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Department of Emergency Management

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HOUSE APPROPRIATIONS COMMITTEE

Homeland Security Subcommittee

The Role of FEMA & Emergency Management in COVID-19 Response

Tuesday, March 16, 2021 – 10:00AM

Testimony by Curtis C. Brown

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Good morning Committee Chairwoman DeLauro, Committee Ranking Member Granger, Subcommittee Chairwoman Roybal-Allard, Subcommittee Vice-Chair Cuellar, Subcommittee Ranking Member Fleischmann, and Members of the Committee and Subcommittee. My name is Curtis Brown and I serve as the State Coordinator of Emergency Management at the Virginia Department of Emergency Management in Governor Ralph Northam's administration. Additionally, I am the co-founder of the Institute for Diversity and Inclusion in Emergency Management (I-DIEM). I-DIEM's mission is to serve as a resource and an advocate for the value of diversity and inclusion in emergency management (EM). I-DIEM serves as the conduit for research on diversity and inclusion (D&I), social equity, and the practical application of equitable EM practices to improve outcomes and build resilience.

I appreciate the opportunity to provide testimony today. FEMA and the Emergency Management Enterprise, in collaboration with Public Health and Public Safety partners, have been working hard over the last year to respond to COVID-19. Last week we crossed a sad and historic threshold – the one year mark on our collective journey battling COVID-19 – which has taken so much, from so many. But some of our communities, those who have been historically and disproportionately impacted by disasters, have suffered especially hard as the pandemic was merciless in its unending campaign of heartbreak. Communities of color, people with disabilities, women, frontline essential workers and marginalized communities have suffered greater losses which sadly is the case after disasters. The scale of this historic disaster has only elevated the suffering. Based on this historic loss, moving forward we must commit to take bold and innovative action to address the inequities in disasters to address systemic racism,

discrimination, and past and present barriers that heighten vulnerabilities of those in marginalized communities. Today, I'll discuss FEMA's role and support (including progress made and areas of opportunity), the Commonwealth of Virginia's efforts, building capacity for the future, and the urgent need to integrate equity into emergency management in order to address the continued disproportionate impact of disasters on marginalized individuals and communities. It is clear that furthering social equity is now a responsibility of every public servant. We should embrace this responsibility and move with urgency to equitably support those most at risk before, during, and after disasters.

Two days ago, the Commonwealth recognized in a day of prayer and remembrance, our fellow Virginians lost to COVID-19.¹ Those initial weeks of the response were difficult as the virus was fast moving. Since then we have unfortunately lost over 10,000 Virginians to COVID and more than 530,000 across the country; countless more have been irreparably damaged by the cascading health and financial impacts of the disease. Despite the difficulty of the past year, there is a sense of hope and optimism recent weeks. The support you have provided in the American Rescue Plan is more than just financial; it helps the light at the end of the tunnel shine brighter and shortens the incident horizon with hopes of recovery in our future. We are equitably standing up Community Vaccination Center in our hardest hit communities, continuing to identify ways to untangle inequities to address the need to vastly improve the vaccination rates with our Black and Brown communities. As our vaccination rates improve and Spring awaits we have been provided with new resources by Congress and the Biden Administration that will allow us to fight this disease in new ways.

American Rescue Plan

I commend Congress and President Biden for passing the \$1.9 trillion stimulus, as this funding and resources will help bolster and sustain the significant support we've been provided in the past two months. For decades, disaster funding came subsequent to major events, which has necessarily shaped and limited our capacity to proactively address all five mission areas of emergency management: prevention, protection, mitigation, response, and recovery.² With the American Rescue Plan, you have given us the ability to move from a response-oriented posture, broadening our capacity to train, educate, plan, and mitigate in preparation for future disasters.

