FEMA Did Not Effectively Manage the Distribution of COVID-19 Medical Supplies and Equipment

Homeland Security

July 19, 2023

MEMORANDUM FOR: The Honorable Deanne Criswell
                            Administrator
                            Federal Emergency Management Agency

FROM: Joseph V. Cuffari, Ph.D.
                        Inspector General

JOSEPH V CUFFARI
Digitally signed by JOSEPH V CUFFARI
Date: 2023.07.19 15:34:08 -04'00'

SUBJECT: *FEMA Did Not Effectively Manage the Distribution of COVID-19 Medical Supplies and Equipment*

For your action is our final report, *FEMA Did Not Effectively Manage the Distribution of COVID-19 Medical Supplies and Equipment.* We incorporated the formal comments provided by your office.

The report contains three recommendations aimed at improving the management of the Federal Emergency Management Agency's (FEMA) distribution process in response to future disasters. Your office concurred with all three recommendations. Based on the information provided in your response to the draft report, we consider all three recommendations open and resolved. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions.

Please send your response or closure request to OIGAuditsFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act of 1978, as amended*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Kristen Bernard, Acting Deputy Inspector General for Audits, at (202) 981-6000.

Attachment

DHS OIG HIGHLIGHTS
FEMA Did Not Effectively Manage the Distribution of COVID-19 Medical Supplies and Equipment

Why We Did This Audit

On March 19, 2020, FEMA was tasked with leading the Federal response to combat the COVID-19 pandemic. FEMA was responsible for coordinating the distribution of personal protective equipment, ventilators, and medical supplies to state, local, tribal, and territorial governments. We conducted this audit to determine to what extent FEMA managed and distributed medical supplies and equipment in response to COVID-19.

What We Recommend

We made three recommendations to improve FEMA's future response operations.

For Further Information:
Contact our Office of Public Affairs at (202) 981-6000, or email us at DHS-OIG.OfficePublicAffairs@oig.dhs.gov.

What We Found

Although the Federal Emergency Management Agency (FEMA) worked with its strategic partners to deliver critical medical supplies and equipment in response to COVID-19, FEMA did not effectively manage the distribution process. Specifically, FEMA did not use the Logistics Supply Chain Management System (LSCMS), its system of record for managing the distribution process, to track about 30 percent of the critical medical resources shipped, as required. Instead, FEMA used other tracking mechanisms, such as the Web Emergency Operations Center resource request system and spreadsheets, that did not share information with LSCMS. In addition, FEMA did not maintain delivery receipt documentation for about a third of the shipments we reviewed. This occurred because FEMA was under pressure to expedite the delivery of critical medical resources and did not follow established business practices. As a result, FEMA did not have full visibility into the resources shipped and received, hindering its ability to make informed decisions. Also, without delivery receipt documents, FEMA could not ensure it delivered billions of dollars of the right resources, to the right place, at the right time.

Since the COVID-19 pandemic began, FEMA evaluated its early response efforts and developed a Logistics Resource Tracker to help the National Response Coordination Center centrally track the distribution of resources. Although the new automated tool enhanced FEMA's visibility into the resources shipped and received, the tool did not always have accurate data. Without accurate data, FEMA cannot ensure it has quality information to make informed allocation decisions about where to send resources, how to evaluate performance, and how to address risk in future disaster response operations.

FEMA's Response

FEMA concurred with all three recommendations. Appendix B contains FEMA's management response in its entirety.

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Abbreviations

FEMA	Federal Emergency Management Agency
HHS	U.S. Department of Health and Human Services
LMD	Logistics Management Directorate
LSCMS	Logistics Supply Chain Management System
NRCC	National Response Coordination Center
PPE	personal protective equipment
RRCC	Regional Response Coordination Center
SLTT	state, local, tribal, and territorial
WebEOC	Web Emergency Operations Center

Background

In March 2020, the World Health Organization characterized the COVID-19 outbreak as a pandemic and the President declared a nationwide emergency.[1] On March 19, 2020, the Federal Emergency Management Agency (FEMA) was tasked with leading the Federal response efforts among the U.S. Department of Health and Human Services (HHS) and other agencies. FEMA was responsible for reviewing resource requests, making sourcing and allocation decisions, and coordinating the distribution of critical medical resources from across the Federal Government, private sector, and other strategic partners to state, local, tribal, and territorial (SLTT) governments. Critical medical resources included personal protective equipment (PPE) such as face shields, surgical/procedural masks, respirators, coveralls/gowns, and gloves, as well as ventilators and COVID-19 testing supplies.

To coordinate the Federal response efforts, FEMA activated its National Response Coordination Center (NRCC)[2] and 10 Regional Response Coordination Centers (RRCCs). With HHS, FEMA also established the Unified Coordination Group. These entities had the following responsibilities:

- NRCC was FEMA's primary operations management center and focal point for national resource coordination located at FEMA headquarters.

- RRCCs were multi-agency centers FEMA operated in each of its 10 regional offices as the focal points for regional resource coordination.

- The Unified Coordination Group made operational decisions and provided input to the White House Coronavirus Task Force. The group consisted of the FEMA Administrator, the HHS Assistant Secretary for Preparedness and Response, the HHS Assistant Secretary for Health, and an HHS Centers for Disease Control and Prevention representative.

Through the NRCC and RRCCs, FEMA worked with HHS and other strategic partners to facilitate the distribution of nearly 886 million critical medical resources[3] worth billions of dollars[4] to SLTT governments from January 22, 2020, through January 26, 2022, in response to the COVID-19 pandemic.

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[1] *Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak,* March 13, 2020.
[2] FEMA activated the NRCC from March 19, 2020, through June 23, 2021, for COVID-19. After a 1-month deactivation, FEMA reactivated the NRCC from July 26, 2021, through July 22, 2022.
[3] This figure excludes medical resources transported from foreign manufacturers to the United States using Project Airbridge flights. We audited FEMA's oversight of Project Airbridge under a separate engagement.
[4] FEMA could not provide an exact dollar amount associated with the value of these resources.

Table 1 provides a breakdown of the distribution data by resource category, as reported by FEMA.

Table 1. FEMA-reported Critical Medical Resources Distributed in Response to COVID-19, January 22, 2020 – January 26, 2022

Resource Category	Number of Items
Gloves	395,003,223
Respirators	267,628,358
Surgical/Procedural Masks	76,961,995
Coveralls/Gowns	65,990,234
COVID-19 Testing Supplies	53,101,535
Face Shields	26,902,226
Ventilators	21,413
Total	**885,608,984**

Source: Department of Homeland Security Office of Inspector General analysis of NRCC data

Within FEMA's Office of Response and Recovery, the Logistics Management Directorate (LMD) provides guidance, standards, execution, and governance of logistics operations. LMD's mission is to deliver the right resources, at the right place, at the right time, to support SLTT governments.

