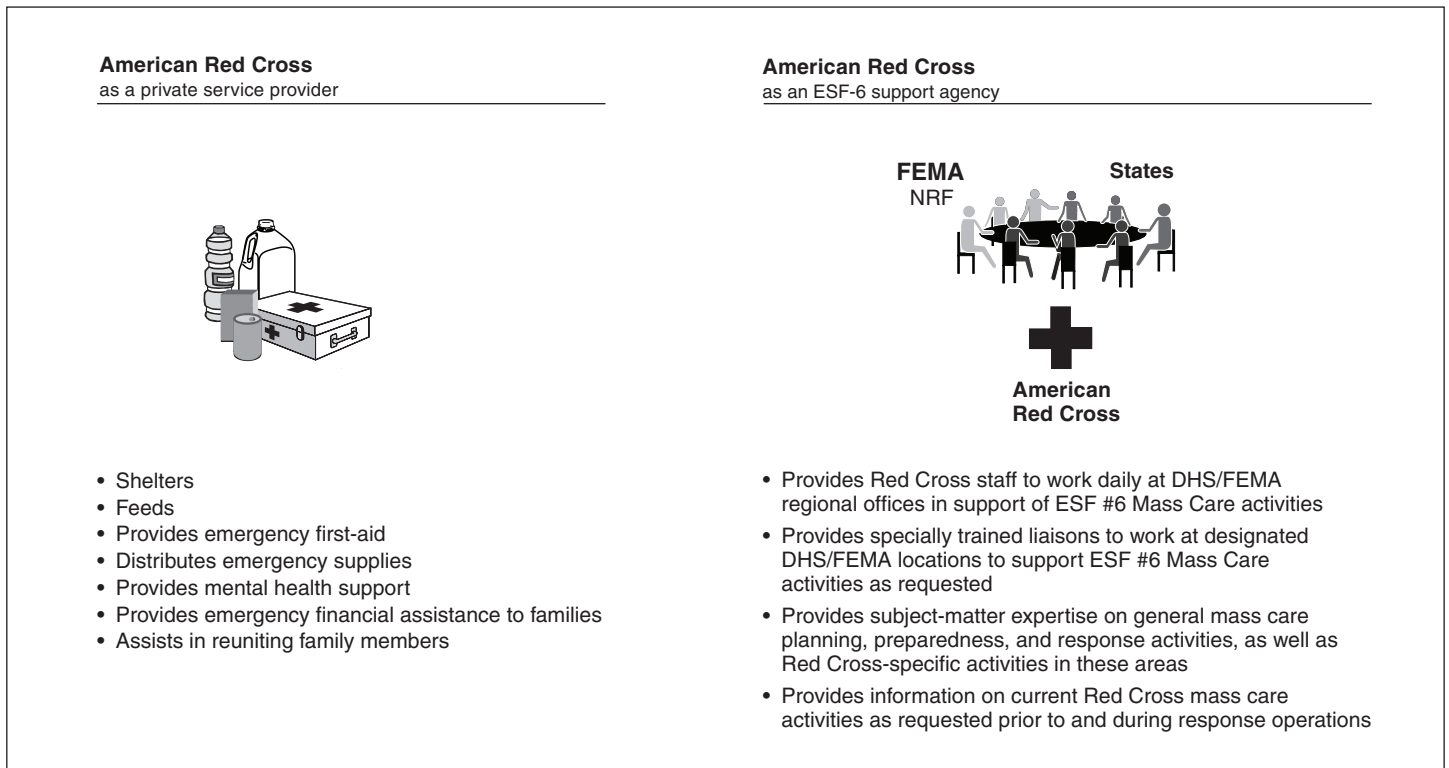
⁶ Pub. L. No. 100-707, 42 U.S.C. § 5121, *et. seq.*

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- human services, such as counseling and processing of benefits.

The NRF assigned FEMA to be the primary agency for a new component of ESF-6, called emergency assistance, to ensure that immediate needs that are beyond the scope of traditional mass care are addressed. Emergency assistance adds new expectations for coordination with voluntary organizations by the ESF-6 working group, stating that the group works with non-governmental and faith-based organizations to facilitate an inclusive, coordinated response effort. In addition, the emergency assistance component includes the expectation that a National Shelter System (NSS) will provide data from shelters. The NSS is a Web-based system that provides information on shelter facilities, capacity, and population counts.

In addition to its role as a service provider, the Red Cross has specific responsibilities as a support agency under ESF-6. ESF-6 specifies that these activities are separate from its role as a direct service provider. The Red Cross announced in January 2008 that it planned to make significant layoffs to its staff at the Red Cross national headquarters. These layoffs could potentially have implications for the Red Cross' capacity to meet its NRF responsibilities. However, the Red Cross had not announced details of these layoffs as of mid-February 2008. Figure 1 describes the Red Cross' roles as a service provider, and in ESF-6.

Figure 1: Red Cross Roles in Disaster Response



Source: GAO analysis; images, Art Explosion.

Mass care for individuals with disabilities

Estimates place the population of individuals with disabilities in the United States at nearly 20 percent of the entire population, and the percentage of people over age 80 with disabilities at 72 percent. Although there are few statistics on the impact of Hurricane Katrina on the disabled, the White House report on the federal response to Katrina estimated that over two-thirds of the 1,300 victims who died were over age 60. Individuals with disabilities are a diverse group, including those with disabilities affecting individuals' functioning in a number of different ways. For example, some disabilities, such as paraplegia, affect individuals' mobility, and other disabilities, such as deafness, affect communication. Many of these disabilities can be prepared for and accommodated in general population shelters. For example, with modifications to existing facilities, many mobility impairments can be addressed. These modifications can include ensuring accessible routes for people with wheelchairs, crutches, or walkers from sleeping quarters to dining areas and toilet/bathing areas, ramps, and handrails in toilet facilities. Modifications for communication-

related disabilities can include braille signs for the blind. State and local governments operate medical shelters for those individuals with serious medical needs, including some disabled individuals.

Post-Katrina Act

On October 4, 2006, Congress passed the Post-Katrina Emergency Management Reform Act of 2006. That Act elevated FEMA's status within the Department of Homeland Security, enhanced its organizational autonomy, and redefined its role. It provided that FEMA's primary mission is to reduce the loss of life and property and protect the United States from all hazards by leading efforts to prepare for, respond to, and recover from natural disasters, acts of terrorism, other man-made disasters, and catastrophic incidents. In partnership with state, local, and tribal governments, emergency response providers, the private sector, and nongovernmental organizations as well as other federal agencies, FEMA is tasked with building a national system of emergency management. The Act included a number of provisions that should provide a new focus on assistance to individuals with disabilities in connection with these efforts. It directs the Administrator of FEMA to appoint a Disability Coordinator who is required to report directly to the Administrator to ensure that the needs of individuals with disabilities are being properly addressed in emergency preparedness and disaster relief, and assigns a detailed set of responsibilities to the Coordinator. The Post-Katrina Act provides authority for FEMA to address the needs of individuals with disabilities by adding the Americans with Disabilities Act's definition of "individual with a disability" to the Stafford Act and requires that the FEMA Administrator develop guidelines concerning the provision of services to individuals with disabilities in connection with emergency facilities and equipment. The Post-Katrina Act adds individuals with disabilities and those with limited English proficiency to the discrimination prohibition provisions of the Stafford Act and directs FEMA to work with state and local governments to identify critical gaps in regional capabilities to respond to populations with special needs.

Public Assistance Program

The Public Assistance program provides assistance primarily to state and local governments to repair and rebuild damaged public infrastructure and includes activities such as removing debris, repairing roads, and reconstructing government buildings and utilities. Specifically, applicants submit requests for work that are considered for eligibility and subsequent funding. FEMA obligates funds for approved projects, providing specific amounts to complete discrete work segments on projects, while state and local governments pay the remainder based on the state's cost share agreement with FEMA. As of March 16, 2007, FEMA has obligated about

\$4.6 billion to Louisiana and about \$2 billion to Mississippi through its Public Assistance program.

Under the Public Assistance program, state and local governments can reimburse voluntary organizations for several types of expenses. First, they can be reimbursed for facility damage if they meet certain eligibility criteria such as being an educational, medical or custodial care facility. Second, voluntary organizations can be reimbursed for evacuation and sheltering expenses (such as increased utility expenses, cots, and food). The Post-Katrina Act expanded the universe of voluntary organizations eligible for reimbursement for facilities damage after future disasters. Private non-profit facilities that serve certain specified functions (education, utility, irrigation, emergency, medical, rehabilitation, and temporary custodial care) as defined by the President, no longer need to provide essential services of a governmental nature to the general public in order to be eligible for reimbursement. The Act also added another group of private nonprofit facilities potentially eligible for assistance by defining the term to include any facility providing essential services of a governmental nature to the general public (including museums, zoos, performing arts facilities, and community arts centers), as defined by the President. The facilities in this group are similar to those identified in FEMA regulations. Under the Public Assistance program, the federal government typically pays 75 percent of costs, and state governments pay 25 percent, however, after Katrina the federal government paid 100 percent of the cost-share requirement in 45 states that sheltered evacuees.

FEMA Became the Primary Mass Care Agency Because the Red Cross Cannot Direct Federal Resources, and the Shifting Roles Present Several Implementation Issues

FEMA replaced the American Red Cross as the primary agency for mass care in large part because the two organizations agreed that the primary agency needs to be able to direct federal resources. Although the Red Cross' specific responsibilities under the NRF have largely remained the same, one change is that the Red Cross will no longer be expected to report data for all shelters, only Red Cross shelters. The changing roles of the Red Cross and FEMA present several implementation issues. With respect to sheltering, the NRF includes the expectation that a national shelter system will be developed to collect and report shelter data. FEMA and the Red Cross have developed an initial system for collecting and reporting data on shelters, but FEMA is still working to develop a federal shelter database. Furthermore, some states have indicated that they are concerned about their ability to collect and report data from non-Red Cross shelters. In addition, the NRF places increased responsibility on FEMA for coordinating with voluntary organizations, but FEMA does not have sufficient staff resources to meet this responsibility. Last, although

FEMA has made progress, its efforts to identify and fill gaps in mass care capabilities are not yet complete.

