



FEMA

National Advisory Council

December 27, 2017

MEMORANDUM FOR: Brock Long
Administrator
Federal Emergency Management Agency

FROM: James Featherstone
Chairman
FEMA National Advisory Council

SUBJECT: Recommendations from the November 2017 NAC Meeting

The purpose of this memorandum is to forward for your consideration recommendations made by the FEMA National Advisory Council (NAC) at the November 2017 meeting held in Washington, D.C.

At this meeting, the NAC considered, deliberated, and voted on recommendations related to medical countermeasures, duplication of benefits in the Individual Assistance Program, and tribal partnerships training. We believe that these recommendations support your three goals of building a culture of preparedness; reducing the complexity of FEMA processes, programs, and policies; and readying the nation for catastrophic disasters.

The NAC also received a report and draft recommendations from the Railroad Emergency Services Preparedness, Operational Needs, and Safety Evaluation (RESPONSE) subcommittee. The NAC did not approve all of the subcommittee's recommendations, and in accordance with the RESPONSE Act of 2016, requested additional information on one of them. I will forward the RESPONSE report and recommendations to you under a separate memorandum when the NAC has had the opportunity to review the information and reconvene to vote on the final recommendation.

I. Medical Countermeasures (3 recommendations)

In October 2016, the NAC made five recommendations related to Medical Countermeasures and the agency disagreed with the majority of them. In the intervening months, the NAC revisited the topic and had additional conversations with the FEMA Response Directorate's Planning and Exercise Division Director, the Region 5 medical countermeasures lead, as well as personnel from the Centers for Disease Control (CDC) Division of Strategic National Stockpile and Division of State and Local Readiness.

Issue: Provision of Medical Countermeasures Following a Biological Attack

FEMA support plans for medical countermeasures distribution and dispensing do not integrate operationally with state and local plans that they are designed to support. For example, state,

local, tribal, and territorial officials must complete dispensing operations within 48 hours; however, FEMA support plans indicate FEMA resources require 72 hours for arrival.

Recommendation 18-01: The Administrator should require FEMA regional offices to refine medical countermeasure support plans to operationally align and integrate with state and local timelines to ensure FEMA's support of the City Readiness Initiative, and report back to the NAC by November 2018.

This can be accomplished in collaboration with regional U.S. Department of Health and Human Services personnel to identify mechanisms to shorten the timeframe within which FEMA resources can be brought to bear during a public health event.

Issue: *Federal Agency Medical Countermeasures Stockpiles*

Several federal agencies in jurisdictions across the U.S. have developed and maintain their own stockpile of medical countermeasures, which are available only to their staff and families, and separate from the Strategic National Stockpile. State and local public health will be responsible for providing medical countermeasures to federal agencies that do not have their own stockpiles and for providing additional medical countermeasures to federal agencies whose stockpiles are insufficient to cover their workforce and families. Determining the level of responsibility to augment federal agency stockpiles will help state and local officials understand the gaps in protection for the federal workforce such that additional medical countermeasure assets can be provided to federal agencies during an event of public health significance.

Recommendation 18-02: FEMA should conduct a survey to determine the level of federal agency stockpiles starting with the top 10 Urban Area Security Initiative (UASI) areas within the next year. This information should be shared with affected state, local, tribal, and territorial governments.

This will help state, local, tribal, and territorial officials understand the gaps in protection for the federal workforce such that additional medical countermeasures assets can be provided to federal agencies during an event of public health significance.

This should be rolled out across the nation eventually.

Issue: *Closed Points of Dispensing for Federal Employees*

Currently, each department and agency manages their internal closed points of dispensing (POD) capabilities (if they exist). Developing one large, federal closed POD, overseen by the Federal Executive Board (FEB) in a given jurisdiction and not individual closed PODS for every federal agency will relieve the burden on public PODS operated by state and local public health. The FEB is a convening body among multiple federal agencies in the jurisdictions where they exist and they also have some governance authority. A large closed POD sanctioned by the FEB is a streamlined approach to prophylaxis of federal staff and their families. Another advantage to the federal closed POD is that it ensures protection of non-essential federal personnel who are then free to volunteer to help augment the state and local workforce.

In jurisdictions with a heavy federal employee presence, i.e., greater than 10,000 persons, development of one, large, federal closed POD coordinated by the FEB across all federal

agencies within that jurisdiction, can streamline medical countermeasure dispensing to federal employees and their families.

Recommendation 18.03: FEMA should communicate with national FEBs to advance this concept and develop a policy as a mechanism for ensuring continuity of federal operations in a more coordinated manner.

State, local, tribal, and territorial jurisdictions can develop and provide training materials for how to operate the closed POD and provide the FEB with the materials needed to operate the closed POD.

II. Donated Resources (2 recommendations)

Issue: *Conflicting Information on Donations as Duplications of Benefits*

Volunteerism and donations of money, equipment, materials, and supplies are a method used nationwide to support fellow Americans during and after a disaster. However, there is conflicting information regarding duplication of benefits and mixed determinations on whether donated money, equipment, materials, and supplies will reduce the benefits of grants for families under the FEMA Individual Assistance Program. This conflicting information causes both delays in recovery, and distribution of donated resources. In the future, it is likely that this will reduce future donations during and following a disaster.

Informal surveys of FEMA staff, state and local emergency managers, and Voluntary Agencies Active in Disasters (VOADs) yields an inconsistent answer on whether donated resources count as a duplication of benefits to families under the FEMA Individual Assistance program.

Recommendation 18-04: The Administrator should direct staff to make a final determination on donated resources versus duplication of benefits challenges and ensure that a national answer is consistent and made widely known for the Individual Assistance program.

Recommendation 18-05: If it is finally determined that donated resources are in fact a legal, regulatory, or policy driven duplication of benefit, the Administrator should work with the appropriate authority to remove the barrier. Donated resources should never count as a duplication of federal benefits for the Individual Assistance program.

The NAC hopes that this clarification and potential removal of barriers will result in faster recovery and increase the donor's confidence that donated resources will in fact reduce the suffering of families that have experienced a disaster.

III. Tribal Relations

Issue: *Understanding of Tribal Nations*

Recommendation 18-06: The Administrator should require all FEMA employees to take the FEMA EMI IS-650.A: Building Partnerships with Tribal Governments course.

The goal of requiring this course is that FEMA employees will not treat tribal relations as an add-on to the list of governments and communities that FEMA works with, but will instead appreciate that tribal governments are independent nations under the law of the United States.