According to FEMA's guidance,[5] the distribution process during a disaster response begins when SLTT governments submit resource requests to their respective RRCC. Then, RRCCs manually enter the resource requests into FEMA's Web Emergency Operations Center (WebEOC) Crisis Management System,[6] the system of record for managing resource requests. When RRCCs cannot fulfill resource requests or there are competing requests for scarce resources, RRCCs will forward these requests in WebEOC to the NRCC for adjudication and approval. Once the request is approved, RRCCs and the NRCC acquire local or national resources, respectively, from FEMA's strategic partners across the Federal Government and private sector.[7] When the resources are acquired, the NRCC and RRCCs manually enter and approve transportation

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[5] *FEMA Resource Support Section Resource Request and Fulfillment Process Guide,* February 12, 2016.
[6] Within FEMA's Office of Response and Recovery, the Response Directorate's Operations Division manages the implementation of WebEOC.
[7] To acquire the necessary resources, FEMA uses various sourcing methods such as contracts, purchase cards, mission assignments, interagency agreements, and donations.
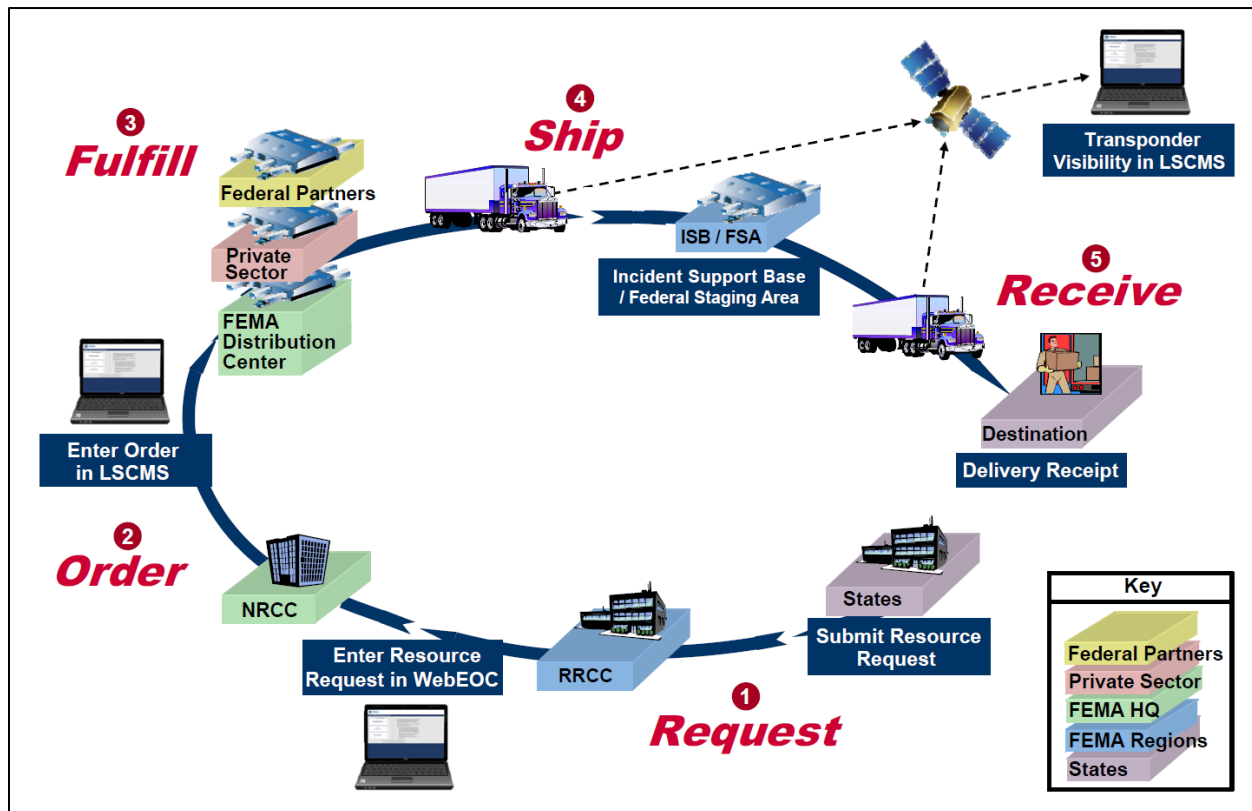
orders in the Logistics Supply Chain Management System (LSCMS).[8] According to the *FEMA Transportation Management Guide*, LSCMS is FEMA's system of record for requesting and tracking the movement of commodities, supplies, and equipment from FEMA's distribution centers, private vendors, or other strategic partners, typically through FEMA-manned incident support bases or Federal staging areas,[9] to the final disaster locations.[10] LSCMS provides in-transit visibility of shipments with the use of satellite transponders attached to trailers moving resources. Figure 1 provides a simplified overview of FEMA's distribution process.

Figure 1. Simplified Overview of FEMA's Distribution Process

Source: DHS OIG analysis of FEMA guidance

In the last 3 years, we have issued three audit reports related to FEMA's management of its distribution process in response to major disasters including Hurricanes Irma and Maria, as well as COVID-19. Specifically:

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[8] FEMA's Logistics Systems Division within LMD manages the implementation of LSCMS, including training, user accounts, reporting, and system modernization.

[9] While functionally the same, incident support bases are overseen by NRCC staff at FEMA headquarters, while Federal staging areas are overseen by RRCC or joint field office staff in the FEMA region.

[10] Final disaster locations include state-managed/operated staging areas or points of distribution where resources are conveyed directly to survivors.

- In September 2020, we reported[11] FEMA mismanaged the commodity distribution process in response to Hurricanes Irma and Maria. FEMA lost visibility of about 38 percent of its shipments to Puerto Rico, did not use Global Positioning System transponders to track shipments, allowed its contractor to break inventory seals, and did not require documented proof of deliveries. We made five recommendations to improve FEMA's disaster response operations.

- In September 2021, we reported[12] on FEMA's coordination efforts with HHS and other Federal agencies to facilitate the shipment of PPE and ventilators. Due to weaknesses in FEMA's WebEOC resource request system and allocation processes, we concluded FEMA faced challenges ensuring stakeholder requests were accurately adjudicated and allocation decisions were properly informed. We made three recommendations to improve FEMA's current and future operations.

- In February 2023, we reported[13] on FEMA's oversight of Project Airbridge, which was designed to mitigate perceived shortfalls in medical supply distributors' inventories of PPE and facilitate the delivery of critical PPE to locations where it was most needed. Although airlift initiatives move items quickly, we concluded Project Airbridge may not have been necessary because distributors' supply chains had significant PPE inventories. Additionally, FEMA did not ensure all distributors delivered 50 percent of Airbridge PPE to designated healthcare facilities in prioritized locations. We made two recommendations to improve FEMA's management and oversight of future public/private partnerships.

