

June 2009

INFLUENZA PANDEMIC

Increased Agency Accountability Could Help Protect Federal Employees Serving the Public in the Event of a Pandemic



GAO

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Highlights of [GAO-09-404](#), a report to congressional committees

Why GAO Did This Study

Protecting federal workers essential to ensuring the continuity of the country's critical operations will involve new challenges in the event of a pandemic influenza outbreak. This requested report discusses (1) the extent to which agencies have made pandemic plans to protect workers who cannot work remotely and are not first responders, (2) the pandemic plans selected agencies have for certain occupations performing essential functions other than first response, and (3) the opportunities to improve agencies' workforce pandemic plans. GAO surveyed pandemic coordinators from 24 agencies and selected three case study occupations for review: federal correctional workers, staff disbursing Treasury checks, and air traffic controllers.

What GAO Recommends

GAO recommends that the Homeland Security Council (HSC) request that the Secretary of Homeland Security monitor and report to the Executive Office of the President on the readiness of agencies to continue their operations while protecting their employees in the event of a pandemic. The Congress may want to consider requiring similar Department of Homeland Security (DHS) reporting. The HSC noted that it will give serious consideration to the report findings and recommendations, and DHS said the report findings and recommendations will contribute to its efforts to ensure that government entities are well prepared for what may come next.

To view the full product, including the scope and methodology, click on [GAO-09-404](#). For more information, contact Bernice Steinhardt at (202) 512-6543 or steinhardtb@gao.gov.

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What GAO Found

The HSC's 2006 *National Strategy for Pandemic Influenza Implementation Plan* required federal agencies to develop operational pandemic plans, and responses from the pandemic coordinators of the 24 agencies GAO surveyed indicate that a wide range of pandemic planning activities are under way. However, the responses also showed that several agencies had yet to identify essential functions during a pandemic that cannot be performed remotely. In addition, although many of the agencies' pandemic plans rely on telework to carry out their functions, several agencies reported testing their information technology capability to little or no extent.

GAO's three case study agencies also showed differences in the degree to which their individual facilities had operational pandemic plans. The Bureau of Prisons' correctional workers had only recently been required to develop pandemic plans for their correctional facilities. Nevertheless, the Bureau of Prisons has considerable experience limiting the spread of infectious disease within its correctional facilities and had also made arrangements for antiviral medications for a portion of its workers and inmates. The Department of the Treasury's Financial Management Service, which has production staff involved in disbursing federal payments such as Social Security checks, had pandemic plans for its four regional centers and had stockpiled personal protective equipment such as respirators, gloves, and hand sanitizers at the centers. Air traffic control management facilities, where air traffic controllers work, had not yet developed facility pandemic plans or incorporated pandemic plans into their all-hazards contingency plans. The Federal Aviation Administration had recently completed a study to determine the feasibility of the use of respirators by air traffic controllers and concluded that their long-term use during a pandemic appears to be impractical.

There is no mechanism in place to monitor and report on agencies' workforce pandemic plans. Under the *National Strategy for Pandemic Influenza Implementation Plan*, DHS was required to monitor and report on the readiness of agencies to continue operations while protecting their employees during an influenza pandemic. The HSC, however, informed DHS in late 2006 or early 2007 that no specific reports on this were required to be submitted. Rather, the HSC requested that agencies certify to the council that they were addressing in their plans the applicable elements of a pandemic checklist in 2006 and again in 2008. This process did not include any assessment or reporting on the status of agency plans. Given agencies' uneven progress in developing their pandemic plans, monitoring and reporting would enhance agencies' accountability to protect their employees in the event of a pandemic. GAO has previously reported on the importance of internal control monitoring to assess the quality of performance over time. Without appropriately designed monitoring and reporting, the President and the Congress cannot fully assess the ability of the agencies to continue their operations while protecting their federal employees in the event of a pandemic.

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Abbreviations

ATO	Air Traffic Organization
BOP	Bureau of Prisons
CFO	chief financial officer
COOP	continuity of operations
DHS	Department of Homeland Security
DOC	Department of Commerce
DOD	Department of Defense
DOE	Department of Energy
DOI	Department of the Interior
DOJ	Department of Justice
DOL	Department of Labor
DOS	Department of State
DOT	Department of Transportation
EPA	Environmental Protection Agency
FAA	Federal Aviation Administration
FEB	federal executive board
FEMA	Federal Emergency Management Agency
FMS	Financial Management Service
GSA	General Services Administration
HHS	Department of Health and Human Services
HSC	Homeland Security Council
HUD	Department of Housing and Urban Development
IT	information technology