The impact of the \$350 billion in funding for state and local governments, territories, and Tribes, as well as the \$50+ billion in funding for enhanced COVID-19 detection, diagnosis, tracing, monitoring, vaccine distribution, and vaccine administration cannot be overemphasized. These funds allow our government partners the ability to build back better and correct post-incident inequities that exacerbate preexisting underlying gaps in how funding is prioritized and

¹ Governor Northam Declares March 14 Day of Prayer and Remembrance for Virginians Lost to COVID-19, COMMONWEALTH OF VIRGINIA (March 12, 2021), <https://www.governor.virginia.gov/newsroom/all-releases/2021/march/headline-893679-en.html>.

² *National Preparedness Goal*, 2d Edition, DEPARTMENT OF HOMELAND SECURITY (Sept. 2015), https://www.fema.gov/sites/default/files/2020-06/national_preparedness_goal_2nd_edition.pdf.

allocated.³ Further, the funding specific to emergency management emphasizes the importance of building resiliency and bolstering coordination throughout all levels of government. Our partners at the National Emergency Management Association (NEMA) captured it best:

The \$100 million included for Emergency Management Performance Grants (EMPG) will allow for increased capacity at both the state and local levels. With these funds, emergency managers conduct coordinating activities across state and local agencies; augment ongoing disaster preparations, responses, and recoveries for other events; activate Emergency Operations Centers for monitoring, interagency coordination, and response activities; coordinate with public health and K-12 partners; conduct inter-agency training and exercise opportunities across governments; and develop strategic communications and public outreach to educate the general public on mitigation and preparedness strategies.⁴

Emergency managers (Federal, State, Local, non-profit, and private) are the connective tissue that join often disparate and unrelated fields into a whole-of-government effort, and as such, the additional funding in the American Rescue Plan – emergency food and shelter, funeral assistance, economic development, humanitarian relief, and others – provides resources that would otherwise limit the impact and reach of our collective effort. Moreover, buttressing the Disaster Relief Fund with \$50 billion ensures that the incidents that surpass a local and state’s capacity to respond will not be jeopardized by a lack of funding when we turn to the federal government for support. The increasing frequency, complexity, and severity of disasters is unfortunately the new normal and we must contend with that reality; this funding is a recognition of that new paradigm.⁵

Support for Deanne Criswell, nominee for FEMA Administrator

Having strong leadership at FEMA is essential to ensuring the Agency moves forward. I strongly support President Biden’s nomination of Deanne Criswell to lead the Federal Emergency Management Agency at this critical moment. Administrator-Nominee Criswell is a top-notch and well-respected emergency manager, who would bring a wealth of knowledge and experience to the position. Her decades of public service as a first responder, member of the National Guard, and emergency manager have provided the set of experiences that are needed in an era where

³ *American Rescue Plan Fact Sheet*, WHITE HOUSE (March, 2021), <https://www.whitehouse.gov/wp-content/uploads/2021/03/American-Rescue-Plan-Fact-Sheet.pdf>. See also Christophe Pulliam & Richard Reeves, *New child tax credit could slash poverty now and boost social mobility later*, BROOKINGS INSTITUTION (March 11, 2021), <https://www.brookings.edu/blog/up-front/2021/03/11/new-child-tax-credit-could-slash-poverty-now-and-boost-social-mobility-later/>.

⁴ *The Nation’s Emergency Managers Applaud Inclusion of Funding for Critical Programs in American Rescue Plan*, INT’L ASSOC. OF EMERGENCY MANAGERS & NAT’L EMERGENCY MGMT. ASSOC. (March 10, 2021), <https://www.iaem.org/Portals/25/documents/Emergency-Managers-Aplaud-Inclusion-of-Funding-for-Critical-Programs-in-American-Rescue-Plan-10Mar2021.pdf>.