FEMA and Red Cross Agreed That FEMA Should Be the Primary Mass Care Agency Because It Can Direct Federal Resources

The Red Cross and FEMA agreed in February 2007 letters that because the Red Cross cannot legally direct federal resources, FEMA is better positioned to be the primary agency for ESF-6 mass care. The letters indicated that the primary agency for mass care should be able to direct federal resources in response to state requests for assistance, which the Red Cross—as a nongovernmental entity—does not have the legal authority to do. The Red Cross' inability to direct federal resources after the Gulf Coast hurricanes contributed to problems that we highlighted in our June 2006 report.⁷ After Katrina, the Red Cross could not go directly to federal agencies for resources to fulfill requests for assistance, but instead had to request these items through FEMA, which then directed the appropriate federal agencies to supply the needed materials or services. This resulted in confusion about roles and led to duplicative requests.

In the February 2007 letters, the Red Cross and FEMA also agreed that the expansion of ESF-6 to include a new function—emergency assistance—provided another reason why FEMA should be the primary agency for mass care. The primary agency for mass care will need to coordinate mass care activities with the primary agency for emergency assistance—FEMA—and having different primary agencies could make this more difficult. For example, Red Cross and FEMA officials told us that Red Cross is not knowledgeable about activities in the emergency assistance function, which would make it difficult for them to coordinate these activities with mass care. FEMA and the Red Cross agreed that having FEMA serve as the primary agency for all four functions of ESF-6 would help ensure a unified command structure during operational response.

Although the Red Cross role for mass care under the NRF will shift from that of a primary agency to a support agency, its specific responsibilities will largely remain the same as under the NRP. For example, the organization still provides staff to work at DHS offices to support ESF-6 activities and supports DHS in working with state agencies for mass care in planning and preparedness activities. However, the Red Cross will no longer have two key responsibilities that it had under the NRP. First, the

⁷ 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 2006).

Red Cross will no longer be responsible for filling out requests from states and other local organizations for federal assistance after a disaster and sending them to FEMA. This activity will now be performed primarily by states. Under the NRF, the Red Cross will provide guidance to states as they determine their needs for federal assistance. FEMA did tell us, however, that in some rare circumstances the Red Cross may fill out requests independently of states. States also filled out these requests under the NRP—along with the Red Cross—and state officials that we interviewed told us that they were familiar with this process. Second, the Red Cross will no longer be responsible for reporting data on the number and characteristics of people in shelters that are operated by organizations other than the Red Cross. After Katrina, the Red Cross was responsible for reporting data on all shelters to FEMA, including those operated by other organizations, but both FEMA and the Red Cross reported problems with this process. Now, states are responsible for reporting data on non-Red Cross shelters to FEMA.

Several Implementation Issues Are Associated with the Shift in Primary Agency for Mass Care

National Shelter System

The shifting ESF-6 roles of the Red Cross and FEMA present several implementation issues for FEMA, including reporting shelter data, coordinating with voluntary organizations and identifying and filling gaps in mass care capabilities.

In its role as primary agency, FEMA has made progress toward meeting NRF expectations for an NSS, but still faces several challenges. An initial NSS that is owned and was paid for by the Red Cross, with FEMA as a partner agency, is currently operational. However, FEMA is still working to develop a federal NSS that will be owned and housed at FEMA. When the federal NSS is complete, the Red Cross will enter and verify data for Red Cross shelters, and states will enter and verify data for all other shelters. FEMA officials told us that the federal NSS will be finished in spring 2008. Although the current version of the NSS can provide information on shelter location, capacity, population, physical accessibility for people with disabilities, and managing agency, the system cannot track demographic data on the types of populations residing in shelters. FEMA officials told us that FEMA is working to address this and other issues that have been identified by states in the federal NSS. For example, states identified the need for integrating Geographic Information Systems (GIS) into the system to provide data that are more accurate. FEMA told us that it would incorporate these elements into the updated system.

In addition, many states still need to enter data into the system in preparation for disasters. FEMA officials said that as of November 2007, no more than four states had inserted shelter location data and, as a result, most of the data in the system is on Red Cross shelters. The accuracy of the shelter data is contingent upon states reporting information into the system and updating it frequently, according to FEMA officials. Some state officials told us that they had just recently received training on NSS and were currently in the process of compiling the data needed. FEMA has offered states the opportunity to have FEMA staff help include non-Red Cross shelter data in the NSS after a disaster until NSS implementation is complete. FEMA officials told us that it will take 2 to 3 years to fully implement the federal NSS, because of training and time needed for states to collect, input, and verify data.

During the 2007 California wildfires, FEMA deployed staff to help state officials collect and report data from non-Red Cross shelters with the NSS because California officials had not yet entered shelter data into the system. California officials said that the NSS was useful because it gave a single, accurate report on the shelter population.

Data from Unplanned Shelters

State officials we spoke with told us that they could collect shelter data from pre-planned shelters, but officials in some states were concerned about their capacity to collect and report data from unplanned shelters that are likely to open after a major disaster. These shelters are likely to open if designated shelter sites are overcrowded, evacuees are unable to reach designated sites, or the designated sites are affected by the disaster. Officials from some states told us that they do not have a mechanism in place to collect data from the small, independent organizations that typically open these shelters. In contrast, officials from another state told us that they do not anticipate the need for unplanned shelters to open after a major disaster, and, as a result, are not concerned about collecting these data.

Collecting data on unplanned shelters was a significant challenge after Hurricane Katrina.⁸ There was no centralized system in place for collecting and reporting these data after Hurricane Katrina and, as a result, these data often went unreported, according to FEMA and Red Cross officials. Because government and voluntary organizations did not know where

⁸ GAO, *Disaster Assistance: Better Planning Needed for Housing Victims of Catastrophic Disasters*, GAO-07-88 (Washington, D.C. Feb. 28, 2007).

Coordination with Voluntary Organizations

many of these people were staying, this led to problems planning for and delivering needed resources.

Changes in FEMA's role under ESF-6 also present implementation issues with respect to coordination with voluntary organizations. The NRF includes a new component on voluntary organization coordination requiring that the ESF-6 working group—for which FEMA is the primary agency—coordinate federal response efforts with state, local, private, non-governmental, and faith-based organizations' efforts. As the primary agency for ESF-6, FEMA will be primarily responsible for addressing these issues. These requirements for coordination with voluntary organizations are more extensive and specific than in the NRP, and FEMA officials told us that FEMA voluntary agency liaisons (VAL) will fill this role. VALs are FEMA staff members who coordinate the activities of voluntary organizations with FEMA. Most FEMA VALs are based in FEMA regions and work with state and local voluntary organizations, and the regional offices of national voluntary organizations (see app. III for a job description for VALs).

While the NRF calls for an enhanced FEMA role in helping coordinate voluntary agency assistance, FEMA does not have the staff resources necessary to meet this objective. As of July 2007, each FEMA region had one full-time VAL who could work on the entire range of coordination issues with voluntary organizations, as shown in figure 2.⁹ FEMA regions can include up to eight states. FEMA VALs are tasked with coordinating FEMA activities and policies with voluntary organizations across their regions and building the capacity of these organizations according to voluntary organization and FEMA officials. Effective VALs build relationships and network, however, many officials from voluntary organizations and multiple senior FEMA VALs told us that there are not enough full-time VALs for them to develop strong relationships in all of the areas covered. For example, one of the primary responsibilities of VALs is to improve coordination with state- and local-level voluntary organizations, but officials from FEMA and voluntary organizations said that in many states coordination between these organizations and government is weak. In addition, officials from some voluntary organizations told us that VALs have so much work it is difficult to communicate with them. Officials from voluntary organizations also said that there were not enough VALs after disasters. During the response to

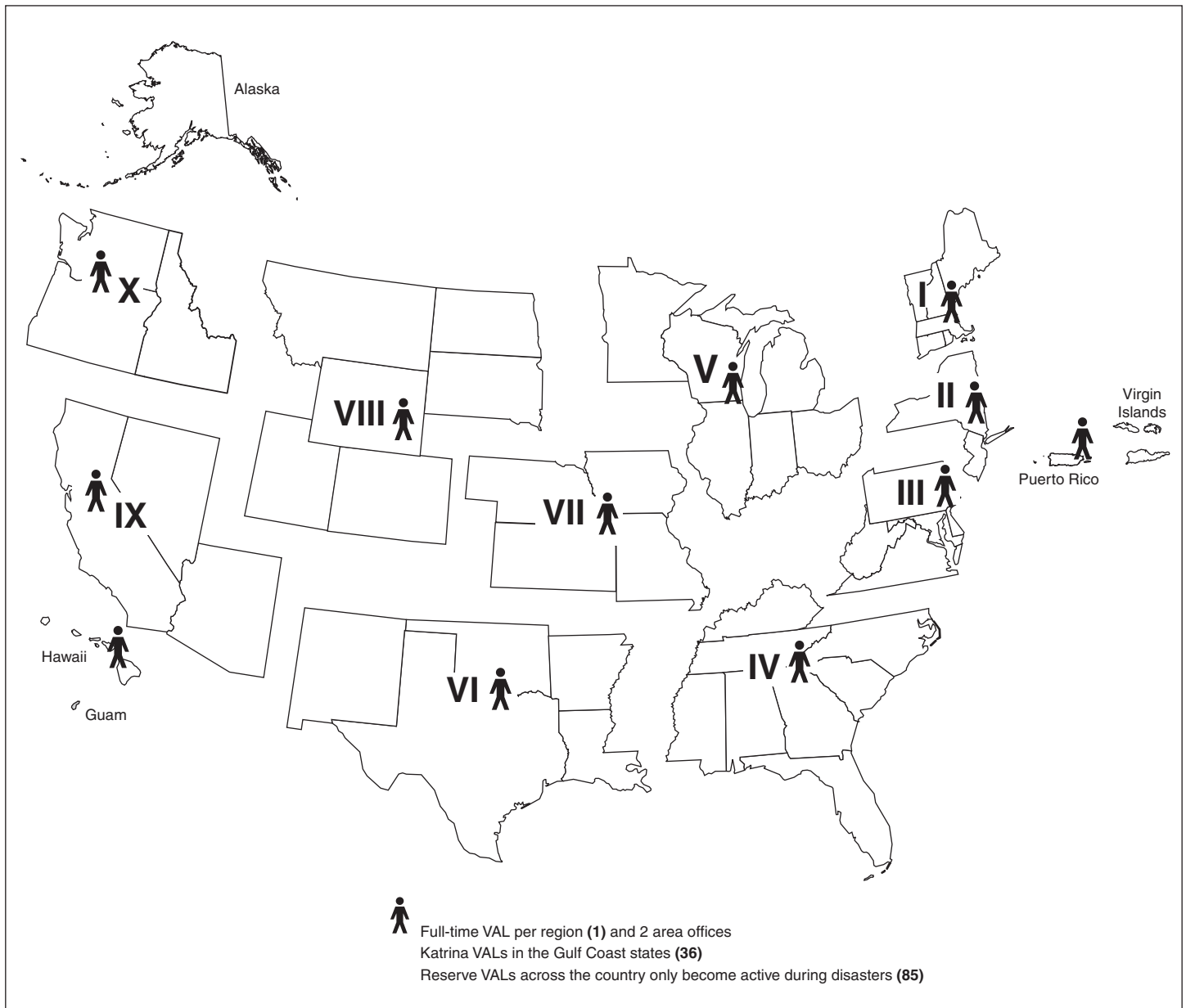
⁹ FEMA refers to these positions as Cadre of Regional Employees VALs. They are employed under 4-year contracts.

