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**STATEMENT FOR THE RECORD**

**Before the United States House of Representatives**  
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**Subcommittee on Homeland Security**

***Testifying on the Role of FEMA and Emergency Management in COVID-19***  
***Response***

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Chairwoman Roybal-Allard, Ranking Member Fleischmann, and distinguished members of the House Appropriations Subcommittee on Homeland Security, thank you for inviting me to testify on the role of FEMA and emergency management in the COVID-19 response. My testimony will focus on California's response operations, emergency management efforts, and strategies to combat the pandemic.

The State of California arguably faces the most complex and severe disaster conditions in the nation and these challenges and complexities grow in magnitude each year. In the past decade, California has experienced every conceivable type of natural and manmade disaster including drought, earthquake, flood, catastrophic wildfire, mudslides, dam failure, cyber security attacks, oil spills, natural gas leak, civil unrest, terrorism, and tsunamis. However, the COVID-19 pandemic has put our emergency management system to the test.

COVID-19 has severely impacted California. As of March 11, 2021, the State had a cumulative total of over 3.5 million cases and over 54,800 COVID-related deaths. Before the pandemic, California had record low unemployment. After the first few months of the pandemic, the State faced a 16.4% unemployment rate. As essential workers risked their lives to keep our vital systems working, while other Californians were confined to their homes, government and businesses fundamentally changed the way they operate. This change extended to emergency management. The impacts of the virus forced the State to reevaluate standard operating procedure and implement plans to respond to later surges, and even concurrent disasters.

By applying our emergency response framework and adapting it to fit the pandemic, California affected tremendous progress in flattening the curve and limiting the spread of the virus. However, we faced unprecedented challenges while also enduring multi-incident response operations: civil unrest, wildfires, public safety power shutoffs, and other emergencies amid the pandemic. Additionally, COVID-19 further worsened equity gaps and disproportionately affected individuals. These extraordinary challenges and disasters led to unparalleled strategies focused on the equitable distribution of information, resources, and vaccine administration.

While facing these challenges, California took the opportunity to work in partnership with FEMA to develop and implement a multitude of public assistance programs in the areas of emergency feeding, emergency housing, alternate care sites and medical surge capability, testing, mega vaccination sites, and mobile vaccination sites. In fact, California was the first in the nation to develop and

implement specific programs in partnership with FEMA to assist impacted populations such as:

- *Great Plates Delivered*, which provides prepared meals through participating restaurants for adults 65 and older and adults 60-64 who are at high-risk unable to prepare meals or access food resources while staying at home. In addition, this program also supports local restaurants, agricultural workers, and other food service providers who struggle to remain open due to COVID-19.
- *Project Roomkey*, which provides safe isolation capacity for tens of thousands of Californian's experiencing homelessness.
- *Project Hope*, which has provided isolation and quarantine housing for over 800 recently released inmates on parole and probation.
- *Hotels for Healthcare Workers*, which keeps California's healthcare workers safe and healthy by reducing the spread of the COVID-19 virus through free or discounted hotel rooms to healthcare workers who give critical care to COVID-19 patients so they do not bring home the virus to their household.
- *Housing for the Harvest*, which provides temporary, emergency non-congregate shelter for agricultural and field workers have played an essential role in ensuring the continuity of the food supply.
- *Hospital Training Academy – Serving the Community*, which used FEMA dollars in conjunction with UNITE HERE Local 11 and LA County and City to provide meals prepared in industrial kitchens to homebound seniors and others affected by the pandemic.
- *OptumServe*, which partnered with the State and local government to open up to 11 vaccination sites to serve some of the hardest-hit or most at-risk communities in the Central Valley.

As this pandemic continues to evolve, so do our efforts and partnerships with FEMA to mitigate its effects and ensure that all Californians have the resources needed to fight it. Thank you for the opportunity to testify, and thank you for your commitment to ensuring strong preparedness and response to this pandemic.

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## **Cal OES' Role in Pandemic Emergency Management**

As the State's emergency management and homeland security agency, Cal OES has the unique role of coordinating capabilities across all levels of government and the private sector and deploying resources when local and regional capability is overwhelmed. Since the pandemic began in early 2020, Cal OES has led the State's response to COVID-19 in partnership with the California Health and Human Services Agency, California Department of Public Health (CDPH), and many agencies and departments. This ensures the State's efforts are centralized and unified through the State Operations Center. California established specialized task forces to expedite and align State, Local, and Federal efforts around Medical Surge, Enforcement, Corrections, Housing and Social Services, Emergency Feeding, Logistics and Commodity Movement, Schools, Critical Infrastructure and Transportation, Vaccine Administration, and geographic-based efforts such as those focused on Imperial, Central Valley, and Southern California.