⁵ *2020 Atlantic Hurricane Season takes infamous top spot for busiest on record*, NAT’L OCEANIC & ATMOSPHERIC ADMIN. (Nov. 10, 2020), <https://www.noaa.gov/news/2020-atlantic-hurricane-season-takes-infamous-top-spot-for-busiest-on-record#:~:text=The%20list%20of%20named%20storms,The%20season%20ends%20November%2030.>

an all-hazards approach is required to effectively mitigate multi-faceted incidents. Her leadership in directing the response to COVID-19 and other disasters in our Nation's largest and most diverse city demonstrates her ability to lead in this critical moment. Further, once confirmed, Administrator Criswell will be the first woman to lead FEMA, a long overdue appointment that will take a major step forward with addressing the need to increase diversity in emergency management. I know that Administrator Criswell will address the issues related to diversity, equity, and inclusion both internal and external to FEMA. Her leadership will support the elimination of discrimination and bias, building a positive culture within the agency so it serves as a model within the Emergency Management Enterprise. I look forward to your colleagues in the U.S. Senate acting on her appointment and working collaboratively moving forward.

The Virginia Experience

Early Days of the Incident

I would like to broaden the aperture of our discussion since emergency management is tasked with responsibilities far outside what would be considered a traditional natural disaster incident, i.e., hurricanes, floods, and tornadoes. On March 13th, President Trump issued an Emergency Declaration, and shortly thereafter Governor Northam declared a State of Emergency for the Commonwealth of Virginia. From the beginning, the federal response was painfully disjointed. We must learn from these experiences in order to improve in the future.

The Commonwealth's structure that brings the entire government to bear on an incident is the Virginia Emergency Support Team (VEST). The VEST is coordinated by the Virginia Department of Emergency Management, but is comprised of 40+ state agencies and hundreds of state employees. Further, we can tap into the state workforce of more than 90,000 employees and more than 100 agencies to ensure that we can expand as needed to accommodate the specific attributes of each incident. The breadth of COVID-19 was unlike anything we had ever experienced, so our response efforts needed to scale quickly and creatively. Further complicating this historic event was the need to perform our duties mostly virtually to ensure the health, continuity, and safety of our workforce.

From day one, the Commonwealth determined that its response to COVID-19 would prioritize our communities that have been historically and disproportionately impacted by disasters, and established a Health Equity Working Group and Health Equity Leadership Taskforce to ensure not only seats at the table for the underrepresented, but a larger table to begin with.

Integrating Health Equity into Emergency Management

The COVID-19 pandemic, like past disasters and emergencies, disproportionately impacted communities that are most vulnerable due to existing inequities perpetuated by systemic oppression and discrimination. Although it is true that disasters know no bounds, the lasting negative impacts are most often felt by communities of color, women, seniors, people with

disabilities and communities economically under-resourced. Early on in the pandemic, Virginia recognized the need to focus the COVID-19 response and mitigation efforts on equity by prioritizing communities most at-risk for COVID-19 spread. Governor Northam announced the establishment of the Health Equity Working Group (HEWG) in early March 2020.⁶ The HEWG, comprised of over 120 individuals representing diverse state agencies, private sector companies, institutions of higher education, and faith and community leaders, convened regularly to review proposed or enacted policies, and to discuss how vulnerable community members would be impacted, prioritized, and best supported.

The HEWG is the first of its kind to exist not only in Virginia – but we believe also nationally – within an emergency response body. This diverse group of leaders representing dozens of entities spanning all parts of the Commonwealth serves to ensure a health equity lens is applied to all incident considerations. The HEWG reports to the Unified Command through the Health Equity Leadership Taskforce (Taskforce), and is an advocacy partner with the Governor’s Office of Diversity, Equity, and Inclusion. I am proud to share that Governor Northam and the General Assembly recently codified this effort to institutionalize and embed this structure in all future disaster response, mitigation, and planning efforts.⁷

The HEWG and Taskforce used a data-driven approach to identify, evaluate, plan, and coordinate numerous impactful equity projects that continue today and beyond. They created a COVID-19 Equitable Testing and Contact Tracing Guidebook, which is a comprehensive resource for planning and executing inclusive and accessible COVID-19 testing for local health districts and health organizations; this guidebook is being adopted for equitable vaccine distribution.