disasters, VALs can be pulled out of their own regions to assist in disaster-affected areas. For example, after Katrina, VALs from across the country were brought to the Gulf Coast. As a result, during Katrina these VALs were not available to respond to their own smaller scale regional disasters, even though they had built relationships with voluntary organizations in those states. At the time of Katrina, FEMA was providing states with assistance for 38 other disasters across the nation. Disaster research experts told us that there should be additional FEMA VALs in each region.¹⁰ FEMA officials told us that there are no plans to change the current staffing structure for VALs. A review of the response to Katrina by the DHS Office of the Inspector General (OIG) identified broader problems with human capital management at FEMA. For example, the DHS OIG found that FEMA does not have staff or plans adequate to meet its human capital needs during catastrophic disasters.¹¹

¹⁰ For example, the Aspen Institute report recommended that FEMA significantly develop and expand its VAL staffing. For further information, see the Aspen Institute report in our bibliography.

¹¹ The FEMA initial review of the response to Katrina concurred with this finding. For more information, see the bibliography.

Figure 2: FEMA Regions Covered by Voluntary Agency Liaisons, as of December 2007



Source: GAO analysis; map, Map Resources.

FEMA has two other types of VALs, reserves and Katrina VALs. However, the job responsibilities of these individuals constrain them from performing many VAL job duties. FEMA had 85 reserve VALs that it can

call upon in response to major disasters, and 36 Katrina VALs as of December 2007. The reserve VALs are only activated during disasters, however, and are not available to network and build the capacity of voluntary organizations during preparedness. Furthermore, the Katrina VALs are designated specifically to address Katrina-related issues and FEMA is not planning to retain these individuals after Katrina-related work is finished.

In addition, VALs do not receive role-specific training and, as a result, some VALs have not been fully prepared for their duties. The lack of specialized training has resulted in VALs not always being prepared to coordinate FEMA activities with the voluntary sector. For example, VALs do not receive any training on how voluntary organizations can receive reimbursement for their mass care activities during disasters. One voluntary organization official that we spoke with said that, while some VALs were very helpful in that they had access to information and resources that they would not have had otherwise and understood FEMA policies, other VALs were not familiar with key FEMA Public Assistance policies for the reimbursement of voluntary organizations. A senior FEMA official told us that FEMA has completed a VAL Handbook and is preparing to develop a pilot training for VALs. The DHS OIG also found that FEMA does not have an organized system of employee development.¹²

Identifying and Filling Gaps in Mass Care Capabilities

FEMA's broad new responsibilities under the Post-Katrina Act, and FEMA's new role as the primary agency for mass care, also present implementation issues for FEMA with regard to identifying and filling gaps in mass care capabilities. Although FEMA has taken several steps to address these issues, FEMA's efforts are not yet complete. For example, the Post-Katrina Act specifically requires that FEMA identify gaps in mass care capabilities at the state level. In response, FEMA has undertaken a gap analysis initiative that examines, by state, the gaps in disaster preparedness. This initiative, which began in 2007, has begun identifying gaps in hurricane-prone states along the Eastern seaboard and Gulf Coast. A FEMA official responsible for these efforts told us that the initial gap analysis had been completed in 18 high-risk states as of December 2007. Eventually, FEMA plans to roll this initiative out in every state, and to make it all-hazards rather than hurricane-specific.

¹² A FEMA review of the response to Katrina also found that there is virtually no training for personnel involved in response operations, and that FEMA responders should receive specialized training. For more information, see the bibliography.

FEMA officials told us that they are also working to identify resources for situations in which the mass care capabilities of government and voluntary organizations are exceeded, but that FEMA is still working to develop a standardized system for coordinating these resources. FEMA officials told us that FEMA has developed contracts with private companies for mass care and other disaster resources for situations in which federal capabilities are exceeded. After Katrina, FEMA made four noncompetitive awards to companies for housing services. These contracts have since been broadened through a competitive process 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. The FEMA official in charge of these contracts said that contractors had assessed facilities to determine whether they could be used as shelters in the Gulf Coast during the summer of 2007. He said that these contracts gave the federal government the option of purchasing whatever resources it needs in response to disasters. FEMA officials told us, however, that they prefer using federal resources when possible because contract services are more expensive. Another round of contracts will be awarded in May 2008 on a competitive basis.

However, FEMA is still working to standardize training, resources, and terminology across the many different organizations—including the private sector—involved in disaster response to improve coordination among these organizations. FEMA is working to develop standardized training that could be provided to staff from all of these organizations. FEMA is currently working with the Red Cross to develop a standardized training based on current Red Cross training, according to a FEMA official responsible for these efforts. Having standardized training could, for example, make it easier for employees of organizations providing services contracted by the federal government to work in shelters operated by other organizations. A key FEMA official said that this standardized training should be complete by summer 2008. FEMA is also working to standardize disaster relief resources and terminology across the providers of mass care services. The FEMA official said that this allows disaster service providers to communicate more readily, and to share resources across organizations when necessary. NVOAD is assisting FEMA by coordinating efforts among voluntary organizations to standardize the types of resources used in disaster response. FEMA and NVOAD officials told us that having organizations use the same language and resources makes it easier to scale up disaster response operations.

NVOAD Has Several Characteristics That Help It Carry Out Its ESF-6 Role, but Is Constrained by Limited Staff Resources

NVOAD is in a unique position to coordinate voluntary organizations active in disaster assistance under ESF-6. NVOAD brings together voluntary organizations with diverse objectives and sizes under one organization. Moreover, NVOAD does not compete with its members for funds, since it is not a direct service provider. While NVOAD has facilitated relationship building among its members prior to disasters, its coordination efforts in responding to Hurricanes Katrina and Rita were not an effective way of providing key information. Due to staff limitations, the organization was unable to fully meet its information-sharing responsibilities under ESF-6 during the Gulf Coast hurricanes. Using lessons learned from Katrina, NVOAD has identified ways to potentially improve information sharing with its members, such as through enhanced use of web technology.

NVOAD Is Positioned to Be a Coordinating Body and Has Facilitated Relationship Building among Members prior to Disasters

For several reasons, NVOAD is well positioned to coordinate voluntary organizations active in disaster assistance under ESF-6. First, NVOAD is a coordinating agency, not a direct service provider. This means NVOAD does not compete with its members for funds. Instead, the organization is primarily funded by member organizations.

Second, NVOAD brings together voluntary organizations with diverse objectives, and sizes. NVOAD brings together organizations that provide various types of disaster response and recovery services, such as sheltering, feeding, home-building, and case management services, as well as both secular and faith-based organizations. Officials from member organizations told us that NVOAD helps them prepare for disasters by developing relationships with other individuals active in disaster response and recovery. These officials told us that developing these relationships is a critical part of preparing for disasters, and that NVOAD provided an opportunity to get to know officials from other organizations.

Although members we spoke with noted that NVOAD's efforts were useful in providing opportunities for networking and collaboration, some of the larger and older members maintained that the organization does not represent their needs well. For example, officials from one member organization told us that NVOAD is increasingly serving the needs of new, start-up disaster response organizations, rather than focusing on its larger members. NVOAD's executive director said that one strength of the organization is that it gives smaller members representation in ESF-6.

NVOAD Is Considering Enhancing Web Technology to Address Coordination Problems after Katrina, but Has Limited Staff Resources

NVOAD has historically helped organizations prepare for disaster response through relationship building, but as shown in table 1, the NRF also includes responsibilities for NVOAD in disaster response, in addition to disaster preparedness. NVOAD's ESF-6 roles and responsibilities have remained the same as those specified in the NRP, and include information-sharing and convening voluntary organizations, but do not include directing the activities of its members.¹³ NVOAD fulfills its ESF-6 information-sharing role in several ways. First, NVOAD provides information about its members' services to FEMA, such as where its members are operating and what services they are providing. One FEMA official said that having NVOAD report information for all of its members made it easy to get updates from the voluntary sector. Second, the NVOAD organization structure provides a system for coordination after disasters. NVOAD includes a number of committees composed of NVOAD member organizations that address key mass care issues after disasters, such as managing donations and long-term recovery. For example, after the 2007 California wildfires the donations management committee immediately met with state officials to identify warehouse space to store goods donated by the private sector until they were needed. Third, NVOAD shares information with voluntary organizations about the situation on the ground and services being provided by different organizations after disasters. For example, after Katrina, NVOAD hosted daily conference calls for several months after Katrina to coordinate with its members. These conference calls provided situation updates, brought new organizations up to speed on the basics of disaster response, and gave organizations a forum to share information and collaborate with each other.

