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Federal response to the ongoing COVID-19 pandemic

Good afternoon Chairman Thompson, Ranking Member Rogers, and members of the committee. On behalf of Alabama Governor Kay Ivey, thank you for inviting the Alabama Emergency Management Agency (AEMA) to participate in today's hearing.

I am here before you as the Director of the Alabama Emergency Management Agency, and we are the state's lead agency for the coordination of Alabama's all-hazards mitigation, preparedness, response, and recovery activities. My goal today is to share with you Alabama's perspectives and our experiences preparing for and responding to the novel coronavirus public health crisis. More so, I will share with you our experience working with our state partners and our federal partners at the US Public Health Service, US Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC), the Small Business Administration (SBA) and the Federal Emergency Management Agency (FEMA). I am hopeful that by sharing with you how Alabama has responded to the novel coronavirus public health national emergency, you will be able to strengthen and enhance the coordination between critical federal agencies and all states, including Alabama. I will first give a little background on our operations tempo this year and then give an update on Alabama's Unified Command activities and the status of the phases of our state strategy and conclude with a few observations.

Beginning in January, AEMA, along with the Alabama Department of Public Health (ADPH), actively monitored the public health situation arising from Wuhan City, China. Throughout the Winter and Spring, Alabama was also managing the impacts from our record-breaking winter rainfall and flooding, the fifth worst tornado outbreak in Alabama history on Easter Sunday, and the effects of a straight-line wind event the following Sunday, all while responding to the coronavirus public health crisis and complying with CDC guidelines and public health orders. The significant impacts of these weather events resulted in Governor Ivey requesting three of our four Presidential Major Disaster Declarations in 2020, of which the declarations for flooding and coronavirus have been approved, the two other weather-related requests are currently pending approval. Already, 2020 has been another busy disaster year in Alabama and COVID19 has added a level of complexity we have not seen in our lifetimes.

Commensurate with President Trump declaring a National Emergency on 13 March in response to the global pandemic, Governor Ivey declared a State of Emergency, Alabama received a Federal Emergency Declaration, AEMA activated a hybrid virtual state emergency operations center and deployed personnel for operations embedded with ADPH, and we started state-level coordination group calls with our internal state emergency management partners. Alabama began the groundwork for submitting a Presidential Major Disaster Declaration request for Public Assistance and the Crisis Counseling Program and worked with the Department of Commerce to submit a Small Business Administration (SBA) Disaster Declaration. Thanks to our close relationship with our federal partners, we promptly received approval of our SBA Declaration on 20 March easing the impacts on the small business community that makes up 70 percent of the

Alabama economy. Our Major Disaster Declaration was approved on 29 March for FEMA Public Assistance as well as the crucial Crisis Counselling Program administered by the Alabama Department of Mental Health in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) of HHS to ease the suffering of our citizens most affected by the impacts of the coronavirus.

On 16 March, Governor Ivey stood up a Coronavirus Task Force to leverage a whole-of-government approach in addressing the multitude of complex and cascading effects of the coronavirus pandemic. Soon after, Governor Ivey approved a coordinated state response under a unified command with ADPH and AEMA as co-leads. Under this National Incident Management System (NIMS) compliant construct, ADPH provided the lead and expertise on public health activities while AEMA provided wrap-around services and support in the form of additional manning and disaster funding mechanisms to bolster Alabama's whole-of-government response. On 25 March, we held our first video conference call with key leaders of state agencies in the unified command and then established a fully-integrated unified operations structure on 30 March along with members of the Alabama Department of Public Health (ADPH), Alabama Forestry Commission (AFC), Alabama National Guard (ANG), US Public Health Service (USPHS) and the Federal Emergency Management Agency (FEMA). Recently, on 1 July, Alabama's Unified Command transitioned to an ADPH-led incident command system postured for longer-term operations with AEMA continuing to provide wrap-around services and coordinate support from state partners and FEMA.

As we stood up the Unified Command in March, Governor Ivey approved a grand strategy, strategy, and four phases of operations—

Grand Strategy: Alabama demonstrates the capacity and resolve to defeat Coronavirus, emerging more unified and capable. Alabama's mobilization and community resilience are a model for America and help lead the fight against the coronavirus.