Leveraging our private sector partners, the HEWG and Taskforce leveraged a tool identify those most at risk to COVID-19 based on underlying health conditions and economic hardship in order to drive equity-centered programs and initiatives. A Health Equity Pilot Program was established as a state-local partnership focused on providing local governments with “Just in Time: Health Equity and Public Safety Training,” in addition to cloth masks, hand sanitizer, and public health information. Local governments partnered with faith-based organizations and other trusted community groups to provide these lifesaving resources to their most vulnerable community members. Local governments and partners went door-to-door and hosted community engagement events to distribute these resources. To date, 67 localities have participated in the Health Equity Pilot Program and have distributed more than 1 million masks and over 835,000 bottles of hand sanitizer to their communities in need. A statewide population vulnerability analysis was completed to inform equity related decision making, and the analysis is already informing ongoing COVID-19 response and recovery efforts.

Further, 133 localities were ranked based on population vulnerability and COVID-19 impact, and our local partners were provided with data-informed guidance regarding communities most in

⁶ *The Office of Health Equity COVID-19 Response*, VIRGINIA DEPT. OF HEALTH (last visited March 15, 2021), <https://www.vdh.virginia.gov/health-equity/>.

⁷ *Senate Bill 1296 Emergency Management Equity Working Group*, COMMONWEALTH OF VIRGINIA GENERAL ASSEMBLY (last visited March 15, 2021), <https://lis.virginia.gov/cgi-bin/legp604.exe?212+ful+SB1296ER>.

need based on several health and socioeconomic factors to inform communication outreach, education, testing, and contact tracing. Health district profiles were also created that included an overview of the population, current testing locations, county-level communities-in-need analysis, and analysis of potential testing sites and locations.

The HEWG and Taskforce also equitably distributed over 2 million cloth masks provided from the U.S. Department of Health and Human Services to 133 school divisions using both health equity information and data from the Virginia Department of Education. School opening status, student vulnerability data, and overall population vulnerability of the localities was used to prioritize the allocation based on school divisions most in need.

Prioritizing DEI in Grants & Communications

The HEWG and Taskforce were determined to leverage momentum from its diversity, equity, and inclusion efforts into other facets of our operations with special focus given to grants and communications. For the Emergency Management Performance Grant-Supplemental (EMPG-S) funds, 37 localities were selected based on vulnerable population and COVID-19 impact.

Localities eligible for this funding participated in the Health Equity Pilot Program, and represent more than half of the Commonwealth's population, and account for the highest incidence of COVID-19 cases, hospitalizations, and deaths. Localities were grouped into cohorts based on population and received funding based on their cohort group. Cohort 1 representing the localities with a population ranging between 100,000 and 800,000 received approximately \$75,000 each; cohort 2 representing localities with a population ranging between 20,000 to 80,000 received approximately \$50,000 each; and cohort 3 representing localities with a population ranging between 4,000 and 18,000 received approximately \$25,000 each. The intent of the funding is to mitigate the impacts of COVID-19 on communities disproportionately impacted by disasters. Localities were urged to use the locality-specific data to drive their mitigation activities, which include but are not limited to:

1. the development of a culturally-tailored and relevant communications plan to baseline and identify enhancements resulting in improved emergency response outcomes for marginalized populations;
2. the completion of an equity assessment and social vulnerability analysis;
3. building partnerships with community-based organizations and co-hosting emergency preparedness table top exercises, trainings, and seminars;
4. supporting essential and front-line workers in high-risk places and jobs; and
5. planning equitable testing events, and conducting subsequent outreach.

Local governments eligible for funding will be provided with ongoing technical assistance by VDEM staff and subject matter experts related to integrating equity into emergency management.

In the communications space, the HEWG and Taskforce knew COVID-19 would be the largest communications campaign in Virginia history, so they helped identify communications specialists with knowledge and expertise in culturally-tailored communications utilizing proven diversity, equity, and inclusion principles. Our communications campaign was not only vetted by faith leaders and trusted community messengers, it was amplified through their outreach channels. The VEST, alongside the HEWG and Taskforce helped secure specialists to translate all life safety graphics into the top 6 languages spoken in Virginia, translate the Hurricane Evacuation Guide during COVID-19 into multiple languages, including in plain text format to ensure it is accessible. Printed copies were also made available to localities for distribution to their communities that cannot access digital information or requested a hard copy version instead. Virginia increased efforts to amplify public safety messages to vulnerable communities, and created television ads, radio messaging, and public events that address diversity, equity, and inclusion. Targeted outreach for these efforts were based on research to better understand how to reach and engage our vulnerable communities.