¹³ While there were several small language changes in the NRF to NVOAD's responsibilities in ESF-6, NVOAD and FEMA told us that these were for clarification and did not represent substantive changes in NVOAD's responsibilities.

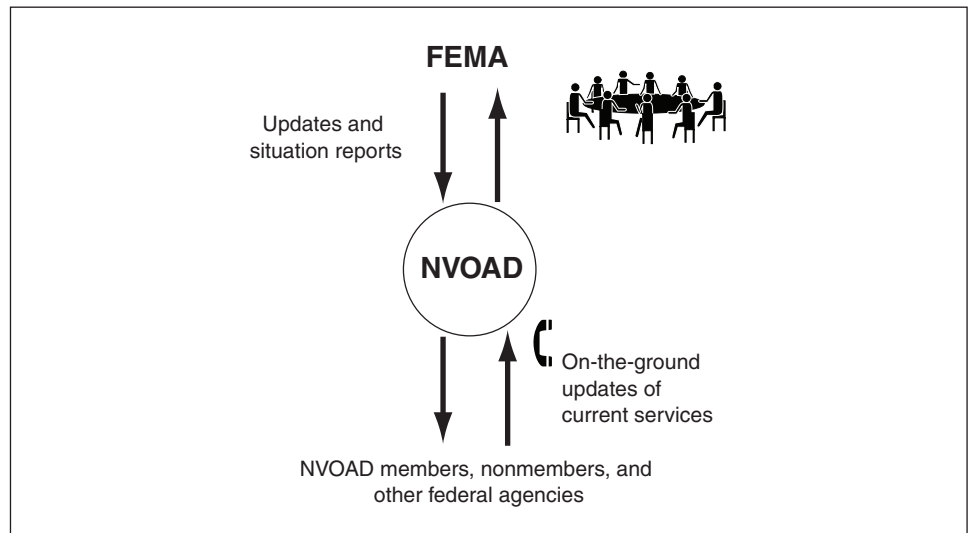
Table 1: NVOAD Responsibilities under the NRF

- Facilitates and encourages collaboration, communication, cooperation, and coordination, and builds relationships among members while groups plan and prepare for emergencies and disaster incidents.
- Assists in communicating to the government and the public the services provided by its national member organizations.
- Facilitates information sharing during planning, preparedness, response, and recovery, and after a disaster incident.
- Provides members with information pertaining to the severity of the disaster, needs identified, and actions of volunteers throughout the response, relief, and recovery process.
- Provides guidance in sharing client information, in promoting spiritual and emotional care, and in the management of unaffiliated volunteers and unsolicited donated goods, as needed.

Source: FEMA documents.

We found that these conference calls were not an effective way of communicating after the hurricanes. The conference calls included NVOAD members, federal agencies, and voluntary organizations that were not NVOAD members, some of which were new to the disaster response field. FEMA officials provided information on the situation on the ground and explained how FEMA was providing assistance. We participated in one conference call and found that it was difficult to follow. It was challenging to identify which region of the disaster zone speakers were discussing, members were discussing different issues that were not relevant to everyone on the call, and there were too many people on the call. NVOAD members with whom we spoke identified similar concerns about the effectiveness of the conference calls. NVOAD's executive director said that there were often 75 to 100 people on a single conference call after Katrina. Some NVOAD members also told us that the conference calls often ran long, which could get in the way of effectively meeting hurricane victims' needs. Figure 3 shows the flow of information during NVOAD phone calls.

Figure 3: Information Flow on NVOAD Conference Calls after Hurricane Katrina



Source: GAO analysis; images (Art Explosion).

NVOAD’s executive director at the time of Katrina said that NVOAD was limited by staff resources and, as a result, couldn’t do more than provide conference calls. During Hurricanes Katrina and Rita, NVOAD had one staff person. NVOAD currently has two staff persons: an executive director and an administrative position. NVOAD’s fiscal year 2006 operating budget was about \$270,000, and NVOAD relies primarily on funds from its members, According to NVOAD’s current executive director. NVOAD dues currently range from \$3500 per member each year for its largest members to \$750 for its smaller members, according to the executive director. Since the 2005 Gulf Coast hurricanes, NVOAD has increased its membership from 40 to 49, and the organization is currently considering increasing membership further.

NVOAD’s current executive director told us that the organization of the conference calls after Katrina was not an effective way to communicate with its members. NVOAD has identified ways to potentially enhance information sharing with its members. The current executive director told us that better use of web technology would allow NVOAD to provide members with more timely disaster updates and information about member services on the ground. NVOAD members that we spoke with told us that it would be helpful if NVOAD used web technology to provide certain information so that they wouldn’t need to participate in lengthy conference calls. One voluntary organization official suggested that key

information could be provided online, such as updates about the situation on the ground, information about what organizations are operating in the disaster zone, and what services are being provided by those organizations. However, the executive director said that improving the organization's use of Web technology would require additional resources.

FEMA Has Made Progress Addressing Mass Care Issues for the Disabled, but Has Generally Not Coordinated as Required with NCD

FEMA has started addressing the problems with mass care services for the disabled that occurred after Hurricanes Katrina and Rita. Various assessments of FEMA's performance after the hurricanes identified needed improvements by FEMA in two areas: providing guidance to assist states and others in planning to better meet the needs of the disabled, and increasing the participation of people with disabilities and subject-matter experts in the planning process. The Post-Katrina Act included requirements in each area, and FEMA has taken actions in both of these areas. For example, in response to the Act, FEMA hired a Disability Coordinator to integrate disability issues into federal emergency planning and preparedness efforts. However, FEMA has generally not coordinated with NCD as required by the Act, which could result in disability-related concerns not being fully addressed.

Key Gaps in Federal and State Mass Care Planning Efforts for Individuals with Disabilities Were Identified after the Hurricanes

After the 2005 Gulf Coast hurricanes, reports from the Senate Committee on Homeland Security and Governmental Affairs, DHS, and NCD identified a lack of planning as one of the most significant problems related to the provision of mass care to the disabled. For example, FEMA's Nationwide Plan Review, released in June 2006, reviewed the planning efforts of states and major urban areas. The report found that "One of the most serious deficiencies uncovered in the Review was inadequate planning for special needs populations,"¹⁴ and that no state or urban area was found to have sufficiently planned for these populations. The Nationwide Plan Review also recommended several specific steps that FEMA should take to help state and local governments with such planning:

- develop a consistent definition of "special needs" to clarify state planning efforts,

¹⁴ The term "special needs" refers to individuals likely to need special assistance after disasters, and includes the disabled and elderly.

-
- help local governments plan by providing guidance on disability-related demographic analysis, and
 - increase the participation of people with disabilities and subject-matter experts in the planning and preparedness process.

In addition to recommending actions to be taken by FEMA, the Nationwide Plan Review also found that states need stronger accountability for the provision of mass care to people with disabilities. The review concluded that states should develop standards for the care of individuals with disabilities, with an emphasis on ensuring that accessibility for persons with disabilities is a priority factor in selecting emergency shelter sites.

FEMA Has Begun Addressing the Issues with Mass Care for the Disabled, but Has Generally Not Coordinated with NCD as Required

FEMA has taken several steps to help improve planning for the disabled population. For example, FEMA developed a consistent definition of the term “special needs” that is used in the NRF. The Nationwide Plan Review said that at the time of Katrina the term lacked the specificity needed for emergency managers to accurately determine the capabilities necessary to respond to community needs. Through a working group of stakeholders, FEMA developed a definition of special needs that refers to those who may have additional needs before, during, or after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care.¹⁵ For example, hearing-impaired individuals would be categorized as those needing assistance with communication. FEMA is also developing guidance for states as they plan for serving disabled populations. One such initiative has been developing guidance on collecting data on disabled populations, which was expected to be released in December 2007 according to a FEMA official. This guidance will respond to the Nationwide Plan Review’s recommendation that the federal government help state and local governments incorporate disability-related demographic analysis into emergency planning. In addition, in September 2007, FEMA released target capabilities that define the disaster response capabilities that states should have, including capabilities for the disabled. For example, the document includes a capability that states should “Develop plans, policies, and procedures to ensure maximum retention of

¹⁵ ESF-6 specifies that this may include those who have disabilities, live in institutional settings, are elderly, are from diverse cultures, have limited English proficiency or are non-English speaking, are children, or are transportation disadvantaged.

people with disabilities in general population shelters.” A second phase of the target capabilities project will include capabilities that states should have for populations that require medical care.

The Post-Katrina Act required that FEMA take steps to include people with disabilities, and subject-matter experts in the field, in planning and preparedness efforts, as recommended by the Review. FEMA appointed a Disability Coordinator, as required by the Act, who began work for FEMA in the summer of 2007. FEMA officials told us that this individual has begun working across FEMA to include disability-related concerns in FEMA initiatives, and with disability organizations to ensure that their concerns are addressed. For example, the Coordinator has been involved in the drafting of the NRF according to a FEMA official. In addition, the Coordinator was on the ground in California to assist with meeting the needs of individuals with disabilities after the wildfires in the fall of 2007. For example, the Coordinator worked to ensure that information and materials disseminated to the public were in alternative formats.