Based on our prior audit work, we excluded FEMA's resource request process from the scope of this audit, such as adjudicating stakeholder requests and making allocation decisions for limited PPE supplies. We also excluded air shipments relative to FEMA's oversight of Project Airbridge. The objective of this audit was to determine to what extent FEMA managed and distributed medical supplies and equipment in response to COVID-19. During this audit, we focused on FEMA's procedures for tracking the movement of medical supplies and equipment to SLTT governments, as well as FEMA's procedures for maintaining supporting documentation to confirm delivery and receipt of COVID-19 shipments.

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[11] *FEMA Mismanaged the Commodity Distribution Process in Response to Hurricanes Irma and Maria*, OIG-20-76, September 25, 2020.

[12] *Lessons Learned from FEMA's Initial Response to COVID-19*, OIG-21-64, September 21, 2021.

[13] *FEMA Did Not Provide Sufficient Oversight of Project Airbridge*, OIG-23-14, February 7, 2023.

Results of Audit

Although FEMA worked with its strategic partners to deliver critical medical supplies and equipment in response to COVID-19, FEMA did not effectively manage the distribution process. Specifically, FEMA did not use LSCMS, its system of record for managing the distribution process, to track about 30 percent of the critical medical resources shipped, as required. Instead, FEMA used other tracking mechanisms, such as the WebEOC resource request system and spreadsheets, that did not share information with LSCMS. In addition, FEMA did not maintain delivery receipt documentation for about a third of the shipments we reviewed. This occurred because FEMA was under pressure to expedite the delivery of critical medical resources and did not follow established business practices. As a result, FEMA did not have full visibility into the resources shipped and received, hindering its ability to make informed decisions. Also, without delivery receipt documents, FEMA could not ensure it delivered billions of dollars of the right resources, to the right place, at the right time.

Since the COVID-19 pandemic began, FEMA evaluated its early response efforts and developed a Logistics Resource Tracker to help the NRCC centrally track the distribution of resources. Although the new automated tool enhanced FEMA's visibility into the resources shipped and received, the tool did not always have accurate data. Without accurate data, FEMA cannot ensure it has quality information to make informed allocation decisions about where to send resources, how to evaluate performance, and how to address risk in future disaster response operations.

FEMA Delivered COVID-19 Medical Resources But Did Not Effectively Manage the Distribution Process

According to FEMA's guidance,[14] the NRCC and RRCCs are required to use LSCMS as the system of record for managing the distribution process, including tracking the movement of FEMA-owned commodities, supplies, and equipment, as well as those sourced by FEMA from partners across the Federal Government and private sector to fulfill SLTT requests. LSCMS provides in-transit visibility of shipments with the use of satellite transponders attached to trailers and containers moving resources from FEMA's distribution centers, Federal staging areas, and incident support bases to the final disaster locations. This capability allows FEMA leadership to make supply chain decisions related to the fulfillment of resource requests and the movement of those resources during disaster response operations.

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[14] *FEMA Transportation Management Guide,* March 2019.

Despite spending more than $400 million to develop and maintain LSCMS, the NRCC did not always use the system of record to track the critical medical resources distributed in response to COVID-19. Based on NRCC data from January 2020 through January 2022, we found NRCC officials used other mechanisms instead of LSCMS to track about 30 percent of the nearly 886 million critical medical items shipped. Table 2 describes the other mechanisms the NRCC used to track the critical medical resources distributed during COVID-19.

Table 2. Other NRCC Mechanisms Used to Track Critical Medical Resources Distributed During COVID-19, January 2020 to January 2022

NRCC Tracking Mechanism	Description
WebEOC	FEMA's system of record for managing resource requests. Officials tracked shipments and entered status updates in the comments section of the resource request form.
Small Parcel Trackers	Spreadsheets for tracking shipments under FEMA contracts with a major commercial parcel shipment carrier. Officials entered the carrier's tracking numbers on the spreadsheet and checked the carrier's website for shipment updates.
Donation Trackers	Spreadsheets for tracking both domestic and international donations from across the Federal Government, private sector, and non-governmental organizations.
HHS Trackers	Spreadsheets for tracking shipments out of HHS' Strategic National Stockpile, a multibillion dollar inventory of drugs, vaccines, supplies, and other medical countermeasures.

Source: DHS OIG analysis of NRCC data

Additionally, we found the RRCCs did not always use LSCMS, as required. FEMA officials from 9 of the 10 RRCCs said they did not always use LSCMS to track local shipments of COVID-19 resources within their regions. As with the NRCC, RRCC officials used other mechanisms such as hardcopy paper forms, spreadsheets, and WebEOC rather than LSCMS to track the local shipments. For example, from April 2020 through June 2021, one RRCC received about 16.1 million medical items at its regional staging area, but the RRCC only used LSCMS to distribute about 635,000 of these items from its regional staging area to the final SLTT destinations. For the approximately 15.5 million items remaining, the RRCC used hardcopy paper forms and WebEOC to track the local shipments to the final SLTT destinations. We could not determine the magnitude of local shipments within FEMA's regions managed outside of LSCMS because RRCCs either did not have consolidated data in an automated format or had local shipment data mingled with LSCMS data.

Further, we found none of the other tracking mechanisms used by the NRCC and the RRCCs shared information with LSCMS. For instance, in the example discussed above, the RRCC manually entered shipment details such as the dates and quantities of medical resources shipped and received by the SLTT governments in the WebEOC *Comments* section. However, WebEOC does not automatically share information with LSCMS, as required by law.[15] A FEMA official also said the WebEOC comments could not be downloaded in a consolidated format for further analysis. FEMA has faced longstanding challenges with personnel using systems that do not share information, adhoc spreadsheets, and manual methods to carry out disaster response operations. In our May 2008 report[16] and September 2014 report,[17] we found FEMA relied on paper forms and spreadsheets to gather information on shipments by its partners. In our September 2020 report on FEMA's response to Hurricanes Irma and Maria,[18] we found personnel manually tracked shipments until they could enter data into LSCMS. Such actions adversely affected data accuracy, causing confusion among staff about available assets and stock, and wasting time during critical response operations.

NRCC and RRCC officials did not always use LSCMS to manage their distribution processes because FEMA has conflicting guidance that is open to different interpretations. Specifically, according to the *FEMA Resource Support Section Resource Request and Fulfillment Process Guide*, both WebEOC and LSCMS are used for requesting, tracking, and delivering resources in support of a response operation. This guide identifies WebEOC as the system of record for the entire resource request and fulfillment process to track resource requests and their associated resources. However, the *FEMA Transportation Management Guide* requires the NRCC and RRCCs to use LSCMS as the system of record for managing the distribution process. Some RRCC officials said they did not believe they were limited to using only LSCMS. Other RRCC officials thought they only had to use LSCMS to track resources transferring from the NRCC's control to the RRCC's control, or to track resources requiring transportation assistance from FEMA headquarters. Officials from one RRCC noted that, in addition to LSCMS, they liked the flexibility of using other mechanisms as resource tracking tools throughout the ever-changing and fast-paced COVID-19 response.