In addition to the communications campaign, the VDEM website was made available in multiple languages for disaster preparedness information. The Virginia Joint Information Center, a component of the COVID-19 Unified Command and VEST, partnered with a Virginia-based company who provided pro bono reviews of public facing portions of pre-identified state COVID-19 related websites to determine what pages and functions are not accessible to those using assistive devices and technologies. Further, we ensured that an American Sign Language (ASL) interpreter was present for all press conferences, and secured ASL translation of all COVID related executive orders. Additionally, all COVID-19 executive orders and guidance were translated into Virginia's top 6 spoken languages: Spanish; Korean; Mandarin; Arabic; Vietnamese; and Tagalog. Moreover, live Spanish translation was provided for all of the Governor's press conferences via social media feeds.

Because our state agency partners are the direct connections with our communities at the state level, we ensured robust training and guidance for our state employees. This included the development of a guidance document for state agencies to provide key information on the provision of information and messaging that is accessible to people who are deaf, hard of hearing, deaf blind, blind and visually impaired. We developed an online training course to provide details on securing translation and interpretation resources and services for remote meetings and press conferences, and addressing site accessibility for people with disabilities including the major features of 508 compliance: closed captioning and subtitles; screen reader capability; accessibility with the keyboard; and transcription.

Providing just in time training for government employees at the state and local level that assisted with programs for vulnerable communities across the Commonwealth was also impactful. This training allowed personnel to discuss several key topics such as the rationale for centering equity in disaster response, recognizing the differences between equity and equality, understanding the social determinants of health, utilizing data and research related to health equity, and explaining unconscious bias and cultural humility. Although we have much more work to do in this space, I believe that Virginia's experience can be the model utilized by other

states across the country to ensure that emergency management and public health, focus on the needs of vulnerable and disproportionately impacted communities.

Federal Response: Areas for Improvement

Over the past year much great work has been done to go far and beyond our various agencies capacity to respond to this historic disaster. In the spirit of collaboration and improving to prepare for future disasters I offer these insights on several areas of improvement intended for the Federal government. Recognizing Federalism's natural tension and perspective, I believe that all levels of government can vastly improve our operations. The need for FEMA and other federal entities to improve is critical since States rely on the Federal government during disasters when our capabilities require support. FEMA's dedicated workforce should be commended for the efforts over this COVID-19 response. For the first time in our Nation's history, all 50 states and territories simultaneously received Presidential Disaster declarations. But the gaps revealed during the response demonstrates that the scale of this COVID-19 disaster, along with other emergencies over the last year has continued to stretch FEMA revealing the need to further the agency to streamline processes, eliminate complexities, prioritize equity to support communities most at risk, increase and diversify staffing, provide consistent and concise guidance to stakeholders , and integrate State and local emergency management officials in the review and design of new policies.

Specific areas of Federal government areas for improvement include but are not limited to:

- **Maximize FEMA's Expertise for All-Hazard Disaster Response:** FEMA was not given the authority initially to be the coordinating agency for COVID-19 response, and the lack of clarity coming from the federal government hampered States ability to clearly understand roles and authorities, and to see the way ahead.
- **Lack of Parity with Federal Support/Eliminating Politics from Emergency Management:** There was a perception during a critical stage of the response last year that funding, National Guard support, and other White House directed resources were being directed towards states who were politically aligned with the former administration. Whether real or perceived, this impression quickly permeated the incident and caused significant confusion, which further complicated a response to a once-in-a-century pandemic.
- **Lack of a Federal Plan and Strategy:** The lack of a federal presence produced a considerable vacuum that significantly hampered our ability to create a unified and collective response. This vacuum left states to compete against one another as PPE and other essential incident supplies quickly became scarce.⁸ This well-documented phenomenon was not only avoidable, it was unacceptable; lives were undoubtedly lost due to the federal government's deflection of its responsibility. I do not say this only to