However, FEMA has generally not coordinated with NCD, as required by the Act. The Act requires FEMA to coordinate with NCD in the implementation of several different initiatives as shown in figure 4. NCD and FEMA officials told us that NCD had not been consulted for many of these initiatives. For example, NCD was not consulted about the Comprehensive Assessment System, which assesses the nation’s prevention capabilities and overall readiness. FEMA officials who work on this initiative said that they had not consulted directly with NCD, but were coordinating with the officials within FEMA who are knowledgeable about disability issues. Other FEMA officials said that NCD has provided public comment on the NRF and other key FEMA documents. Officials from NCD said that there has been little coordination with FEMA and that they had not been offered the chance to provide input on a number of these initiatives. As a result, disability-related issues may not be fully addressed. In the Nationwide Plan Review, FEMA reported that it is important to include the disabled in planning because it provides responders with hands-on experience about the needs of people with disabilities in disaster situations, and provides planners with the ability to test their plans and modifications. The two organizations have met several times to discuss how coordination would occur, most recently in October 2007. However, as of January 2008, the agencies had not agreed to specific action steps for how they would coordinate.

Figure 4: FEMA Response to NCD Coordination Requirements in the Post-Katrina Act, as of December 2007

Requirements of the Act	FEMA implementation status
<ul style="list-style-type: none"> Coordinate with NCD in the development of target capabilities^a 	NCD not consulted Phase I of the target capabilities released in September 2007
<ul style="list-style-type: none"> Coordinate with NCD in development of a National Training Program document for emergency responders^b 	NCD not consulted for National Training Program Draft released in September 2007
<ul style="list-style-type: none"> Coordinate with NCD in development of a Comprehensive Assessment System to assess the nation's prevention capabilities and overall preparedness, including operational readiness^c 	NCD not consulted Program was operational when the Act was signed
<ul style="list-style-type: none"> Coordinate with NCD in development of a Remedial Action Management Program to identify and disseminate lessons learned and best practices and conduct remedial action tracking^d 	NCD not consulted Program was operational when the Act was signed
<ul style="list-style-type: none"> Coordinate with NCD in the development of guidelines for accommodating individuals with disabilities after disaster^e 	NCD provided input
<ul style="list-style-type: none"> Coordinate with NCD in the development of a national disaster housing strategy^f 	NCD provided input

Source: Post Katrina Act and interviews with FEMA and NCD officials.

^aPub. L. No. 102-295, sec. 646, 120 Stat. 1426.

^bPub. L. No. 102-295, sec. 648, 120 Stat. 1427.

^cPub. L. No. 102-295, sec. 649, 120 Stat. 1428.

^dPub. L. No. 102-295, sec. 650, 120 Stat. 1428.

^ePub. L. No. 102-295, sec. 689, 120 Stat. 1448.

^fPub. L. No. 102-295, sec. 683, 120 Stat. 1446.

In response to requirements of the Post-Katrina Act, FEMA has also taken steps to address the need for greater state accountability for the mass care needs of individuals with disabilities. The Act requires that, as part of FEMA's gap analysis initiative, FEMA identify gaps in response capabilities for special needs populations at the state level. The template used by state and federal planners to identify gaps requires a substantial amount of information about special needs sheltering. For example, one of the indicators of readiness is whether states have formulas established for estimating the number of special needs evacuees who will require public shelter.

In response to Post-Katrina Act requirements, FEMA also released guidance in August 2007 on accommodating disabled individuals. The guidance identifies laws that apply to nonprofits involved in disaster response and provides short summaries of each law. The guidance does not provide tools that states and nonprofits can use to implement these requirements. FEMA is planning to release additional guidance to provide state and local officials with additional information to improve sheltering for individuals with disabilities. In July 2007, the Department of Justice, which enforces the Americans with Disabilities Act¹⁶ (ADA), released detailed operational guidance for accommodating disabled populations in emergency shelters. This guidance provides a checklist that can be used to evaluate the accessibility of potential shelter sites. The checklist includes detailed questions that could assist shelter managers in evaluating shelter sites, such as whether there is an accessible route from shelter living space to the shelter's health and medical facilities. FEMA's August 2007 guidance includes a Web site link to the Department of Justice guidance.

The Red Cross Has Taken Steps to Better Serve the Disabled, but Continues to Face Challenges

The Red Cross has taken several steps to address problems that occurred after the Gulf Coast hurricanes in meeting the mass care needs of disabled individuals. These problems included a lack of appropriate intake procedures, resulting in some disabled individuals being turned away from Red Cross shelters, and a lack of accessible shelter facilities. For example, in some shelters medical units were located on upper floors or other inaccessible areas, and individuals with mobility impairments were not provided with accessible alternatives. In response to such problems, the Red Cross has developed an intake form intended to assist volunteers in determining whether a particular shelter can meet an individual's needs and also developed new training on serving the disabled. However, the Red Cross continues to face challenges in this area: Red Cross officials said that local chapters have considerable autonomy within the organization and that it can be difficult to encourage chapters to implement accessibility policies. Other major national voluntary organizations that we examined had increased their attention to services for the disabled, but did not identify a need to improve their services for this population. We did not identify concerns with the services of these organizations.

¹⁶ Pub. L. No. 101-336, as amended, 42 U.S.C. § 12101, *et seq.* The ADA provides broad non-discrimination protection for individuals with disabilities in employment, public services and public accommodations, and services operated by private entities.

The Red Cross Has Taken Steps to Help Local Chapter Officials Serve the Disabled, including Developing a Shelter Intake Form and Training

After Hurricane Katrina, officials from the government and disability organizations identified two main concerns with the mass care services provided by the Red Cross to individuals with disabilities. The first was that some Red Cross shelter managers did not use shelter intake procedures that would have enabled them to identify individuals' specific disabilities and determine whether the shelter could serve those individuals. As a result, many individuals with disabilities were sent to medical shelters, which could result in families being split up or placing greater demands on the more resource intensive services provided in medical shelters.

The Red Cross, in partnership with the Department of Health and Human Services, has developed a shelter intake form to address this problem after future disasters. The form provides a series of questions for shelter workers in general shelters to ask incoming evacuees (see app. IV for the shelter intake form). The form will allow shelter managers to identify disabilities and determine whether the shelter can meet the individual's needs, according to officials from the Red Cross and the Department of Health and Human Services. NCD officials told us that they think the form will help shelter managers make good decisions about whether individuals with disabilities can enter a shelter. The Red Cross distributed the form to its chapters along with guidance, but the form was often not used after the California wildfires in Red Cross shelters. Red Cross officials said that procedural changes like this often take time to be fully implemented in chapters. Officials from California also said that the form was not used in some cases because it took too long to fill out.

The second problem identified after Hurricane Katrina was that the some Red Cross shelters were not accessible to individuals with disabilities and that the Red Cross was often not prepared to take action to make these facilities accessible or provide accessible alternatives. For example, one on-site volunteer repeatedly complained to Red Cross officials and shelter managers about the lack of accessible medical services for people with mobility disabilities. In a letter to the Red Cross, he wrote:

"I have told Cajundome officials, medical staff, and Red Cross personnel about this problem. But I have been unsuccessful in getting it resolved. I have seen many frail people struggle to climb or descend the stairs in order to get medical attention, and I have personally seen two very exhausted men in wheelchairs

almost decide to forego triage or other medical attention because of the difficulty of accessing this unit.”¹⁷

Other frequent concerns were that accessible shower and restroom facilities were not provided, and that individuals with training to serve disabled individuals were not permitted in Red Cross shelters. NCD and other disability organizations have reported that these problems and others existed prior to Katrina.

Officials from the Red Cross national headquarters told us that the Red Cross is required to comply with the ADA and, therefore, its chapters must make plans and take actions so that individuals with disabilities can stay in Red Cross shelters.¹⁸ Red Cross officials said that the only individuals who are not able to stay at Red Cross shelters are those with serious medical needs, and that the organization does not have the ability to serve these individuals. They said that this policy was in place at the time of Katrina and Rita. Federal officials and disability advocates agreed that there are some individuals who are not able to stay at Red Cross shelters because their needs are too serious. Red Cross officials also said that the Red Cross does not own the facilities that it uses for sheltering in a disaster, and that not every building that is large enough to shelter a community and withstand a disaster was constructed in accordance with current accessibility standards. The Red Cross said that it surveys potential shelter facilities prior to disasters and that accessibility to people with disabilities is one of the factors considered when determining whether to use a facility as a shelter.

The Red Cross has begun addressing concerns about accessibility of its shelters by developing training for Red Cross employees and volunteers about meeting the needs of individuals with disabilities. The training presents information about Red Cross policies on accessibility and modification requirements for emergency shelters and provides examples of how Red Cross staff could address specific situations. It does not provide specific operational guidance for chapters about how to

¹⁷ Copy of correspondence from Nell Hahn, Advocacy Center of Lafayette, La. (Sept. 8, 2005).

¹⁸ 42 U.S.C. §12101 et seq. Under the ADA, shelters, whether provided by government or entities such as the Red Cross, must provide equal access to all individuals. However, in general, the ADA does not require any action that would result in a fundamental alteration in the nature of a service, program, or activity or that would impose undue financial or administrative burdens.

implement these requirements. The training, which was developed in collaboration with disability advocates, is required for Red Cross workers who have leadership roles in providing mass care after disasters. The training is not required for Red Cross volunteers, although it is recommended for key Red Cross volunteers who respond to disasters anywhere in the nation.

In addition, the Red Cross told us that it has prepositioned items that will improve shelter accessibility for individuals with mobility impairments in key warehouses across the country. These items included 8,000 cots that are designed for easy transitions from a wheelchair, commode chairs, and shower stools.

Red Cross headquarters officials told us that some local chapters are still not fully prepared to serve individuals with disabilities after disasters. These officials said that, although the Red Cross has taken steps to educate their employees and volunteers since Katrina, it has been difficult to encourage chapters to prepare for and implement accessibility policies. Red Cross headquarters officials said that Red Cross chapters have considerable autonomy within the organization.