In addition to operational coordination, State partners also aligned to provide unified and comprehensive public information and education, including establishing a COVID-19 website and dashboards with data sets to keep the public, government, and industries informed and equipped with current information and decision-making tools.

Cal OES is also responsible for coordinating the financial assistance for COVID and other disasters via FEMA. To date, Cal OES has facilitated over \$2 billion in COVID-19 FEMA emergency aid to communities throughout California.

In the midst of the pandemic, California also managed response to and recovery from an historic fire season. In just a 24-hour period last August, 12,000 lightning strikes sparked 560 wildfires, requiring extensive response efforts. These fires burned over 4 million acres, destroyed over 10,000 structures, and resulted in 27 counties under federal major disaster declaration.

During the early winter months, as cases surged in California and across the country, these same systems were in place to ensure we are anticipating and responsive to emerging needs as the pandemic continued to evolve. From the peak in early January 2021, we went from reporting 53,000 COVID cases per day to 2,600. The positivity rate went down from 14 percent to just 2.1 percent on March 9, 2021. Hospitalizations are down more than 80 percent since the peak in the early winter months. Intensive care unit admissions are also down 77 percent.

The latest major focus is vaccine administration, which has been a result of careful planning and collaboration with our public health colleagues. The Vaccine Task Force led by CDPH and Cal OES has been charged with creating a plan to implement a safe and efficient COVID-19 vaccination program for California. Cal OES' role is two-fold. First, we provide support to organize the task force. This task force has been the focal point of the planning process, achieving the objectives in the plans and ensure the efficient and effective delivery and administration of vaccines to Californians, especially at the mega vaccination sites and mobile clinics. Capabilities needed for vaccine distribution overlap with capabilities in other areas, such as PPE distribution, public information, and community based organization (CBO) engagement; therefore, close coordination with and across all task forces has been instrumental for successful administration of vaccines. Cal OES also leads the logistics component of the Vaccine Task Force to procure vaccine supplies, manage storage, and coordinate movement, distribution, and administration.

### **Partnership with FEMA in Response to the Pandemic**

Cal OES worked in partnership with FEMA to prevent and respond to the spread of COVID-19 in the State of California. More broadly, to implement programs and services to provide for the safe opening and operation of schools and businesses, healthcare facilities, domestic violence shelters, emergency feeding programs, transit systems, personal protective equipment (PPE) distribution, and mass vaccination. This also includes the provision of direct relief (in the form of reimbursement) to local government partners and stakeholders working on delivering lifesaving services to their communities.

Additionally, as referred to above, FEMA approved the State of California for statewide non-congregate sheltering assistance, which allowed California to move individuals at a "high-risk of complications from COVID-19" into hotel rooms or other appropriate non-congregate shelter locations. However, FEMA authorizes these programs under the Public Assistance program and only grants extensions in 30-day increments, which is extremely inefficient. Increasing extensions to 90-day increments would provide greater stability for the vulnerable recipients of these critical Public Assistance programs.

FEMA has partnered with California to deploy assistance in ways that have never been done before, from emergency feeding, to emergency housing, to alternate care sites/medical surge, to testing, mega vaccination sites, mobile vaccination sites, etc. Assistance programs include: Great Plates Delivered, Project Roomkey, Housing for the Harvest, and Hospital Training Academy – Serving the Community.

On February 16, 2021, California and the Biden-Harris Administration opened of the nation's first community vaccination sites in Oakland and Los Angeles. These sites are in partnership with the Biden Administration and FEMA with the intent of ensuring that individuals in underserved communities receive every opportunity to receive a vaccination if they want one.

As of March 8, 2021, over 257,000 Californians have received a vaccination as a result of State/Federal partnership. Through the Federal Retail Pharmacy Program, California continues to partner with the federal government and pharmacy partners to increase access to COVID-19 vaccination for eligible individuals.

As of March 8, 2021, there are a total of 2,266 staff working all FEMA/Cal OES sites: 1,353 at California State University, Los Angeles, 886 at the Oakland Coliseum, and 45-50 at each of the mobile clinics.

Since the President's memorandum to extend federal support to Governors' use of the National Guard to respond COVID-19 and to increase reimbursement and other assistance provided to states was released on January 21, 2021, our partners at FEMA Region IX have been hard at work to organize information and operations to assist our State. FEMA Region IX continues to play a critical role in the State's Logistics and Commodity Movement Task Force and in communicating across the entire federal family to respond to various COVID-related program reimbursement time extension requests and review reimbursements for eligible emergency work projects.