Strategy: Mobilize Alabama for a whole-of-society response to slow the transmission of coronavirus to a level commensurate with our medical system's capacity to care for our citizens in order to buy time to find a vaccination or treatment to eliminate the health, economic, and social impacts of the coronavirus on our people and economy.

Phases of our State Operations:

- Reduce transmission of COVID19 (on-going)
- Sustain & Expand health care capacity and capability (on-going)
- Inform and reassure the public (on-going)
- Transition to a better Alabama (on-going)

Alabama has used a whole-of-government approach to reduce the transmission of COVID19 and bolster the health care system by working with subdivisions of government, associations, and organizations to slow the spread of the coronavirus. At the height of our Unified Command activities and leveraging crucial federal support for National Guard operations under Title 32 authorization, Governor Ivey had activated 789 members of the Alabama National Guard to support logistics and medical operations planning, commodity and PPE transportation, warehouse management, nursing home decontamination, and nursing home infectious disease training. The Unified Command, leveraging the incredible support of the soldiers of the Alabama National Guard (ALNG), assistance of the logistical experts from the

Alabama Forestry Commission (AFC), resources and staff of Alabama Attorney General Steve Marshall, and many other state agencies, has delivered 16,264,959 articles of personal protective equipment (PPE); 86,285 coronavirus test kits; and 10,974 vials of lifesaving Remdesivir. The soldiers of ALNG Task Force 31 completed 185 nursing home decontamination missions and provided 26 training missions to 821 civilians and nursing home staff to reduce the spread of COVID19. As Alabama right sizes our coronavirus response, there are currently 246 members of the National Guard activated. Additionally, at the request of the Alabama Unified Command, the CDC deployed a team to Alabama to help nursing homes obtain additional support with infectious disease control.

Through Direct Federal Assistance (DFA) coordinated through FEMA, the United States Army Corps of Engineers (USACE) deployed personnel to Alabama who embedded in our Unified Command and completed more alternate care site (ACS) assessments than any other state in FEMA Region IV. These assessments provide Alabama's health care system with a multitude of options to expand health care capacity in response to COVID19 surges, if required. Our Alabama goal continues to be slow the spread of COVID19 while supporting hospital surge capacity to keep traditional hospital patients in traditional hospitals receiving traditional hospital care, rather than to resort to ACS solutions whenever possible.

Throughout the evolution of the COVID19 response, Alabama's Unified Command has worked hard to message our activities, share the Alabama story with our citizens, motivate Alabamians to adopt the beneficial habits of non-pharmaceutical interventions, and align all our communities towards a common goal of slowing the spread of the coronavirus. Under the Unified Command construct, we created a Joint Information Center (JIC) led by Governor Ivey's communications director with support from ADPH and AEMA to support consistent and timely messaging that has been aligned with CDC and other federal COVID19 policy and guidance recommendations. Alabama has smoothly transitioned from a "Stay at Home" order issued on 20 March to a "Safer at Home" order issued on 30 April; the latest order has recently been amended and extended by Governor Ivey through 31 July.

Lastly, as we transition to a better Alabama, the Unified Command and state partners continue to leverage FEMA Public Assistance and CARES Act funds to mitigate short- and long-term negative effects of the coronavirus on our communities, economy, and citizens. One example of the incredible partnership between our federal, state and local partners is the effort led by University of Alabama Birmingham (UAB) Medicine with CARES Act funding allocated by Governor Ivey to develop a state-wide coronavirus testing, tracing and informatics program for institutions of higher education to safely bring students back onto campus this fall for in-residence education. The potential exists to scale and scope this testing effort beyond two- and four-year colleges and universities to mitigate the spread of the coronavirus throughout Alabama.