Katrina Made Other Major National Voluntary Organizations More Aware of Disability Issues, but They Did Not Identify a Need to Improve Services for the Disabled

Officials from the Salvation Army, Southern Baptists, and Catholic Charities told us that these organizations have not made changes to their disaster services for the disabled, although they said that Katrina made them more aware of disability issues. We did not identify significant concerns with their services, however, largely because sheltering—which requires many modifications for individuals with disabilities—is not the focus of these organizations’ services. Instead, these organizations specialize in services such as feeding. One official from a disability organization indicated that meeting specialized dietary needs could sometimes be a disaster-response issue, but that it is a much lower priority than problems with sheltering.

Local Voluntary Agencies Faced Several Problems in Obtaining Reimbursement and FEMA Has Partially Addressed These Issues

Voluntary organizations faced limitations in the scope of program coverage and communication difficulties while trying to obtain reimbursement under the Public Assistance program after Katrina. The Public Assistance reimbursement program was not designed for a disaster of Katrina's magnitude because it only offered reimbursement to voluntary organizations in the disaster zone, even though evacuees dispersed throughout the country. FEMA has since changed its regulations so that after future disasters voluntary organizations serving evacuees outside of declared disaster zones can be reimbursed. Voluntary organizations also faced significant communication problems as they sought reimbursement, but FEMA has not taken steps to address these communication issues. Some voluntary organizations said that VALs—FEMA's liaisons to the voluntary sector—could not provide them with information about the Public Assistance program or provided them with the wrong information. FEMA VALs do not receive training on Public Assistance program policies. In addition, we found that some of the information on FEMA's Web site about the Public Assistance program was not presented in a user-friendly format that would help voluntary organizations successfully navigate reimbursement policies and procedures. As a result of these various communication problems, some organizations said that they never found out about reimbursement opportunities, or got so frustrated with the process that they chose not to apply.

Limited Scope of Program Led to Reimbursement Difficulties, but FEMA Revised Regulations to Address This Issue

At the time of Hurricane Katrina, voluntary organizations were potentially eligible to be reimbursed for mass care expenditures only in areas that were within disaster zones, as declared by the President. Because of the scale of the disaster, however, hundreds of thousands of Gulf Coast residents evacuated to areas of the country outside of the declared disaster zone. Many of these evacuees were sheltered by small local voluntary organizations, such as churches, which were not eligible for reimbursement under Public Assistance policies at the time.

On September 9, 2005—about 2 weeks after Katrina made landfall—FEMA issued a memorandum stating that the President had declared an emergency in states receiving Katrina victims. This permitted voluntary organizations in states across the nation that were sheltering evacuees from Katrina to receive reimbursement for mass care expenses. FEMA changed its regulations in July 2006 to allow eligible public and private non-profit entities outside of a declared disaster zone to receive reimbursement for mass care expenses, without the requirement for presidential declarations in each area where disaster victims are sheltered.

This change contributed to confusion among voluntary organizations about the Public Assistance program after the hurricanes. Many officials from voluntary organizations told us that changing reimbursement policies caused confusion and made it difficult for them to get reimbursed, and that in some cases they gave up on seeking reimbursement.

FEMA Strategies for Communicating about the Public Assistance Program Were Often Not Effective

Although FEMA and affected states took steps to publicize the Public Assistance program, many voluntary organizations did not receive key information. Voluntary organizations reported numerous problems, such as not learning about Public Assistance reimbursement opportunities, not being able to obtain information about how to apply, and not being able to obtain assistance with the application process. Clear and accurate communication was particularly important because many of the voluntary organizations that were providing services had not sought reimbursement for services before.¹⁹ Because organizations did not always receive needed information, some organizations either never found out about reimbursement opportunities, or got so frustrated with the process that they withdrew their applications.

FEMA officials told us that they communicate Public Assistance policies to voluntary organizations after disasters in three ways. First, states and FEMA coordinate in convening meetings to make voluntary organizations aware of Public Assistance program reimbursement opportunities. Second, FEMA officials, including VALs, often respond to questions from applicants. Third, FEMA provides information about the Public Assistance program via its Web site. As described in FEMA's December 2005 review of the response to Katrina, FEMA's role in publicizing reimbursement opportunities is particularly important after large-scale disasters in which local governments are severely compromised or no longer functioning.

There were several problems, however, with FEMA's efforts to publicize and communicate about the Public Assistance program with voluntary organizations after the Gulf Coast hurricanes. First, because many of the organizations responding to Katrina were small and had not received

¹⁹ The Aspen Institute found that many of the voluntary organizations that responded spontaneously to the hurricanes found themselves outside of FEMA's traditional funding circle because they do not typically respond to disasters. In addition, the report maintained that clear and accurate communication is needed because the Public Assistance application process and requirements for voluntary organizations are "byzantine." For more information, see the bibliography.

Public Assistance funding in the past, they often did not find out about briefings on the program. As a result, they missed an opportunity to receive information about being reimbursed.

Second, VALs—a key FEMA link to the voluntary sector—were not provided with information about the program. VALs are often in the field working with voluntary organizations providing disaster response services, and are potentially well-positioned to inform these organizations about Public Assistance opportunities and tell them where they can go for additional information. Yet many officials from local voluntary organizations told us that VALs had either not informed them about the program, could not tell them where to get the needed forms, or had provided them with information that was incorrect. For example, one representative of a voluntary organization told us that VALs had not told the organization about reimbursement opportunities, and that when she found out about the program, the VAL could not tell her where to obtain more information.

FEMA officials told us that the Public Assistance program has traditionally not worked closely with VALs—who are part of FEMA’s Individual Assistance program, as opposed to the Public Assistance program—to publicize the program. A Public Assistance official said that FEMA has publicized the program through its Web site and state efforts, and that there have been no efforts to work more closely with FEMA VALs since Katrina. FEMA officials told us that there is currently no training for VALs on Public Assistance policies. Several FEMA VALs told us that closer coordination between the program and FEMA VALs would help publicize the program.

Finally, our review of FEMA’s Web site, and comments from a number of voluntary organizations, indicate that the Web site was not effective in providing these organizations with the information about Public Assistance opportunities after the Gulf Coast hurricanes. The two Public Assistance reimbursement opportunities that voluntary organizations told us they applied for—reimbursement for mass care and for facilities damage—include different eligibility and procedural requirements for voluntary organizations.²⁰ Voluntary organization officials told us that they

²⁰ FEMA’s Public Assistance policies for voluntary organizations provide specific eligibility guidelines. For example, FEMA policies that allow nonprofits to be reimbursed for facilities damage have specific requirements about the percentage of time and/or space that the facility must devote to meeting essential public purposes.

are not accustomed to working with technical policies, and that they needed a clear, step-by-step explanation of the Public Assistance opportunities and requirements. FEMA provided an online fact sheet regarding the opportunity for voluntary organizations to apply for Public Assistance reimbursement for mass care costs several weeks after Hurricane Katrina made landfall. However, the Web site does not include user-friendly information for voluntary organizations about opportunities for reimbursement for facilities damage. In addition, FEMA's Public Assistance Web site does not include contact information for specific offices or officials who can help organizations develop reimbursement applications for either program.

Conclusion

Hurricanes Katrina and Rita brought widespread devastation and challenged all levels of government and voluntary organizations. Using lessons learned from Katrina, FEMA and voluntary organizations have begun taking steps to improve mass care services for future disasters, such as replacing the National Response Plan with the National Response Framework.

The NRF includes an enhanced role for FEMA in coordinating with voluntary organizations. FEMA VALs—employees who are FEMA's primary link to the voluntary sector—will have primary responsibility for this role. However, the size of FEMA's VAL workforce is not sufficient to meet FEMA's NRF responsibilities for voluntary agency coordination. Having only one full-time VAL in each region who can work on the entire range of coordination issues with voluntary organizations can limit VALs' ability to build successful relationships in their states, a critical element of fulfilling their responsibilities. In addition, VALs receive no role-specific training, and no training on a key federal program that reimburses voluntary organizations after disasters. If FEMA does not take steps to address these issues, it will encounter difficulties in meeting its NRF role of coordinating with voluntary organizations, and the nation is likely to see some of the same coordination problems that occurred after the Gulf Coast hurricanes.

Under the NRF, NVOAD plays a critical role in sharing disaster information among national voluntary organizations, and FEMA plays an important role in supporting coordination among these organizations. After Hurricanes Katrina and Rita, timely information was important for organizations' efforts to provide disaster services, but the daily conference calls hosted by NVOAD were an ineffective communication strategy. NVOAD's executive director has indicated that improving the

organization's communication systems is a priority, but NVOAD has only two staff members and limited funding. Without FEMA's assistance, NVOAD may not have the technical capacity to adequately assess and improve its communications systems. Unless NVOAD and FEMA work together to systematically assess and expand NVOAD's information sharing efforts, NVOAD members are likely to face continued communication problems after disasters.

FEMA has begun taking actions to improve the mass care services provided to the disabled after disasters, including actions to implement relevant provisions of the Post-Katrina Act. As FEMA noted in the Nationwide Plan Review, it is critical that federal, state, and local governments increase the participation of people with disabilities and subject-matter experts in the development and execution of plans and training. However, FEMA has generally not coordinated with NCD in its efforts to implement relevant provisions of the Act, as required by the Act. Unless FEMA begins working more closely with NCD, emergency planners may not fully incorporate this population's needs into planning efforts.

Small voluntary organizations played a key role in the mass care response to Katrina, but were often unfamiliar with how to navigate these federal reimbursement procedures. Although FEMA has posted the Public Assistance program policies for voluntary organizations on its Web site, the site does not provide key information about opportunities for voluntary organizations to be reimbursed for facilities damage in a user-friendly format. In addition, the Web site does not include contact information voluntary organizations could use to get more information. Unless FEMA provides information in a more user-friendly format, some voluntary organizations may be unable to take advantage of reimbursement opportunities after future disasters, which could be an incentive to stop providing mass care services.