As current project workload in FEMA-Public Assistance (PA) and Cal OES Recovery PA continue to increase over time due to the President's memorandum allowing FEMA to pay 100% federal funding for COVID-related costs, FEMA may also need to have additional resources to review reimbursements for eligible emergency work projects more quickly.

### **FEMA Resource Capabilities to Support States**

The size and scale of the COVID-19 pandemic, concurrent with multi-incident response, was far beyond the Federal Government's ability to respond, including FEMA, the U.S. Department of Health & Human Services (HHS), U.S. Military and all other federal agencies and departments. The lack of a centralized, proactive federal response crippled the globe and severely limited the availability of PPE and other critical medical resources.

Early in the pandemic, there was an evident need for more thorough review and overhaul of the SNS to build process transparency and support more realistic

expectations and planning on the part of State and Local government. California received only 75% of its SNS allotment. Notably, this was absent any ventilators, and many of the N95 respirators were expired.

While California regularly trains and exercises its emergency operations and logistical resource plans, no amount of planning or preparedness and no one organization could have planned and prepared for what we have faced this past year.

Providing additional resources to FEMA would allow and enable them in:

- i. Taking a more direct role in coordination and policy application when interacting with states.
- ii. Establishing centralized commodity buying. The federal government would have far greater purchasing power than individual states. Leveraging this purchasing power and securing commodities for states will relieve pressure on the supply chain and competition between states in purchasing PPE and testing materials.
- iii. Leading and improving federal government coordination. Particularly, coordination and communication must improve between HHS, CDC, border agencies, and regulators, to include internal communication between the headquarters and regional staff for these entities. Better coordination will allow for more streamlined communication with states and more efficient resource management and delivery, including funding.
- iv. Leading unified, coordinated communications during disasters, including guidance and education for states and localities, as well as talking points for government officials to use when communicating with their constituents.
- v. Approving a Title 32 National Guard extension with 100 percent cost-share by the federal government and allow Title 32 resources to be used for vaccination missions.

The California National Guard has been invaluable in assisting the State's response to the COVID-19 pandemic through Title 32, providing support in medical missions, food bank staffing, testing site staffing, and more. California's requests for Title 32 extensions have all been approved with cost shares for the State. Extending the mission with a 100 percent cost-share for the federal government would secure California's ability to continue providing these essential services that have been made more feasible with the National Guard support.

### **Assistance to Traditionally Underserved and Disadvantaged Communities**

Throughout the past year, California has worked hard to mitigate the impacts brought on by the COVID-19 pandemic. Particularly those felt within traditionally underserved communities. To combat potential disparities, Cal OES has worked with almost every State agency across the board to stand up programs, task forces, and resources dedicated to reach this goal. As Californians needs have changed through this pandemic, so have our efforts to ensure those needs are met. This is especially evident in our current efforts for equitable vaccine administration across the State.

On February 3, 2021, the Governor and Biden Administration announced a pilot project to establish vaccination sites in Oakland and Los Angeles. Equity is at the core of these mass vaccination sites, placed at the Oakland Coliseum and California State University, Los Angeles. These large sites, and the mobile units deployed from them, reach hard-hit, high-risk communities. To support this initiative, FEMA partnered with Cal OES to co-manage these sites.

On February 16, the sites opened to the public with the capacity to vaccinate 6,000 individuals a day. The sites operate 7 days a week with drive-through and walk-in options, which provides accessibility to those who use alternative modes of transportation. The placement of these locations is easily accessible by communities that have been both historically under-served and the most deeply impacted by the pandemic.

At these sites, the State has been able to meet and further expand its mission to increase equitable vaccine distribution and administration by partnering with CBOs to bring vaccines to communities with mobile units. Investing in our community partners who serve as trusted messengers in neighborhoods deeply impacted by the pandemic, ensuring more equitable access to appointments.

As of March 7, 2021, Cal OES and FEMA have administered a total of more than 250,000 vaccines across both sites. Nearly 34,000 of those vaccines were administered at targeted mobile clinics within the community accounting for over 67 percent of our underserved communities and people of color.

Additionally, the following programs (some of which were previously mentioned as First in the Nation programs) were designed to target Traditionally Underserved and Disadvantaged Communities:



### Project Roomkey

California became the first state in the nation to secure FEMA approval to provide safe isolation capacity for tens of thousands of Californian's experiencing homelessness. The goal to acquire 15,000 rooms was achieved on May 11, 2020.