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[15] The *Post-Katrina Emergency Management Reform Act of 2006*, Pub. L. No. 109-295, § 640(a)(1), instructed FEMA to ensure its information technology systems are, to the extent practicable, fully compatible and can share and access information, as appropriate, from each other.
[16] *Logistics Information Systems Need to Be Strengthened at the Federal Emergency Management Agency*, OIG-08-60, May 28, 2008.
[17] *FEMA's Logistics Supply Chain Management System May Not Be Effective During a Catastrophic Disaster*, OIG-14-151, September 22, 2014.
[18] *FEMA Mismanaged the Commodity Distribution Process in Response to Hurricanes Irma and Maria*, OIG-20-76, September 25, 2020.

We also attributed this condition to the unprecedented nature, complexity, and magnitude of FEMA's response to COVID-19, and the pressure FEMA faced to expedite delivery of critical medical resources. The scale of FEMA's efforts to coordinate the Federal Government's response to COVID-19 was unprecedented. COVID-19 was the first national pandemic response led by FEMA. It was also the first time in U.S. history the President declared a nationwide emergency and authorized major disaster declarations for all states and territories for the same incident. Table 3 illustrates the unprecedented nature of FEMA's response to COVID-19 by providing the average number of states and territories, receiving facilities, product types, and shipments completed for COVID-19 and non-COVID-19 disasters from May 2017 through May 2021.

Table 3. Unprecedented Nature of FEMA's Response to COVID-19, May 2017 to May 2021

Disaster Incident	Average Number per Disaster Incident			
	States and Territories	Receiving Facilities	Product Types	Shipments Completed
Non–COVID-19	4	16	43	4,396
COVID-19	56	870	455	54,896

Source: DHS OIG analysis of LSCMS data

NRCC Developed an Automated Tool to Help Centrally Track COVID-19 Medical Resources, But Data in the Tool Was Not Always Accurate

Since the COVID-19 pandemic began, FEMA evaluated its early response operations from January 2020 through September 2020. During its review, FEMA found the NRCC did not have a centralized system for tracking the distribution of resources, which affected its visibility into shipments and the estimated delivery dates for SLTT governments.[19] In response, FEMA developed a Logistics Resource Tracker to help the NRCC centrally track the distribution of resources. The automated tool was designed to enhance FEMA's situational awareness and inform decision making by aggregating, visualizing, and sharing information on resource requests and distribution data. To aggregate the data, FEMA staff uploaded and standardized distribution data from various source input reports including reports generated from LSCMS and manual spreadsheet trackers used by the NRCC.

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[19] *Pandemic Response to Coronavirus Disease 2019 (COVID-19): Initial Assessment Report*, January 2021.

Although the new automated tool enhanced FEMA's visibility into the resources shipped and received by consolidating distribution data from the various source input reports, FEMA could improve the accuracy of the information in the tool. We analyzed the source input reports and resulting output aggregation report from the NRCC's automated tool, representing critical medical resources distributed from January 22, 2020, through January 26, 2022. When comparing the input reports to the final output report to determine if the tool accurately identified medical resource shipments to SLTT governments, we identified the following discrepancies:

- The *Facility Type* field was blank or marked as "Other" for 51 percent of the 11,034 shipment records. The NRCC did not always include this field when manually creating spreadsheets outside of LSCMS, or FEMA selected "Other" when creating facilities in LSCMS. This issue hindered FEMA's ability to determine if resources were shipped to FEMA locations or SLTT locations. As of November 2022, FEMA's Logistics Systems Division confirmed about 10 percent of the active facilities in LSCMS were created using the "Other" *Facility Type*. FEMA plans to review these facilities for data accuracy and determine if internal system controls, training, or job aids should be implemented to improve data accuracy in the future.

- The NRCC incorrectly removed records for resource shipments to SLTT governments from the automated tool because it concluded that certain facilities were an intermediate location[20] and not the final destination. For instance, the NRCC removed shipment records totaling more than 7.5 million PPE items that FEMA delivered from March 2020 through April 2021 to a state staging area facility because, in December 2020, the facility also had outbound shipment records of about 400,000 PPE items returned to a FEMA distribution center. In this example, the quantity of PPE items distributed to the SLTT governments was understated in the NRCC's tool by about 7.1 million.

- The NRCC incorrectly removed shipment records from the automated tool that FEMA entered in LSCMS as transportation-only orders. FEMA uses this type of order to track resources, such as donations, that are not usually part of its logistics supply chain. For example, the NRCC removed a shipment of 143,000 donated PPE items that FEMA delivered in June 2021 to a state staging area facility. LMD did not include an

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[20] A shipment represents the movement of resources from a point of origin to a final destination, which may include one or more intermediate locations. The NRCC defined intermediate locations as facilities with both inbound and outbound shipments.

accurate description and quantity on the source LSCMS report provided to the NRCC. Specifically, the LSCMS report identified the *Item Description* as "Transportation Power" or "Transportation Trailer" and had a received quantity of zero.[21]

We could not determine the exact magnitude for all issues because the NRCC did not maintain an audit trail of shipment records removed during its aggregation process, including a justification for why records were removed. According to an NRCC official, the aggregation process involved steps to remove, among others, duplicate records and records for distributions to non-SLTT locations. Without an audit trail to verify data accuracy, neither FEMA nor we could ensure the accuracy of the information.

Additionally, an NRCC official stated the automated tool did not include data on local shipments of resources in regions that RRCC personnel tracked outside of LSCMS. As discussed, RRCC personnel sometimes used WebEOC rather than LSCMS to track local shipments to final destinations. Details related to local shipments such as quantities shipped and received were often reported in the *Comments* section of requests in WebEOC, but FEMA could not download and provide this data to the NRCC for aggregation in the automated tool.

These data inaccuracies were due to FEMA not developing and communicating a comprehensive plan for data management to ensure officials consistently collected, processed, and analyzed distribution data. The NRCC and RRCCs used systems (i.e., LSCMS and WebEOC) that did not share information and manual spreadsheets to collect key information and did not always apply the same standards for data collection. Although the NRCC's aggregation process helped to standardize the distribution data, a FEMA official stated the automated tool was not intended to correct inaccurate information or establish standards for data entry across different platforms.

According to a FEMA official, in October 2022, the NRCC was using the new automated tool in its normal business process for non–COVID-related disasters. FEMA must address these data management challenges to ensure it has accurate information to make informed allocation decisions about where to send resources, how to evaluate performance, and how to address risk in future disaster response operations.