KFC	Kansas City Financial Center
NASA	National Aeronautics and Space Administration
NRC	Nuclear Regulatory Commission
NSF	National Science Foundation
OPM	Office of Personnel Management
OSHA	Occupational Safety and Health Administration
PAPR	powered air purifying respirator
PFC	Philadelphia Financial Center
SBA	Small Business Administration
SEGS	sustain essential government services
SNS	Strategic National Stockpile
SSA	Social Security Administration
USAID	U.S. Agency for International Development
USDA	Department of Agriculture
USP	United States Penitentiary
VA	Department of Veterans Affairs

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United States Government Accountability Office
Washington, DC 20548

June 12, 2009

The Honorable Daniel K. Akaka
Chairman
The Honorable George V. Voinovich
Ranking Member
Subcommittee on Oversight of Government Management,
the Federal Workforce, and the District of Columbia
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Bennie G. Thompson
Chairman
The Honorable Peter T. King
Ranking Member
Committee on Homeland Security
House of Representatives

Protecting federal workers essential to ensuring the continuity of the country's critical operations will involve new challenges in the event of an influenza pandemic. While a pandemic will not directly damage physical infrastructure, such as power lines or computer systems, it threatens the operation of vital systems by endangering and potentially removing the essential personnel needed to operate them from the workforce for weeks or months. Many federal employees will be able to perform their agencies' essential functions remotely through arrangements such as telework. Other federal employees, however, such as federal correctional workers, production staff involved in disbursing federal payments such as Social Security checks,¹ and air traffic controllers, will have to work at assigned locations where there will be an increased chance of infection due to proximity to others. While the roles and responsibilities of first responders² in emergencies and the risks these employees face are well

¹The Department of the Treasury's Financial Management Service (FMS) issues the majority of its payments by electronic fund transfers and the rest by wire transfers and paper checks. Nearly 206 million of FMS's payments were disbursed by check in fiscal year 2008.

²For the purposes of this report, we are defining first responders as those called to the scene of a crisis or responding to emergency calls for assistance and medical personnel.

recognized, the risks to other federal employees unable to perform their essential functions remotely are not as apparent.

Contingency planning for an event sometime in the future is often difficult to justify, particularly in the face of limited resources and more urgent problems and priorities. However, as we were recently reminded by the outbreak of an H1N1 virus, an influenza pandemic remains a real threat to our nation and to the world. Although the virus seems to have been relatively mild, it could return in a second wave this fall or winter in a more virulent form. Of the three pandemics of the 20th century, the most deadly was the influenza pandemic of 1918-1919 during which scientists estimate there were 50 million to 100 million deaths worldwide, including at least 675,00 in the United States, making it among the most deadly events in human history. A pandemic is likely to come in waves, each lasting months, and pass through communities of all sizes across the nation and the world simultaneously. As a pandemic influenza outbreak spreads, federal employees may be infected and their ability to work may be limited.

Many aspects of a pandemic and its consequences can be anticipated and mitigated through planning. The Homeland Security Council's (HSC)³ *National Strategy for Pandemic Influenza Implementation Plan (Implementation Plan)* requires federal agencies to develop operational plans⁴ addressing issues such as the protection of federal employees. This report responds to your request that we examine (1) the extent to which federal agencies have reported plans under way to protect their workforce

³The HSC was established pursuant to Executive Order 13228, on October 8, 2001, for purposes of advising and assisting the President with respect to all aspects of homeland security and to serve as a mechanism for ensuring (1) coordination of homeland security-related activities of executive departments and agencies and (2) effective development and implementation of homeland security policies. The Congress subsequently established the HSC for the purpose of more effectively coordinating the policies and functions of the federal government relating to homeland security. See Homeland Security Act of 2002, Pub. L. No. 107-296 (Nov. 25, 2002), 6 U.S.C. § 491 and § 494. On May 26, 2009, President Obama issued a statement outlining his decision to integrate White House staff supporting national security and homeland security. The HSC will be maintained as the principal venue for interagency deliberations on issues that affect the security of the homeland, such as terrorism, weapons of mass destruction, natural disasters, and pandemic influenza.

⁴An operational pandemic influenza plan should articulate the manner in which the department, including its components, plans to discharge its responsibilities to support the federal efforts in fighting pandemic influenza; address the operational approach to employee safety and continuity of operations; and describe how the department plans to communicate with its stakeholders.

should an influenza pandemic occur and have reported identifying essential functions, other than first response, that cannot be accomplished remotely in the event of a pandemic; (2) the plans selected agencies have established for certain occupations performing essential functions other than first response; and (3) opportunities to improve federal agencies' planning, enabling them to protect their workforce while maintaining their essential functions in the event of a pandemic.