Before I close my written statement, I would like to share a few observations and recommendations. When this pandemic began, Alabama was fortunate that ADPH had on-hand an existing stockpile of PPE leftover from the H1N1 response over a decade ago. This stockpile of PPE was mostly expired but was able to be distributed early in our response to COVID19 with the help of a waiver granted by the US Food and Drug Administration (FDA). The initial push of ADPH's existing PPE stockpile—combined with a slow rise in COVID19 cases and the rapid

release of the federal Strategic National Stockpile (SNS)—helped reduce the initial shock of the global PPE supply and demand crisis. Today, the healthcare supply chain is still struggling to provide medical-grade respirators, some disinfectants and other specific personal protective equipment. This supply and demand mismatch continues to plague Alabama, just as in many other states, as we continue to provide PPE to the healthcare system while simultaneously working to replenish our state stockpile in preparation for a possible fall surge of COVID19 cases.

As a state EMA director, I appreciated the more active role FEMA played as the US coronavirus response evolved. Even though the dual reporting chains of HHS and FEMA were sometimes cumbersome, it was better than not receiving critical coronavirus response information and the relationship provided much-needed visibility into the US public health response at a national level that we lacked, to some extent, during the early days of the federal government's response. The combination and co-location of FEMA and HHS leadership was mirrored in Alabama's own Unified Command. We found that this helped with our communication and information flow across and within state agencies. This combined construct and the close coordination it enables between emergency management and public health officials should be purposefully encouraged in future federally-supported preparedness programs. This would reduce duplication and streamline coordination of preparedness outcomes driven by the separate HHS and DHS/FEMA emergency preparedness funding programs—FEMA's Emergency Management Performance Grant (EMPG) and HHS's Public Health Emergency Preparedness (PHEP) programs being two prominent examples.

As the US develops future strategies and policies for pandemics, all-hazards emergency management activities and threats to national security, I offer a few items for consideration to our federal partners:

- 1) Assess public health vulnerabilities to national security based on comprehensive supply chain analysis to include the location of raw materials, availability of production resources, transportation vulnerabilities, and location of manufacturing.
- 2) With regard to the CARES Act and the crucial financial support it provides to state and local government, there are lingering questions about eligibility that, at this time, are causing some level of confusion at the state and local levels. For example, it is unclear whether CARES funding may be lawfully used to accommodate the extraordinary expenses of emergency management agencies like AEMA that have been incurred in responding to COVID19, even though the vast majority of our personnel expenses have been dedicated to that end. Increased clarity on the intended and allowable uses of CARES funding would enable state and local officials to make better decisions about the most effective and responsible uses of this essential emergency funding mechanism as we work to maintain government operations during this crisis.
- 3) Requirements that are too restrictive or specific—whether in authorizing legislation or in the implementing guidance passed down from federal agencies—in our emergency preparedness funding programs often create very distinct functional cylinders of excellence and siloed functional expertise in a way that is inwardly-focused, instead of enabling cooperation and sharing of resources in a fully-integrated national emergency

management and preparedness enterprise. Our focus should be on fostering an outward sharing of resources and information that is incentivized by federal grants aimed toward developing capabilities with commonality, interconnectedness and partnerships instead of driving duplication, competition or stove-pipes. This is especially pertinent in terms of the overlap between—and sometimes competing objectives of—the FEMA and HHS emergency preparedness funding programs.

- 4) In accordance with FEMA’s framework of federally supported, state managed, and locally executed disaster activities, please give consideration of the role that sub-divisions of government and private partners should play in “stockpiling” resources for future pandemics. Emergency management and risk management are everyone’s responsibility. If the federal government focuses too much only on federal responsibilities, the US may miss an opportunity to create a whole-of-government and whole-of-society approach to preparing for future pandemics and complex disasters. We all play a role in emergency preparedness, so the “strategic national stockpile” should be a multi-tiered national system comprised of integrated whole-of-government, whole-of-business, and whole-of-society partnerships to strengthen the resiliency of the United States at all levels—state, local, tribal, territorial, and federal.

In conclusion, and I am proud to say that Alabama remains committed to fighting the coronavirus, reducing loss of life, and minimizing the suffering of our citizens. As our nation continues to respond to this public health crisis, we ask that you remain attentive to the evolving needs of each state—and, in particular, Alabama—and mobilize the information, resources, and funding capabilities of the federal government that are needed to protect our nation’s public health and safety.

Again, thank you for this opportunity to testify, and I welcome your questions.