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[21] In LSCMS, FEMA entered "2 pallets of gloves" in the *Notes* field on the distribution order and shipment record, as well as in the *Additional Shipping Information* field on the bill of lading. We could only verify the quantity of PPE items received based on handwritten notes annotated on the signed bill of lading that FEMA uploaded as an attachment to WebEOC.

FEMA Did Not Consistently Maintain Delivery Receipt Documentation for COVID-19 Medical Resource Shipments

According to FEMA's guidance,[22] when shipments arrive, FEMA logistics personnel must collect supporting documentation to confirm delivery and receipt of shipments in LSCMS. This documentation includes signed bills of lading,[23] signed packing slips,[24] or other receipt paperwork. Before entering shipments as received in LSCMS, FEMA must verify the documents collected accurately describe the type and quantity of resources being transported, the destination facility, and other relevant details. If there is a discrepancy between the documentation and LSCMS, FEMA must physically count shipments and update the system to reflect the accurate data. FEMA must also maintain the signed receipt documentation as part of the disaster file.

Despite these requirements, our review of a statistical sample of 106 records representing COVID-19 medical resources distributed from January 22, 2020, through January 26, 2022,[25] showed FEMA did not consistently maintain delivery and receipt documentation for the shipments. We selected our sample from the population of distribution records listed on the different tracking reports the NRCC used to manage the COVID-19 response. Table 4 provides a breakdown of our sample by the type of NRCC tracking report.

Table 4. Sampled Records by Type of NRCC Tracking Report

Type of NRCC Tracking Report	Number of Sampled Records	Percent of Total Sampled Records
LSCMS Trackers	77	73%
Small Parcel Trackers	17	16%
HHS Trackers	10	9%
Donation Trackers	2	2%
Total	**106**	**100%**

Source: DHS OIG analysis of sampled NRCC records

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[22] *FEMA Staging Field Operations, National Incident Support Base/Federal Staging Area Standard Operating Procedure*, May 20, 2021, and LSCMS standard operating procedures.
[23] A bill of lading is a contract between FEMA and a commercial carrier detailing the type, quantity, and destination of the goods being transported. It serves as a receipt of goods and documentary evidence of title, and must be signed by the carrier, shipper, and receiver.
[24] A packing slip is a document generated by LSCMS containing all information pertinent to a shipment, including a description of the inventory and the quantity of that inventory, pick-up and delivery facilities, notes, and other information.
[25] We selected our statistical sample from a population of 14,392 records using a confidence level of 90 percent, a population proportion of 50 percent, and a sampling error rate of 8 percent.

We requested required supporting documentation including signed bills of lading, signed packing slips, and other receipt paperwork such as third-party delivery confirmations from parcel shipment carriers.[26] FEMA could not provide supporting documentation for 36 of 106 (34 percent) sampled records reviewed confirming delivery and receipt of the shipments.[27] Table 5 provides a summary of our analysis with a breakdown by the type of NRCC tracking report.

Table 5. Analysis of Sample Documents by Type of NRCC Tracking Report

Type of NRCC Tracking Report	Number of Sampled Records	Documents Available	Documents Not Available	Percent of Documents Not Available
LSCMS Trackers	77	64	13	17%
Small Parcel Trackers	17	4	13	76%
HHS Trackers	10	1	9	90%
Donation Trackers	2	1	1	50%
Total	**106**	**70**	**36**	**34%**

Source: DHS OIG analysis of sampled NRCC records

Additionally, when signed bills of lading, signed packing slips, and other receipt paperwork were available, the documentation did not always have sufficient information related to the resources received at the final destination. Of the 70 sampled records that had supporting documentation, we found:

- 40 percent (28 of 70 records) did not identify the quantity of medical supplies and equipment. In most cases, the documents identified the number of pallets or associated weight of the shipments.

- 17 percent (12 of 70 records) did not identify both the type and quantity of medical supplies and equipment.

Although FEMA manually entered these details on the NRCC's tracking reports, in LSCMS or WebEOC, we could not verify the accuracy of this information because it was not supported by signed delivery receipt documentation.

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[26] Beginning March 23, 2020, a major commercial parcel shipment carrier modified its normal operating procedures to maintain social distance protocols. The carrier allowed its drivers to record the recipient's last name in lieu of obtaining a signature directly from the recipient. Therefore, we accepted third-party delivery confirmation documents in lieu of signed paperwork.
[27] Based on the results of our statistical sample, we estimated, with 90 percent confidence, that 34 percent of all records in the population did not have supporting documentation to confirm delivery and receipt; the lower-bound level of this estimate is 26 percent, and the upper-bound limit is 42 percent.

Further, when signed bills of lading, signed packing slips, and other receipt paperwork were available to support the sampled records, FEMA did not maintain the documentation in the same location. We found 27 of the 70 sampled records (39 percent) were located online in FEMA's automated systems (i.e., LSCMS or WebEOC). The remaining 43 records (61 percent) were located offline. Specifically, NRCC officials provided us the documents from an offline internal network drive at FEMA headquarters, while RRCC officials provided us the documents from offline files at the FEMA region. In one instance, we obtained support from offline files at HHS. Table 6 provides a summary of our analysis of the documentation location for the sampled records.

Table 6. Analysis of Documentation Location for OIG Sample

Document Location	Number of Sampled Records	Percent of Total
Offline	43	61%
LSCMS	20	29%
WebEOC	7	10%
Total	**70**	**100%**

Source: DHS OIG analysis of sampled NRCC records

This occurred because FEMA was under pressure to expedite delivery of critical medical resources in response to the COVID-19 pandemic and did not always follow established business practices. Typically, FEMA establishes Federal staging area and incident support base facilities during a disaster response to maintain accountability for commodities, supplies, and equipment in FEMA's supply chain. These facilities have FEMA staff on site to receive shipments, perform inventories, distribute shipments to final SLTT destinations, and collect signed documentation from personnel receiving shipments at final SLTT destinations. However, NRCC officials stated FEMA deviated from this normal practice due to the unprecedented nature of the COVID-19 response. To expedite shipments, FEMA and its strategic partners in other Federal agencies, non-governmental organizations, and the private sector shipped resources directly to SLTT locations with no FEMA personnel on site. Based on our analysis of LSCMS data from January 2020 through May 2021, we estimate FEMA and its partners distributed as much as 70 percent of all COVID-19 resources (i.e., medical and non-medical) directly to SLTT locations.

In these circumstances, FEMA's guidance did not clearly describe the distribution process and whether the NRCC, RRCCs, or FEMA's partners were responsible for ensuring supporting documentation was collected and maintained. We also found FEMA had conflicting or unclear guidance for collecting and maintaining signed delivery receipt documents. Specifically:

- FEMA's LSCMS standard operating procedures[28] stated personnel could confirm delivery receipt by phone. If confirmed by phone, the guidance required personnel to document the recipient's name, organization, title, and phone number in the LSCMS *Notes* field. However, the guidance did not require personnel to follow up and obtain signed documentation.