⁸ Annie Linsky, Josh Dawsey, Isaac Stanley-Becker, & Chelsea Janes, *As feds play 'backup,' states take unorthodox steps to compete in cutthroat global market for coronavirus supplies*, WASHINGTON POST (April 11, 2020), https://www.washingtonpost.com/politics/as-feds-play-backup-states-take-unorthodox-steps-to-compete-in-cutthroat-global-market-for-coronavirus-supplies/2020/04/11/609b5d84-7a70-11ea-a130-df573469f094_story.html.

be critical, but rather to objectively address the compounding factors that contributed to the layers of incident complexity.

- **Additional Federal Funding and Guidance was Needed:** Although President Trump’s emergency declaration on March 13, 2020 approved direct federal assistance and reimbursement for emergency protective measures at 75% cost-share, there remained ambiguity and uncertainty over what HHS funds would cover versus what FEMA funds would cover. On March 19, 2020, FEMA published their first eligibility document for COVID-19 eligible expenditures, but existing FEMA public assistance guidance did not adequately address public health emergencies. Consequently, funding decisions were based on assumptions given the gap between standing guidance and the new eligibility documents. For example, the Commonwealth did not know if each locality would need to meet their local threshold for federal assistance, so VDEM initiated a resource-intensive process for verifying damage assessments. I cannot overstate our frustration with the lack of guidance coming from the administration early in the event. Governor Northam requested a major disaster declaration on March 30, 2020, which included a 100% cost-share request. The declaration was approved by FEMA on April 2, 2020 but only at the 75% cost-share amount, which left considerable questions regarding cascading financial implications of our decisions at the beginning of an event with no known horizon or timeline.
- **FEMA Policy Interpretation Requires Improvements/Eliminate Complexities:**
 - **Non-profit Organizations:** FEMA policy on non-profit organization’s legal responsibility to perform eligible work related to COVID-19, likely resulted in missed opportunities for private non-profit and faith based organizations to be eligible to apply directly to FEMA for their COVID-19 eligible expenditures. The requirement for states and local governments to enter into memoranda of understanding (MOU) with private non-profits to be eligible, resulted in many of these MOUs not taking place due to the administrative effort associated with that requirement.
 - **Personal Protective Equipment:** FEMA issued an updated policy regarding eligible emergency protective measures, which made purchasing and distributing PPE for schools, nursing homes, and other facilities ineligible for FEMA reimbursement. Governor Northam had developed a PPE initiative to assist schools, health care facilities, and nursing homes with PPE, but this effort became ineligible once this policy was released. This required us to have identify other funding sources that could have been used in a more flexible manner, which is unduly burdensome during an extended and rapidly-evolving incident as cases started to surge again.

Federal Positives

- **FEMA Engagement:** As mentioned, FEMA staff has remained highly engaged and accessible throughout the disaster response. We have an Incident Management Assistance Team (IMAT) working in our Emergency Operations Center each day collaborating and coordinating as we continue our response operations. Even during times when they lacked clear policy direction from the Administration they would provide regular updates and host conference calls.
- **FEMA Guidance Documents:** Prior to the start of the 2020 Hurricane Season, FEMA published its non-congregate sheltering policy which enabled us to pursue capabilities to shelter disaster survivors outside of our normal use of large open space shelters. With the new Presidential administration, FEMA released guidance on equitable response emphasizing that states should prioritize those most impacted, and increase outreach to marginalized communities. This guidance helped to further our equity goals and support our marginalized communities.
- **Examples of Improved FEMA Processes:**
 - **Crisis Counseling:** FEMA was helpful in assisting with funding to support crisis counseling efforts; that funding went directly to the Virginia Department of Behavioral Health and Developmental Services, and helped countless people as the pandemic quickly wreaked havoc on mental health as well.
 - **Unemployment Benefits:** Additionally, funds were made available through FEMA for unemployment benefits, which were administered by the Virginia Employment Commission. However, this required an extension request every month, which added to the level of complexity.