To address our objectives, we surveyed the pandemic coordinators⁵ from the 24 agencies covered by the Chief Financial Officers (CFO) Act of 1990,⁶ which we supplemented with a case study approach. We used the survey to get an overview of governmentwide pandemic influenza preparedness efforts regarding protection of the federal workforce. The survey questions asked about pandemic plans; essential functions that employees cannot perform remotely; protective measures, such as procuring pharmaceutical interventions;⁷ social distancing strategies;⁸ information technology (IT) testing; and communication of human capital pandemic policies. We received responses from all of the agencies. We also selected three federal occupations as case studies to provide a more in-depth examination of agencies' pandemic planning and because these occupations represent non-first response occupations involved in an essential function that federal employees need to provide on-site. The case study occupations were correctional workers employed by the Department of Justice's (DOJ) Bureau of Prisons (BOP); production staff responsible for disbursing federal payments, such as Social Security checks, in the Department of the Treasury's (Treasury) Financial Management Service (FMS); and air traffic controllers employed by the

⁵The pandemic coordinators are the individuals charged with coordinating and executing the department or agency pandemic plan.

⁶31 U.S.C. § 901. A list of the 24 CFO Act agencies appears in app. I. The CFO Act agencies employ nearly all federal employees.

⁷The single most important pharmaceutical intervention during a pandemic—a pandemic vaccine that is well matched to the pandemic-causing strain—will not be available in large quantities in the initial stages of a pandemic. Other pharmaceutical interventions, such as antiviral medications and pre-pandemic vaccines are also expected to be in limited supply. Antiviral medications are drugs designed to prevent or reduce the severity of a viral infection, such as influenza, and vaccines are drugs used to stimulate the response of the human immune system to protect the body from disease.

⁸Social distancing is a technique used to minimize close contact among persons in public places, such as work sites and public areas.

Department of Transportation's (DOT) Federal Aviation Administration (FAA).

We reviewed agency pandemic influenza plans, national pandemic plans, prior GAO work related to pandemic influenza planning, and additional relevant documents that assess pandemic influenza, public health, and other emergency preparedness and response issues. We interviewed agency officials and managers from the case study agencies and made site visits to case study facilities in the Kansas City metropolitan area, including the United States Penitentiary (USP) in Leavenworth, Kansas. In addition, we made a site visit to the Allenwood Federal Correctional Complex in Allenwood, Pennsylvania, and received written responses to interview questions from the FMS Philadelphia Financial Center. We also met with FAA representatives at Ronald Reagan Washington National Airport in Arlington, Virginia; the Potomac Terminal Radar Approach Control Facility in Warrenton, Virginia; the Washington Air Route Traffic Control Center in Leesburg, Virginia; and Air Traffic Control Systems Command Center in Herndon, Virginia. Our work included interviews with officials at the Department of Health and Human Services (HHS), the Department of Homeland Security (DHS), the Department of Labor (DOL), and the Office of Personnel Management (OPM). In addition, we met with White House counsel representing the HSC from the past and current administrations to determine the role the HSC played in ensuring uniform pandemic preparedness across the U.S. government. We also interviewed representatives from the Kansas City Federal Executive Board (FEB), the Minnesota FEB, and the Oklahoma FEB⁹ and federal union representatives to gather their perspectives on the protection of federal workers during a pandemic.

We conducted this performance audit from January 2008 to April 2009 in accordance with 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 on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions

⁹FEBs, located outside Washington, D.C., in 28 cities with a large federal presence, are interagency coordinating groups composed of the federal field office agency heads and military commanders in their cities. They are designed to strengthen federal management practices, improve intergovernmental relations, and participate as a unified federal force in local civic affairs.

based on our audit objectives. Detailed information on our scope and methodology appears in appendix II.

Background

Approximately 2.6 million federal employees throughout the United States and abroad execute the responsibilities of the federal government. Federal employees work in every state, with about 90 percent outside the Washington, D.C., metropolitan area. Federal workers perform functions across a multitude of sectors, from those vital to the long-term well-being of the country—such as environmental protection, intelligence, social work, and financial services—to those directly charged with aspects of public safety—including corrections, airport and aviation safety, medical services, border protection, and agricultural safety.