- When acquiring transportation services from commercial carriers, FEMA's *Standard Tender of Service* guidance did not initially require carriers to provide signed bills of lading for payment. In November 2020, FEMA added this requirement with an effective start date of May 2021.

- FEMA's guidance did not establish a single repository or a consistent approach for maintaining documents. Although LSCMS has the capability to upload hardcopy documents, FEMA's guidance did not specifically identify the location in which the documents should be maintained.

FEMA has taken actions to improve its policies and procedures for collecting and maintaining delivery receipt documentation. As mentioned, FEMA updated its *Standard Tender of Service* guidance by requiring commercial transportation carriers to submit signed bills of lading for payment starting in May 2021. In addition, FEMA established an automated integration between LSCMS and tracking systems used by major commercial parcel shipment carriers. Instead of FEMA having to manually track the status of parcel shipments on carrier websites,[29] LSCMS can retrieve the tracking information automatically from carrier systems and preserve it in LSCMS. As of October 2022, an official from FEMA's Logistics System Division stated FEMA completed the automated integration with three major carriers.

Although these actions are positive steps, more work is needed to improve FEMA's process for collecting and maintaining delivery receipt documentation to ensure it is better prepared for future disaster response operations. The shipping and receiving process in LSCMS is essential for ensuring accountability and maintaining an accurate inventory of resources in FEMA's supply chain. Without documentation, FEMA cannot ensure it accomplished its mission by delivering billions of dollars of the right resources, to the right place, at the right time to support SLTT governments in response to the COVID-19 pandemic.

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[28] On July 27, 2021, FEMA LMD retired the Logistics Systems Division's LSCMS standard operating procedures. However, the LSCMS standard operating procedures were effective for the first 16 months of FEMA's response to COVID-19.
[29] Tracking information on shipments generally remains available on most carrier websites from 90 days up to 120 days after delivery.

Conclusion

In response to the COVID-19 pandemic, FEMA worked with its partners to distribute critical medical resources but faced challenges tracking resource movements and maintaining documentation to confirm delivery. Although FEMA has taken some action to address these challenges, more guidance is needed to improve future disaster operations by ensuring personnel use LSCMS or an alternative integrated solution as the system of record to maintain visibility of shipments, address data management challenges, and maintain adequate documentation to confirm delivery. Without accurate information, FEMA cannot ensure it is making informed decisions and delivering the right resources, to the right place, at the right time.

Recommendations

Recommendation 1: We recommend the FEMA Administrator clarify existing guidance and ensure FEMA personnel use the Logistics Supply Chain Management System or an alternative integrated solution as the system of record during disaster response operations to manage the distribution of FEMA-owned commodities, supplies, and equipment as well as those sourced by FEMA from partners across the Federal Government, non-governmental organizations, and the private sector to fulfill state, local, tribal, and territorial requests.

Recommendation 2: We recommend the FEMA Administrator take action to develop and improve the Logistics Management Directorate's internal controls, guidance, and system integration to obtain more accurate information that enhances logistics decision making regarding the fulfillment of commodity requests during disaster response operations. At a minimum, FEMA should:

a. develop internal controls to ensure appropriate information related to facility types, intermediate locations, and transportation-only orders is accurately reported in the Logistics Supply Chain Management System or an alternative integrated solution;

b. update guidance and deliver training to ensure there is a clear audit trail when aggregating distribution data on FEMA-owned commodities, supplies, and equipment as well as those sourced by FEMA from partners across the Federal Government, non-governmental organizations, and the private sector to fulfill state, local, tribal, and territorial requests; and

c. improve integration between the Logistics Supply Chain Management System and the Web Emergency Operations Center Crisis Management System to ensure the systems are, to the extent practicable, compatible

and share information as required by the *Post-Katrina Emergency Management Reform Act of 2006.*

Recommendation 3: We recommend the FEMA Administrator issue guidance and ensure a standardized process for collecting and maintaining documentation to confirm delivery and receipt of FEMA-owned commodities, supplies, and equipment, as well as those sourced by FEMA from partners across the Federal Government, non-governmental organizations, and the private sector to fulfill state, local, tribal, and territorial requests. At a minimum, the guidance and standardized process should:

   a. identify the required types of documentation to confirm delivery and receipt such as signed bills of lading, packing slips, and other forms;

   b. include controls to ensure the shipment documentation includes item descriptions and the specific quantity of items delivered and received;

   c. clarify the procedures for executing and documenting the delivery of commodities, supplies, and equipment to locations where no FEMA personnel are present to receive shipments; and

   d. establish appropriate repositories for delivery and receipt documentation.

Management Comments and OIG Analysis

FEMA's Associate Administrator of the Office of Policy and Program Analysis provided written comments on a draft of this report. A copy of FEMA's response is in Appendix B. FEMA concurred with all three recommendations, which we consider open and resolved. FEMA also submitted technical comments separately, which we addressed as appropriate. FEMA's response identified three concerns with the report, as summarized below.

FEMA disagreed with our overall conclusion that the agency did not effectively manage the distribution of COVID-19 medical supplies and equipment. Specifically, FEMA disagreed that a lack of sufficient visibility into resources shipped and received hindered its ability to make informed decisions. By leveraging both new and existing tools to source and track resource requests, FEMA said it was able to provide senior leaders with sufficient information to make supply chain decisions to allocate resources in support of COVID-19 resource requests. We stand by our conclusion that, without accurate information, FEMA cannot ensure it is making informed decisions and delivering the right resources, to the right place, at the right time.

Also, FEMA said our report does not discuss the important role of the Supply Chain Task Force, formed under the Unified Coordination Group, to orchestrate a comprehensive four-pronged strategy to: (1) preserve medical supplies, (2) accelerate industrial manufacturing and distribution, (3) expand industry, and (4) allocate resources to the right place at the right time. This report focused on FEMA's procedures for tracking the movement of medical supplies and equipment to SLTT governments, as well as FEMA's procedures for maintaining supporting documentation to confirm delivery and receipt of COVID-19 shipments. We discussed parts of the Supply Chain Task Force's role in more detail in a separate report.[30] We also covered FEMA's process for adjudicating stakeholder requests and making allocation decisions in another report.[31]

Additionally, in its technical and management comments, FEMA disputed that it delayed our request for unfiltered data and system access to LSCMS. We requested access to this information in July 2020 but did not receive direct, read-only access to LSCMS until June 2021. Although FEMA provided us a filtered extract of the LSCMS database in January 2021, we could not assert whether the filtered extract was sufficiently complete and reliable for our audit purposes until we received the complete, unfiltered extract in June 2021.