Improvements in 2021

Towards the end of 2020, we learned what President-Elect Biden's administration planned to prioritize, and what plans they intended to enact starting on day one. Since mid-January, we have experienced a dramatic shift in the federal government's approach to COVID-19 and the support provided to states. Although FEMA remains understaffed, under-resourced, and stretched way too thin, no longer do we feel that we are using all the tools in the toolbox to fight this historically deadly disaster. We now have a strategic partner that can leverage the power of a whole-of-government response to move boldly and urgently to support Virginians.

The new administration's vaccination strategy made funding for PPE to schools eligible once again, but we are awaiting the publication of formal guidance. To date, FEMA has provided the Commonwealth with \$218 million in funding for our vaccination efforts. This funding is appreciated and being utilized to quickly, safely, and equitably *Vaccinate Virginia*. We have again prioritized equity in our Community Vaccination Center site identification and selection process to ensure that data drives our targeted community-based efforts to reach and vaccinate the most vulnerable and disproportionately impacted Virginians. Using that data, we are utilizing

FEMA funding to stand up these Community Vaccination Centers that will be able to vaccinate many thousands of Virginians each day. We are currently in discussion with FEMA about the potential for Phase 2 participation in the Supplemental Allocation Vaccination Effort (SAVE) and have submitted requests for federally-supported vaccination centers.

Recommendations for the Way Ahead

As the leader of a state emergency management agency, I inherently understand the complexity borne of multiple layers of government. These structures did not happen overnight, and in many cases, there are legitimate reasons that warrant a layered process. I am sensitive to the critique I am offering because I am part of that system. My agency, state governments and the larger emergency management enterprise must vastly improve our focus on equity and urgently learn lessons from this COVID-19 response. When it comes to public safety, we need to do better at compressing the distance and time between the need for help, and the help arriving. This need is ever more apparent when we focus on vulnerable communities.

When I speak of marginalized and frontline communities and those who have been historically and disproportionately impacted, I want to be clear that I am speaking about are our Black and Brown communities; our family members with access and functional needs; our Indigent and elderly neighbors; and those among us who speak English as Second Language. I not only believe that we *can* do better, I believe that we *need* to do better. This is not an option, nor can we postpone taking bold and innovative action to right these pervasive, intransigent, and often recalcitrant wrongs.

Emergency management is tasked with ensuring that all perspectives are integrated into response options. However in order to accomplish that task, we must get comfortable with difficult conversations because until our profession mirrors the communities we are entrusted to serve, all perspectives will not be represented. For too long, the homogeneity of our profession has limited our capacity to ensure all perspectives are considered. I urge our emergency managers and our local, state, federal, non-profit, and private sector leaders to think outside of our traditional hiring avenues to seek experiences and skills that complement and mirror the diversity of our communities.

I also urge them to think creatively and boldly about how to restructure processes, procedures, regulations, and the “this is how we’ve always done things” mentality to create a quicker more efficient government that bends toward equity. When we come across a process or rule, question its origin, evaluate its impact, and think about how it affects those who don’t have a voice in the process. For example, there are numerous policies within FEMA itself that can be evaluated to balance the equities between the resources required to follow the process versus the potential benefit. If states and localities do not follow the exact grant and procurement requirements, FEMA will claw back the funds. This has led to many localities not applying for federal grants because of the onerous front-end process, and the resource-intensive back end verification. Our localities with fewer resources, apply for fewer grants, resulting in less funding for mitigation and post-disaster projects, which unsurprisingly increases its susceptibility to

large-scale damage, which ultimately affect our historically and disproportionately impacted communities. We should recognize that the disproportionate impact of disasters on marginalized and frontline communities will be one of the most defining issues for determining success within the field of emergency management moving forward. This reality is amplified in the recently released in FEMA's 2020 National Advisory Committee (NAC) report:

The core definition of equity is to provide the greatest support to those with greatest need to achieve a certain minimum outcome. It is separate from equality, which is providing the same resources to everyone regardless of need. One of the core tenets of emergency management is to work to stabilize and heal communities from the disruption caused by disaster. As such, it is important to recognize the role that equity plays in communities' ability to mitigate, prepare, respond, and recover from a disaster, and by extension, FEMA's role in supporting that effort.