### Project Hope

Project Hope has provided isolation and quarantine housing for over 800 recently released inmates on parole and probation.

### Great Plates Delivered

Launched on April 24, 2020, Great Plates Delivered is a program aimed towards seniors and adults at high risk from COVID-19. It encourages them to remain at home and stay healthy by delivering three nutritious meals a day. This program also supports local restaurants, agricultural workers, and other food service providers who struggle to remain open due to COVID-19. To date, it has served over 27,545,290 meals.

### Housing for the Harvest (H4H)

Agricultural and field workers have played an essential role in ensuring the continuity of the food supply. Recognizing this role, Housing for the Harvest is a state program that provides temporary, emergency non-congregate shelter for these essential employees. This initiative provides farmworkers a place to self-isolate, keeping their families and the greater community safe.

### Central Valley Task Force

Compared to other regions in California, the eight counties in California's Central Valley were found to have disproportionately high case rates and morbidity of essential workers, agricultural workers, and the Latino population. In order to address these issues, the Central Valley Task Force was created with a focus on providing resources for better outcomes in these counties.

### Hospital Training Academy – Serving the Community

In partnership with UNITE HERE Local 11, the Hospital Training Academy was able to create "Serving Our Community," a program which uses FEMA dollars from Los Angeles City and County contracts to provide meals prepared in industrial kitchens to homebound seniors and others affected by the pandemic. Since its establishment, the program has brought more than 1,100 laid off workers back to work and fed 10,000 individuals. On March 3, 2020, "Serving Our Community" delivered its three millionth meal.

### OptumServe

On February 22, 2021, California began partnering with OptumServe and local counties to open up to 11 vaccination sites to serve some of the hardest-hit or most at-risk communities in the Central Valley.

### Hotels for Healthcare Workers

This program keeps California's healthcare workers safe and healthy by providing free or discounted hotel rooms to healthcare workers who give critical care to COVID-19 patients, reducing the risk that they bring the virus into their household.

## **Lessons Learned for Future Disasters**

As we continue to respond to the pandemic and begin the recovery process, there are several lessons learned including:

- i. Reevaluate and define the mission and purpose of the Strategic National Stockpile (SNS). Provide greater visibility to states on what's available through the SNS at any given time, as well as distribution operations. Provide greater visibility on the overall supply chain and develop standardized metrics on Personal Protective Equipment (PPE) burn rates to aid in State decision-making on procurement and stockpiling of supplies.
- ii. Reevaluate, define, and provide clear guidance on the triggers for, use of, and administration of the Defense Production Act.
- iii. Allow contact tracing personnel and equipment costs related to COVID-19 as an eligible reimbursement expense under Public Assistance, Category B: Emergency Protective Measures.
- iv. Increase the time period for which extensions are granted for the Emergency Food Program and the Non-Congregate Sheltering Program from 30 days to 90 days, and change the information sharing requirements. Increasing extension to 90-day increments would provide greater stability for recipients of these Public Assistance Programs.
- v. Designate FEMA as the federal lead during nationwide incidents. Assess and revise national-level doctrine to ensure that it provides clarity and specifics about FEMA's role and authorities during incidents where there is a response by the entire federal government. This includes establishing a funding plan to clarify which agencies are financially responsible for which aspects of a response.
- vi. Assess resource coordination and distribution operations at the headquarters and regional levels to revise and refine plans and ensure integration with State, Local, Tribal, and Territorial partners. Nationally,

- FEMA should identify practices that should be incorporated for future operations.
- vii. Build capability for monitoring and understanding business and industry supply chains and develop plans for aligning the resource management required for national catastrophic events to build greater pre-incident insight and inform awareness of gaps or trends that require mitigation.
  - viii. Institutionalize successful program and policy adaptations and build implementation plans to ensure efficiencies are not lost in the return to steady-state agency operations

Cal OES also continue draw from lessons learned from the H1N1 event, as well as planning work done for different events and planning scenarios involving medical supply and distribution. The State will lean on its vast experience with emergency management to ensure it is thoughtful and thorough in contemplating needs and capabilities for the next pandemic.

### **Conclusion**

The longstanding relationship between the State of California and FEMA has truly strengthened through the years. However, it has been safe to say that we could always count on our partners to support the residents of California. These unfortunate situations allowed us to collaboratively enhance our skills, knowledge, and abilities between us in order to focus on what was truly important: our fellow Californians. Together we have ensured that these individuals are directly receiving all the federal and State resource assistance available to them are distributed accordingly, and we are truly grateful for that support. Although we have grown so much in the development of the pandemic this past year, we look forward to the further development of our partnership.