A summary of FEMA's responses to the recommendations and our analysis follows.

FEMA's Response to Recommendation 1: Concur. FEMA's Logistics Management Directorate (LMD) will clarify existing guidance and training associated with the management and distribution of FEMA-owned and FEMA-sourced commodities, supplies, and equipment during response operations. FEMA's estimated completion date for these actions is December 31, 2024.

OIG's Analysis of FEMA's Comments: FEMA's planned corrective actions are responsive to the recommendation. The recommendation will remain open and resolved until FEMA provides documentation showing the completion of these corrective actions.

FEMA's Response to Recommendation 2: Concur. FEMA LMD will take action to improve internal controls, guidance, and system integration to obtain more accurate information regarding commodity requests during disaster operations. FEMA's estimated completion date for these actions is December 31, 2024.

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[30] *FEMA Did Not Provide Sufficient Oversight of Project Airbridge*, OIG-23-14, February 7, 2023.
[31] *Lessons Learned from FEMA's Initial Response to COVID-19*, OIG-21-64, September 21, 2021.

OIG's Analysis of FEMA's Comments: FEMA's planned corrective actions are responsive to the recommendation. The recommendation will remain open and resolved until FEMA provides documentation showing the completion of these corrective actions.

FEMA's Response to Recommendation 3: Concur. FEMA LMD will issue guidance and ensure a standardized process for collecting and maintaining documentation to confirm delivery and receipt of FEMA-owned and FEMA-sourced commodities, supplies, and equipment. Efforts to address this recommendation will include multiple steps to determine the standardized process for collecting and maintaining documentation, draft the updates, ensure clearance of the new guidance, and distribute the information to FEMA personnel. FEMA's estimated completion date for these actions is December 31, 2024.

OIG's Analysis of FEMA's Comments: FEMA's planned corrective actions are responsive to the recommendation. The recommendation will remain open and resolved until FEMA provides documentation showing the completion of these corrective actions.

Appendix A
Objective, Scope, and Methodology

The Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107−296) by amendment to the *Inspector General Act of 1978*.

Our audit objective was to determine to what extent FEMA managed and distributed medical supplies and equipment in response to COVID-19.

To answer our objective, we:

- reviewed FEMA guidance to understand the criteria and internal controls relative to managing the distribution process during a disaster response;

- obtained an understanding of FEMA's supply chain management process, including use of WebEOC and LSCMS;

- analyzed prior audit, assessment, and after-action reports to gain an understanding of the findings, conclusions, and recommendations, relative to FEMA's distribution process during disaster responses;

- interviewed FEMA officials from the Office of Response and Recovery, LMD, NRCC, and all 10 RRCCs as well as HHS officials from the Office of the Assistant Secretary for Preparedness and Response to gain an understanding of the distribution process for COVID-19;

- examined the distribution data in the different tracking reports the NRCC used to manage COVID-19 from January 22, 2020, through January 26, 2022, to determine to what extent FEMA used LSCMS to track movements;

- selected a statistical sample[32] of 106 records from the different tracking reports the NRCC used to manage COVID-19 response, representing shipments from January 22, 2020, through January 26, 2022; and

- traced 106 sampled records to signed bills of lading, signed packing slips, and other receipt paperwork to assess the adequacy of documentation FEMA maintained to confirm delivery and receipt of shipments.

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[32] We selected our statistical sample from a population of 14,392 records using a confidence level of 90 percent, a population proportion of 50 percent, and a sampling error rate of 8 percent.

We assessed the reliability of data from the different tracking reports the NRCC used to manage COVID-19 including reports generated from LSCMS, and separate spreadsheets manually created by the NRCC and HHS to track Strategic National Stockpile shipments, small parcel shipments, and donation shipments. To assess the reliability of data, we:

- compared an unfiltered extract from the LSCMS database to the different COVID-19–related LSCMS reports provided by the NRCC;

- tested the completeness and accuracy of the item description, quantity, and destination facility type by tracing the data to source documents for a statistical sample of 106 records;

- conducted limited testing to trace other key data fields to source documentation; and

- researched corroborating information from other data sources or data fields to verify whether the computer-processed data was accurate.

We identified data reliability issues such as incomplete information about local shipments, no source documentation to confirm delivery for about one-third of our sampled records, and other data management challenges, which we discussed in our report. We issued recommendations aimed at improving the accuracy and completeness of the distribution data for future disaster responses. Overall, while the data is not without errors, we determined the data was sufficiently reliable for the purposes of this audit.

We also assessed internal controls relevant to the audit objective. This included FEMA's control environment, risk assessment, control activities, information and communication, and monitoring controls. We designed our audit procedures to include steps to mitigate risks identified. As described in the Results of Audit section of this report, we identified weaknesses in FEMA's control environment, control activities, information and communication, and monitoring controls. However, because we conducted a limited review of internal controls relevant to the audit objective, other deficiencies may have existed at the time of our audit.

We conducted this performance audit from July 2020 through April 2023 pursuant to the *Inspector General Act of 1978, as amended,* and according to 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 upon our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based upon our audit objective.

DHS OIG's Access to DHS Information

As part of our audit, we requested direct, read-only access to LSCMS and an unfiltered extract of the LSCMS database, which contains distribution data on shipments of medical supplies and equipment in response to COVID-19. However, DHS initially denied our request. After a 328-day delay, DHS agreed and provided us with direct, read-only access to LSCMS as well as an unfiltered extract of the LSCMS database containing distribution data on COVID-19 medical supplies and equipment.

Appendix B
FEMA Response to the Draft Report

U.S. Department of Homeland Security
Washington, DC 20472

FEMA

July 11, 2023

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: Cynthia Spishak   CYNTHIA SPISHAK   *Digitally signed by CYNTHIA SPISHAK Date: 2023.07.11 16:14:53 -04'00'*
Associate Administrator
Office of Policy and Program Analysis

SUBJECT: Management Response to Draft Report: "FEMA Did Not
Effectively Manage the Distribution of COVID-19 Medical
Supplies and Equipment"
(Project No. 20-041-AUD-FEMA)

Thank you for the opportunity to comment on this draft report. The U.S. Department of
Homeland Security's (DHS or the Department) Federal Emergency Management Agency
(FEMA) appreciates the work of the Office of Inspector General (OIG) in planning and
conducting its review and issuing this report.

FEMA is pleased to note OIG's recognition of the unprecedented scale of FEMA's
efforts to coordinate the Federal Government's response to COVID-19. In response to
the COVID-19 pandemic, FEMA worked diligently to manage and acquire critical
supplies, prioritize resources, and coordinate a deeply collaborative interagency response
requiring a "whole-of-government" effort. FEMA's mission is helping people before,
during, and after disasters, and FEMA held true to its principle throughout the pandemic
that emergency response works best when it is locally executed, state managed, and
federally supported.