Recommendations

To provide greater assurance that FEMA has adequate staff capabilities to support the agency's enhanced role under the NRF in helping coordinate with voluntary organizations, we recommend that the Secretary of Homeland Security direct the Administrator of FEMA to take action to enhance the capabilities of its VAL workforce, such as:

- converting some Katrina VALs into full-time VALs able to work on the entire range of coordination issues with voluntary organizations;
- increasing the number of full-time VALs; or

-
- providing role-specific training to VALs, including providing them with information about Public Assistance opportunities and policies for voluntary organizations.

To improve NVOAD's effectiveness in meeting its NRF information-sharing responsibilities after disasters, we recommend that NVOAD assess members' information needs, and improve its communication strategies after disasters. As part of this effort, NVOAD should examine how best to fund improved communication strategies, which may include developing a proposal for FEMA funding. To facilitate the implementation of improved communication strategies, NVOAD may want to consider strategies for increasing staff support for NVOAD after disasters, such as having staff from NVOAD member organizations temporarily detailed to NVOAD. In addition, in light of FEMA's enhanced role under the NRF in helping coordinate the activities of voluntary organizations in disasters, we recommend that the Secretary of Homeland Security direct the Administrator of FEMA to provide technical assistance to NVOAD, as needed, as NVOAD works to improve its communication strategies.

To ensure that the needs of individuals with disabilities are fully integrated into FEMA's efforts to implement provisions of the Act that require FEMA to coordinate with NCD, we recommend that the Secretary of Homeland Security direct the Administrator of FEMA to develop a detailed set of measurable action steps, in consultation with NCD, for how FEMA will coordinate with NCD.

To help ensure that voluntary organizations can readily obtain clear and accurate information about the reimbursement opportunities offered by the Public Assistance program, we recommend that the Secretary of Homeland Security direct the Administrator of FEMA to take action to make the information on FEMA's Web site about reimbursement opportunities for voluntary organizations more user-friendly. This could include:


- developing a user-friendly guide or fact sheet that provides an overview of opportunities for reimbursement for facilities damage; and
- providing contact information for organizations to get more information about Public Assistance program opportunities.

Agency Comments and Our Evaluation

We provided a draft of this report to the Secretary of the Department of Homeland Security. DHS agreed with our recommendations. DHS provided technical comments only, which we incorporated as appropriate. We also provided a draft of relevant sections of this report to the Red Cross. The Red Cross provided several technical comments that we incorporated as appropriate.

After reviewing the section of this report pertaining to NVOAD, the NVOAD Board President and Executive Director agreed with our findings and recommendation regarding improving information sharing after disasters. NVOAD added that it would be in favor of FEMA providing support to implement this recommendation through its Disaster Assistance Directorate. NVOAD's comments are reprinted in appendix V. In addition, we provided the Chairman of NCD with a draft copy of the section of this report addressing issues with coordination between FEMA and NCD under the Post-Katrina Act. NCD agreed with the report's findings and recommendation for this section. NCD's comments are reprinted in appendix VI.

We are sending copies of this report to the Secretary of the Department of Homeland Security, the Red Cross, appropriate congressional committees, and other interested parties. 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 IV.



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

As part of our body of work examining the response of the federal government and others to Hurricanes Katrina and Rita, we conducted a review of various issues pertaining to the role of voluntary organizations in providing mass care services. To obtain information about the rationale for, and implications of, the shift in the primary mass care role in the National Response Framework (NRF) from the Red Cross to the Federal Emergency Management Agency (FEMA), we reviewed letters between FEMA and the Red Cross documenting reasons for the shift in the primary agency role from the Red Cross to FEMA, the National Response Framework, information about the National Shelter System, the Post Katrina Emergency Management Reform Act, and information about the responsibilities of Voluntary Agency Liaisons. We also observed a demonstration of the National Shelter System. We interviewed officials from FEMA with responsibility for ESF-6, including FEMA Voluntary Agency Liaisons (VALs) in headquarters and in the field, and from national offices of voluntary organizations, including the Red Cross, National Voluntary Organizations Active in Disaster, the Salvation Army, the United Way, America's Second Harvest, Catholic Charities, and the Southern Baptist Convention. We also interviewed emergency management officials from a selection of states that included Louisiana, Mississippi, and nine other randomly selected states throughout the country.

To obtain information about NVOAD's efforts to coordinate with the voluntary sector, we reviewed documents about its member services, internal governance, funding, and plans for the future. We also interviewed NVOAD's former and current executive directors, chairman of the board, officials from eight of NVOAD's member organizations, and FEMA officials and disaster response experts who have worked with NVOAD. We also interviewed an official who manages a Web site used to coordinate disaster relief by the United Nations High Commission for Refugees, and reviewed the Web site.

To obtain information about the efforts of FEMA and major national voluntary organizations to improve services for the disabled since Katrina, we reviewed the Post-Katrina Emergency Management Reform Act (the Act), the Americans with Disabilities Act (ADA), and guidance released by the Justice Department about ADA, and also and conducted document reviews with FEMA, the American Red Cross, and the Southern Baptist Convention. These included documents related to FEMA's efforts to improve services for the disabled and respond to the Act's requirements, such as the Target Capabilities and guidelines for accommodating individuals with disabilities. In addition, we reviewed a number of Red Cross documents related to services for individuals with disabilities,

including training materials and a shelter intake form. We also interviewed officials from DHS, FEMA, the Red Cross, the Southern Baptists, Salvation Army, the United Way, and Catholic Charities, and state-level emergency managers from Mississippi, Louisiana, and Texas. Our interviews with FEMA included individuals from the various initiatives required by the Act to consult with the National Council on Disability, and FEMA's Disability Coordinator. In addition, we interviewed officials from the National Council on Disabilities, a number of disability advocacy organizations, such as the National Spinal Cord Injury Association, and several advocacy groups for the elderly, such as the American Association of Retired Persons. We also reviewed a survey of 95 Red Cross chapters that was conducted by the Disability Relations Group, an organization that conducts survey research on disability issues. Due to several methodological limitations—for example, we could not determine the response rate to the survey—we did not cite the results of this survey in the report.

To collect information about how FEMA coordinated with small voluntary organizations through the Public Assistance program, we conducted document reviews of FEMA's Public Assistance program, including FEMA Public Assistance policies, and documentation of changes to those policies, and reviewed information about the program on FEMA's Web site. We also interviewed FEMA officials from the Public Assistance office, and several FEMA VALs. We spoke with representatives of approximately 10 local voluntary organizations that provided services in the Gulf Coast after the hurricanes, and the Director of Long-Term Recovery for the Louisiana Association of Nonprofits—a group that works with nonprofits that applied for reimbursement. In addition, we spoke with state government officials from Louisiana, Mississippi, and Texas, officials from Baton Rouge and Houston, and several disaster response experts familiar with Public Assistance.

We reviewed reports on the response to the Gulf Coast hurricanes issued by the DHS Office of Inspector General, the House of Representatives, the White House, the Senate Committee on Homeland Security and Governmental Affairs, the National Council on Disability, the Appleseed Foundation, the American Association of Retired Persons, the International Association of Assembly Managers, and the Aspen Institute.

In addition, this report drew from research conducted for [GAO-06-712](#), which was released in June 2006. For that report, we conducted site visits to Louisiana, Mississippi, and Texas. We toured damage caused by the hurricanes in New Orleans, Louisiana, and Biloxi, Mississippi. Additionally

we toured the FEMA Joint Field Offices that were located in Baton Rouge, Biloxi, and Austin; local emergency operations centers in Baton Rouge and Austin; as well as distribution centers established by the Red Cross and the Salvation Army. On these site visits, we met with local chapters of the Red Cross, the Salvation Army, Catholic Charities, and the United Way. We held two additional discussion groups—one in Jackson, Mississippi, and one in Houston, Texas—to obtain the perspectives of local voluntary organizations that provided disaster relief on their efforts to be reimbursed under the Public Assistance program, and other issues. We spoke with key local emergency managers from East Baton Rouge, New Orleans, Austin, and Houston, as well as the State of Texas. We also spoke with FEMA Voluntary Agency Liaisons in Louisiana, Mississippi, and Texas.

In addition, for the June 2006 report we conducted a discussion group at a Board of Directors meeting for the National Voluntary Organizations Active in Disaster that included representatives from the United Methodist Committee on Relief, America's Second Harvest, and Lutheran Disaster Response. We also observed a National Voluntary Organizations Active in Disaster conference call in November 2005. These conference calls took place daily after the Gulf Coast hurricanes and included representatives from local and national voluntary organizations, as well as federal agencies, such as FEMA.

We conducted this performance audit between January 2007 and February 2008, and work for the previous report, [GAO-06-712](#), between October 2005 and June 2006, 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 Disaster Reserve
- 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 World Service
- Churches of Scientology Disaster Response
- Convoy of Hope
- Disaster Psychiatry Outreach
- Episcopal Relief and Development
- Feed the Children
- Friends Disaster Service, Inc.
- 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)
- Lutheran Disaster Response
- Medical Teams International
- 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 Phoenix Society for Burn Survivors
- The Salvation Army
- Tzu Chi Foundation

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- United Church of Christ - Wider Church Ministries
 - United Jewish Communities
 - United Methodist Committee on Relief
 - United Way of America
 - Volunteers of America
 - World Vision

Appendix III: Job Duties of FEMA Voluntary Agency Liaisons

Assist voluntary agencies in the development and promotion of state and local Voluntary Organizations Active in Disasters (VOAD) and other coalitions such as unmet needs/resource coordination committees for long-term recovery.

Initiate and maintain a close working relationship between FEMA and voluntary agencies including soliciting participation of the voluntary agencies in preparedness activities such as training and exercises to improve response and recovery capacity.

Provide technical advice to FEMA Regional and Area Offices, other federal agencies, and state emergency management officials regarding the roles and responsibilities of all VOAD members, and other voluntary agencies active in disaster and emergency situations.

