

Emergency Management Missing from the Pandemic?

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The change in presidential administrations in the United States promises new approaches to deal with the COVID-19 pandemic. The first year of the pandemic response in the United States has been characterized by a lack of national leadership. Moreover, the message from the White House Coronavirus Task Force has been muddled at best. There have been great inconsistencies in how the States have chosen to address spreading infections and increased stress on individual Americans who are trying to protect themselves and their families. The same pattern can be found with the distribution of vaccines and management of vaccinations. Politics has often conflicted with public health concerns. The States have been left to provide personal protective equipment (PPE) to medical personnel and first responders and to formulate their own guidance for protective measures.

President-Elect Biden has indicated that we should expect significant changes in policies and programs to reduce the number of new infections and, by extension, the number of deaths and new approaches are being recommended to manage the social and economic impacts of the pandemic. He has stated his intent to follow public health guidance. He is also showing greater interest in following an emergency management approach. The Federal Emergency Management Agency (FEMA) was created by President Jimmy Carter in 1979 to coordinate the federal response to major disasters. That role expanded in the 1980s and

1990s as FEMA focused on mitigation programs in particular to reduce the likelihood of disasters and developed supportive relationships with its state and local counterparts for disaster preparedness, response and recovery. Its all-hazards approach included pandemics.

Craig Fugate, former FEMA Administrator, has recommended increasing FEMA's "force strength" from 11,000 to 17,000 and fixing the National Flood Insurance Program and other programs. He also recommended expanding recovery funding to improve safety and to anticipate the impacts of climate change and other factors. He also suggested making FEMA the lead agency for "all hazards incident coordination across the federal government" including Stafford Act and non-Stafford Act events.¹

President-Elect Biden has also picked three coordinators for the nation's COVID-19 response, Bechara Choucair from Kaiser Foundation Health Plan, Inc., a family physician and former public health commissioner in Chicago; Carole Johnson from the New Jersey Department of Human Services and a former senior health advisor in the Obama-Biden White House; and Tim Manning from the Pacific Disaster Center and a former deputy administrator at FEMA during the Obama Administration.²

Ellis Stanley, Sr, former emergency management director in Los Angeles and Atlanta and former president of the International Association of Emergency

Managers (IAEM) has been working with the transition team to improve the links between FEMA and its state and local counterparts. IAEM-USA (largely representing local emergency managers) released its recommendations on December 3, 2020, stating the need to announce the new FEMA Administrator before end of 2020 and that the individual should be a qualified emergency manager with credentials appropriate to “coordinating the ongoing COVID-19 response AND all hazards Incident Coordination across the federal government.” IAEM also recommended that all duplicative response structures, including those in the White House, be eliminated and that FEMA be the lead agency. A clear organizational structure will also make it possible to provide better public information and to counteract misinformation and disinformation.³

According to IAEM, the roles of all federal, state, and local agencies should be clearly defined for this pandemic and future public health emergencies. Open communications should be maintained with the IAEM-USA President and IAEM and the National Emergency Management Association (NEMA represents state-level emergency managers) should be consulted on new policies and programs. Other recommendations were to protect disaster funding so that it cannot be diverted to other agencies for uses not covered by the Stafford Act (as it was during the Trump Administration). Lastly, IAEM recommends that the FEMA Administrator be reinstated as a member of President’s cabinet as per PL 109-295.⁴

While integrating Emergency Management into the political structure is a noteworthy recommendation, it does not promote the level of multidisciplinary

collaboration required in order to improve future responses. Rose et al.⁵ proposed Public Health Emergency Management as a field of practice. FEMA as a lead agency should be reorganized to incorporate public health and healthcare expertise within the organizational structure. Senior Leadership within FEMA should include those with both EM credentials and public health credentials to facilitate promoting a professional organization capable of leading an all-hazards approach that can readily facilitate communication and coordination in any crisis including a public health emergency.

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