While it is not the role of FEMA to dismantle a series of systems that cause inequity, it is within the role of FEMA to recognize these inequities (and the disparities caused by them) and ensure that existing or new FEMA programs, policies, and practices do not exacerbate them. Further, as state and local emergency management agencies are also seeking guidance on how best to incorporate equity centered principles in their outreach and work, FEMA has an opportunity to serve as a standard bearer.

The National Advisory Committee concludes its recommendation by stating "It is the opinion of the NAC that FEMA does not meet the equity requirements of the Stafford Act". This finding is clear call for action by FEMA and the entire Emergency Management Enterprise.

Build Capacity

Although I speak from my experience in the Commonwealth of Virginia, my comments are not unique to my state or agency. Last year, our agency of less than 150 people helped coordinate the response to a historic protest with 22,000 armed protestors; responded to dozens of flood events and mudslides; responded to COVID-19 (activated for more than 365 days straight); coordinated operations for more than 500 First Amendment protests subsequent to the murder of George Floyd; experienced the busiest hurricane season on record; helped with election security; responded to numerous ice storms; assisted with the response to the January 6 insurrection; assisted with planning for President Biden's inauguration; respond to a historic ice storm, and began the ramp up for the largest vaccination effort in history. Twice in the past year, we have coordinated three concurrent state emergency declarations – the first time in Virginia history we have ever coordinated three declarations at once – and we did it twice.

And we did all of this socially distanced, while dealing with the innumerable stressors that stemmed from a response to a once-in-a-century pandemic. Our counterparts in public health are stretched as well but staffed at exponentially higher numbers. For example, VDEM has less

than 150 employees, whereas our state agency partner, the Virginia Department of Health, has nearly 4,000. That represents less than 4% of their staffing. Although each state and agency has its own staffing plans and levels, this example represents the larger burden placed on emergency management agencies as the frequency, complexity, and severity of disasters increases, while staffing remains dangerously low. I agree that COVID-19 has confirmed the need to rebuild the Public Health infrastructure which has been decimated over the last few decades. But the same is true for the Emergency Management Enterprise, especially on the State and Local levels. We need to build a diverse and professionally trained emergency management workforce to deal with the reality of more frequent and impactful disasters. The old Civil Defense model of emergency management is obsolete and unable to keep pace with modern disasters. The number of 500 year flood events and billion dollar disasters requires full-time and fully staffed emergency management offices. Unfortunately, we have far too many one-person emergency management offices on the local level and poorly staffed state emergency management offices. It would never be acceptable to have a one-person police or fire department. Similarly, it should be unacceptable to have a one-person or part-time local emergency management office responsible for handling the numerous difficult tasks of preparedness, mitigation, response and recovery. I appreciate the Appropriations Committee support of EMPG Grant Program which is essential for our profession along with others which support State and local emergency management offices. But as we look ahead, I respectfully request that a thorough consideration of our disaster operating environment over the last several years help to guide the appropriations process to ensure emergency management is provided with the resources needed to protect our communities and build resilience. This is vitally important as we face the numerous challenges occurring and those expected from climate change, sea-level rise, and more complex disasters.

Conclusion

Although we have much more work to do as a profession, I believe we must recognize the incredible work that we have accomplished over the past year. If we continue to raise the bar, have difficult conversations, and be the forcing function for positive change, there is nothing our emergency managers at the local, state, and federal levels cannot accomplish. I am hopeful that we win this battle against COVID-19 and learn lessons to improve as profession and Nation. I am very much appreciate the opportunity to share some of my experiences, along with my colleagues with you today, and look forward to continuing my engagement with this Committee as we drive change and serve our communities together.