Assist and collaborate with other FEMA Regional and Area Offices staff, in the development and maintenance of emergency response and recovery plans to ensure that voluntary agencies' capabilities, specifically as they relate to emergency assistance, mass shelter and feeding, donations management, and other voluntary agency disaster relief activities are recognized in the plans.

Assist with the collection and dissemination of information concerning emergency incidents, including initial damage assessment, emergency response activities, and continued response and long-term recovery activities/plans of voluntary agencies.

Assist and support the FEMA Individual Assistance officer on disaster operations in providing consultative support to voluntary agency leadership and encouraging collaboration among voluntary agencies.

Provide or make available to the voluntary agencies information on the status of federal and state response and recovery programs and activities.

Source: FEMA documents.

Appendix IV: Shelter Intake Form

AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES INITIAL INTAKE AND ASSESSMENT TOOL			
Date/Time: _____		Shelter Name/Location: _____	
Name of Person: _____		DRO Name/Number: _____	
Age: _____		Age: _____	
Names/Ages of all family members present: _____			
Age, gender, NOK/guardian: _____			
Home Address: _____			
NAME OF STAFF INITIATING ASSESSMENT: _____		Contact Number: _____	
INITIAL INTAKE	Circle	Actions to be taken	Comments (Include name of affected family member)
We will now be asking you a series of questions - Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, determine needs in conjunction with shelter manager and Health Services.	
What language are you most comfortable with?		If other than English: refer to shelter manager if interpreter is needed. Once interpreter is available return to initial intake.	
Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to Health Services immediately.	
How are you feeling? Physically? Emotionally?		If life threatening, call 911. Other urgent needs - refer to Health Services (HS) or Disaster Mental Health (DMH) now.	
Do you need any medicine, equipment or other items for daily living?	YES / NO	If Yes, refer to Health Services and ask next question.	
Do you need a caregiver or personal assistant?	YES / NO	If Yes, ask next question. If No, skip next question.	
Is your caregiver present and planning to remain with you?	YES / NO	If Yes, name of person. If No, refer to Health Services.	
Do you use a service animal?	YES / NO	If Yes, ask next two (2) questions. If No, skip next two (2) questions.	
Is the animal with you?	YES / NO	If No, ask next question.	
If No, do you know where the service animal is?	YES / NO	If No, notify local animal control of loss and attempt to identify potential resources for replacement.	
If under the age of 18, do you have a family member or responsible person with you?	YES / NO	If No, refer to Health Services or Disaster Mental Health. If Yes, locate parent or guardian to continue interview.	
This question is only relevant for interviews conducted at HHS medical facilities. Are you presently receiving any benefits (Medicare/Medicaid).	YES / NO	If Yes, list type and benefit number(s) if available.	
Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to Health Services.	
Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, Refer to Health Services or Disaster Mental Health.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
REFERRED TO HEALTH SERVICES Yes <input type="checkbox"/> No <input type="checkbox"/>		REFERRED TO DISASTER MENTAL HEALTH Yes <input type="checkbox"/> No <input type="checkbox"/>	
HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (EpiPen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list and list potential sources if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	
HEARING			
Do you need assistance in hearing me?	YES / NO	If Yes, ask next question. If No, skip the next question.	

(As of 4/07)

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AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

INITIAL INTAKE AND ASSESSMENT TOOL

Would you like me to write the questions down?	YES / NO	If Yes, give client paper and pen. If no, go to the next category of questions.	
Do you use a hearing aid?	YES / NO	If Yes, ask next two (2) questions. If No, skip next three questions.	
Do you have your hearing aid with you?	YES / NO	If Yes, ask next two (2) questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT			
Do you wear prescription glasses?	YES / NO	If Yes, ask next two (2) questions. If No, skip next two questions.	
Do you have your glasses with you or with your personal belongings?	YES / NO	If No, identify potential resources for replacement.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, determine if accommodation can be made in the shelter.	
Do you need help moving around or getting in and out of bed?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, consult with HS and shelter manager to determine if accommodation can be made in the shelter.	
ACTIVITIES OF DAILY LIVING			
		Ask all questions in category.	
Do you need help getting dressed?	YES / NO	If Yes, explain.	
Do you need assistance using the bathroom?	YES / NO	If Yes, explain.	
Do you need help bathing?	YES / NO	If Yes, explain.	
Do you need help eating? Cutting food?	YES / NO	If Yes, explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult with HS and shelter manager to determine if general population shelter is appropriate.	
NUTRITION			
Do you wear dentures?	YES / NO	If Yes, ask next question. If No, skip the next two questions.	
Do you have them with you?	YES / NO	If No, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify Feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies.	
INTERVIEWER EVALUATION			
Question to Interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	Signature:		Date:

This following information is only relevant for interviews conducted at IHS medical facilities: Federal agencies conducting or sponsoring collection of information by use of these tools, so long as these tools are used in the provision of treatment or clinical evaluation, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.21(a)(5).

The authority for collecting this information is 42 U.S.C. 3006b-11(b); (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat or provide assistance to you. The primary source(s) of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency facilities, workers, and to other Federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

(As of 4/07)

Appendix V: Comments from NVOAD



National Voluntary Organizations Active in Disaster
*Promoting Cooperation, Communication, Coordination and Collaboration
During Disaster Preparedness, Response, Relief and Recovery*

Andrew Sherrill
Assistant Director
Government Accountability Office
202.512.7252
sherrilla@gao.gov

January 31, 2008

Response: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors (GAO- 08- 369)

Dear Mr. Sherrill,

Thank you for the opportunity to respond to the draft report "FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors (GAO- 08- 369).

After reviewing the components of the report relevant to National Voluntary Organizations Active in Disaster (National VOAD), we are in support of the conclusions drawn. The National VOAD Board and national office are very interested in building processes and systems to better support the member organizations as they provide their services. We are looking to develop communication systems that take better advantage of current technologies to create seamless coordination, while striving to maintain the grassroots approach that provides our members' speed and flexibility in times of disaster.

The National VOAD role in the National Response Framework is not only information sharing and convening voluntary organizations, but to also serve as a coordinating entry point for member organizations to actively engage in a national response. Our member organizations are active in response, relief and recovery. In order to facilitate a more rapid response, their activities related to these roles are coordinated under the Disaster Assistance Directorate of FEMA.

The Disaster Assistance Directorate of FEMA has a tradition of support for National VOAD and its member organizations. It is good to see a recommendation that renews and enhances this relationship, and we would be pleased to see this support grow. While the report is general in its reference to FEMA, we would be in support of FEMA carrying out these recommendations through their Disaster Assistance Directorate.

Sincerely,

Thomas Hazelwood
National VOAD Board President
Executive Secretary US Disaster Response
United Methodist Committee on Relief

Diana Rothe-Smith
Executive Director
National VOAD

National VOAD * 1720 I Street NW * Suite 700 * Washington DC 20006
202-955-8396 * 202-955-5079 Fax * www.nvoad.org

Appendix VI: Comments from NCD



NATIONAL COUNCIL ON DISABILITY

An independent federal agency working with the President and the Congress to increase the inclusion, independence, and empowerment of all Americans with disabilities.

January 25, 2008

Cynthia M. Fagnoni
Managing Director
Education, Workforce, and Income Security Issues
U.S. Government Accountability Office
441 G. Street, NW
Washington, DC 20548

Dear Ms. Fagnoni:

Thank you for the opportunity to provide written comments on the Government Accountability Office (GAO) draft report entitled *NATIONAL DISASTER RESPONSE: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors*. This is the National Council on Disability's (NCD) response to your draft report.

We agree with the draft report's findings, analyses, and conclusions as they reference NCD. We also agree with the following specific report recommendation:

"To ensure that the needs of individuals with disabilities are fully integrated into FEMA's efforts to implement provisions of the Act that require FEMA to coordinate with NCD, we recommend that the Administrator of FEMA develop a detailed set of measurable action steps, in consultation with NCD, for how FEMA will coordinate with NCD.

This report from GAO reflects both the progress and prospects of our responsibilities to work with FEMA under the aegis of the Post-Katrina Emergency Management Reform Act (PKA) of 2006, as enacted by the Department of Homeland Security Appropriations Act, 2007 (Public Law 109-295).

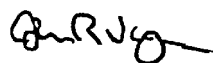
We realize that P.L. 109-295 included NCD at a critical time in FEMA's history. We recognize that Congress believed NCD has valuable perspective, knowledge and resources to offer to FEMA during the reorganization and redirection of its efforts. We also believe that Congress intended for NCD to assume and exercise a supportive role with FEMA under P.L. 109-295.

1331 F Street, N.W. ■ Suite 1050 ■ Washington, D.C. 20004-1107
(202) 272-2004 Voice ■ (202) 272-2074 TT ■ (202) 272-2022 Fax

As we have from the moment that the PKA was signed into law, NCD has remained resolute in its commitment to implementing the requirements of the law in the new role that Congress has crafted for us in relation to FEMA. We have also been proactive in our attempts to work with FEMA, and continue to seek opportunities to strengthen that partnership wherever possible.

In the interest of completing these critical responsibilities, and on behalf of millions of Americans with disabilities, we look forward to working toward the implementation of this GAO report recommendation as detailed above. Again, thank you for the opportunity to comment upon the draft report.

Sincerely,



John R. Vaughn,
NCD Chair

Appendix VII: GAO Contact and Staff Acknowledgments

GAO Contact

Cindy Fagnoni (202) 512-7215 or fagnonic@gao.gov

Staff Acknowledgments

Andrew Sherrill, Acting Director, and Scott Spicer, Analyst in Charge, managed this assignment and made significant contributions to all aspects of this report. Farahnaaz Khakoo and Danielle Pakdaman also made significant contributions. Additionally, Cindy Bascetta, Mallory Barg Bulman, Karen Doran, Tom James, Bill Jenkins, Gale Harris, Chuck Wilson, and Walter Vance aided in this assignment. In addition, Jessica Botsford assisted in the legal analysis, and Charlie Willson assisted in the message and report development.

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