However, FEMA does not agree with the OIG draft report's overall conclusion that the
agency did not effectively manage the distribution of COVID-19 medical supplies and
equipment. Specifically, FEMA disagrees that a lack of sufficient visibility into
resources shipped and received hindered our ability to make informed decisions. FEMA
utilized existing capabilities and developed new tools to source and track resource
requests beyond the agency's typical response efforts. By leveraging both new and
existing tools, FEMA was able to provide senior leaders with sufficient information to
make supply chain decisions to allocate resources in support of COVID-19 resource
requests.

Also, while OIG acknowledges the role and responsibilities of the Unified Coordination Group (UCG), the draft report leaves out any discussion about the important role of the Supply Chain Task Force – later referred to as the Advisory Group – which was formed under the UCG to orchestrate a comprehensive four-pronged strategy to: (1) preserve medical supplies; (2) accelerate industrial manufacturing and distribution; (3) expand industry; and (4) allocate resources to the right place at the right time. As part of responding to the COVID-19 pandemic, the Advisory Group and its partners executed a comprehensive effort to obtain and understand nationwide supply chain data, enhance production and procurement, and execute supply chain logistics to distribute supplies to fill identified gaps. FEMA is proud of the work it has done to support efforts to identify and fill gaps in state and local response to COVID-19, and to support response efforts managed and executed at the state and local level.

Additionally, OIG asserted in its draft report that DHS initially denied OIG unfiltered data and system access to the Logistics Supply Chain Management System (LSCMS) and, after a 328-day delay, then agreed to provide the access and information requested. FEMA's concerted efforts to understand the auditors' requests for data and system access, however, should not be characterized as a "328-day delay." During this period, FEMA worked closely with the auditors to be responsive to the OIG's requests and provide OIG access to LSCMS for their work on this audit. For example, FEMA provided to OIG complete data extracts related to the COVID-19 pandemic and extensive information on LSCMS, including training on the system, copies of LSCMS's Data Definition Language and Data Dictionary, and Operational Requirements Documents, all current system training materials/manuals/links, and written analysis on data discrepancies due to an LSCMS technical upgrade. Those efforts were extensive, while also appropriately balancing responsibilities for safeguarding systems and information.

The draft report contained three recommendations with which FEMA concurs. Enclosed find our detailed response to each recommendation. FEMA previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG's consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions.

Enclosure

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**Enclosure: Management Response to Recommendations
Contained in 20-041-AUD-FEMA**

<u>OIG recommended that the FEMA Administrator:</u>

Recommendation 1: Clarify existing guidance and ensure FEMA personnel use the Logistics Supply Chain Management System or an alternative integrated solution as the system of record during disaster response operations to manage the distribution of FEMA-owned commodities, supplies, and equipment as well as those sourced by FEMA from partners across the Federal government, non-governmental organizations, and the private sector to fulfill state, local, tribal, and territorial requests.

Response: Concur. FEMA's Logistics Management Directorate (LMD) will clarify existing guidance and training associated with the management and distribution of FEMA-owned and FEMA-sourced commodities, supplies, and equipment during response operations. As part of this effort, LMD will take the following actions:

Actions	Estimated Completion Date (ECD)
Survey existing guidance and training documents.	January 31, 2024
Create and/or update existing guidance and training, as appropriate.	July 31, 2024
Coordinate, gain approval for, and disseminate updated guidance and training documents.	December 31, 2024

Overall ECD: December 31, 2024.

Recommendation 2: Take action to develop and improve the Logistics Management Directorate's internal controls, guidance, and system integration to obtain more accurate information that enhances logistics decision making regarding the fulfillment of commodity requests during disaster response operations. At a minimum, FEMA should:

    a. develop internal controls to ensure appropriate information related to facility types, intermediate locations, and transportation-only orders is accurately reported in the Logistics Supply Chain Management System or an alternative integrated solution;

    b. update guidance and deliver training to ensure there is a clear audit trail when aggregating distribution data on FEMA-owned commodities, supplies, and equipment as well as those sourced by FEMA from partners across the Federal government, non-governmental organizations, and the private sector to fulfill state, local, tribal, and territorial requests; and

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c. improve integration between the Logistics Supply Chain Management System and the Web Emergency Operations Center [WebEOC] Crisis Management System [CMS] to ensure the systems are, to the extent practicable, compatible and share information as required by the *Post-Katrina Emergency Management Reform Act of 2006.*

Response: Concur. FEMA LMD will take action to improve internal controls, guidance, and system integration to obtain more accurate information regarding commodity requests during disaster operations. This effort will include the following actions:

Actions	ECD
Survey existing internal controls and guidance.	January 31, 2024
Create and/or update internal controls and guidance, and develop requirements to improve integration of LSCMS and CMS, as appropriate	July 31, 2024
Coordinate, gain approval for, and disseminate newly created/updated internal controls and guidance, and implement approved integrations between CMS and LSCMS.	December 31, 2024

Overall ECD: December 31, 2024.

Recommendation 3: Issue guidance and ensure a standardized process for collecting and maintaining documentation to confirm delivery and receipt of FEMA-owned commodities, supplies, and equipment, as well as those sourced by FEMA from partners across the Federal government, non-governmental organizations, and the private sector to fulfill state, local, tribal, and territorial requests. At a minimum, the guidance and standardized process should:

a. identify the required types of documentation to confirm delivery and receipt such as signed bills of lading, packing slips, and other forms;
b. include controls to ensure the shipment documentation includes item descriptions and the specific quantity of items delivered and received;
c. clarify the procedures for executing and documenting the delivery of commodities, supplies, and equipment to locations where no FEMA personnel are present to receive shipments; and
d. establish appropriate repositories for delivery and receipt documentation.

Response: Concur. FEMA LMD will issue guidance and ensure a standardized process for collecting and maintaining documentation to confirm delivery and receipt of FEMA-owned and FEMA-sourced commodities, supplies, and equipment. Efforts to address this recommendation will include multiple steps to determine the standardize process for collecting and maintaining documentation, draft the updates, ensure clearance of the new

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guidance, and distribute the information across FEMA personnel. As part of this effort, LMD will take the following actions:

Actions	ECD
Survey existing guidance documents.	January 31, 2024
Create and/or update existing guidance, as appropriate.	July 31, 2024
Coordinate, gain approval for, and disseminate updated guidance.	December 31, 2024

Overall ECD: December 31, 2024.

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Appendix C
Office of Audits Major Contributors to This Report

Ruth Blevins, Director
Richard Harsche, Director
Nicholas Genitempo, Audit Manager
Armando Lastra, Audit Manager
Oluwabusayo Sobowale, Auditor
Lindsey Koch, Communications Analyst
Tai Cheung, Independent Report Referencer

Appendix D
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