Worker protection strategies are crucial to sustain an adequate workforce during a pandemic. During the peak of an outbreak of a severe influenza pandemic in the United States, an estimated 40 percent of the workforce could be unable to work because of illness, the need to care for ill family members, or fear of infection. While the commitment of federal workers to carry out the missions of their agencies during natural and man-made disasters and emergencies is evident from past disasters, critical federal workers have sometimes been left to fend for themselves during such situations. For example, in the aftermath of Hurricane Katrina in 2005, many essential federal personnel in New Orleans did not have housing and, therefore, were not able to return to work. Unlike oil and gas workers in New Orleans, whose companies sought to secure housing for them, local federal workers did not have an advocate that would ensure the speedy reconstitution of essential services. In many cases, essential federal employees queued up for temporary housing in long lines.¹⁰

The federal government has issued guidance to assist organizations of all types in developing plans for pandemic events, including a national strategy that discusses the threat and potential impact of a pandemic influenza event and an implementation plan for the national strategy that identifies roles and responsibilities for the federal government, the private sector, and others. HHS has also published a series of checklists intended to aid preparation for a pandemic across all segments of society. These

¹⁰GAO, *The Federal Workforce: Additional Steps Needed to Take Advantage of Federal Executive Boards' Ability to Contribute to Emergency Operations*, [GAO-07-515](#) (Washington, D.C.: May 4, 2007).

include checklists for organizations such as state and local governments, U.S. businesses, individuals and families, schools, health care organizations, and community organizations. As pandemic influenza presents unique challenges to the coordination of the federal effort, joint and integrated planning across all levels of government and the private sector is essential to ensure that available national capabilities and authorities produce detailed plans and response actions that are complementary, compatible, and coordinated.

All federal agencies are expected to develop their own pandemic plans that along with other requirements, describe how each agency will provide for the safety and health of its employees and support the federal government's efforts to prepare for, respond to, and recover from a pandemic. Because the dynamic nature of pandemic influenza requires that the scope of federal government continuity of operations (COOP) planning¹¹ includes preparing for a catastrophic event that is not geographically or temporally bounded, the Federal Emergency Management Agency (FEMA) concluded that planning for a pandemic requires a state of preparedness that is beyond traditional federal government COOP planning. For example, for pandemic planning purposes, essential functions may be broader than 30-day traditional COOP-essential functions. Federal agency pandemic planning guidance can be found at <http://www.pandemicflu.gov/plan/federal/index.html>.¹²

Agencies Report Being in Various Stages of Planning for the Protection of Their Employees in the Event of a Pandemic

The *Implementation Plan* issued in May 2006 directs federal agencies to have operational pandemic plans. Agencies' responses to our survey questions indicate that the agencies' preparedness efforts are less than uniform. Although all of the 24 CFO Act agencies reported being engaged in planning for pandemic influenza to some degree, several agencies reported that they were still developing their pandemic plans. According to the survey responses, the development of practices for federal workforce protection in the event of a pandemic is also at the beginning stages for several agencies.

¹¹COOP planning is an effort conducted by agencies to ensure that the capability exists to continue essential agency functions across a wide range of potential emergencies.

¹²The Web site, www.pandemicflu.gov, provides access to U.S. government avian and pandemic influenza information and guidance.

The HSC Requested That Agencies Certify Their Pandemic Plans with the Council

In November of 2006, the HSC issued the *Key Elements of Departmental Pandemic Influenza Operational Plan (Key Elements)*, which had a checklist for federal agencies to use in their pandemic preparedness. The *Key Elements* checklist covered subjects dealing with the safety and health of department employees, essential functions and services and how agencies will maintain them in the event of significant and sustained absenteeism, support of the federal response, and communication with stakeholders during a pandemic. The *Key Elements* stated that to ensure uniform preparedness across the U.S. government, the HSC was including a request that by December 2006 the agencies certify in writing to the HSC that they were addressing applicable elements of the checklist. A letter to the council stating that an agency was addressing the elements in the checklist in its planning was sufficient for certification. According to White House counsel from the prior administration, all of the 24 CFO Act agencies required to certify with the HSC did so, although not all of the agencies met the December 2006 deadline.

Subsequently, in August 2008, the HSC revised the *Key Elements* to reflect current federal government guidance on pandemic planning. The HSC requested that all department and agency heads recertify that their pandemic plans were addressing all the applicable elements of pandemic planning stipulated in the updated checklist by October 15, 2008. The updated checklist provided revisions of some key elements and added new elements. Additionally, the revised checklist required that agencies plan for a severe pandemic, which requires planning for prolonged implementation of community mitigation measures that could affect workforce absenteeism, such as school closures, for up to 12 weeks. A new planning element also asked if the agency planned to purchase and stockpile antiviral medications and personal protective equipment for employees identified through risk assessments.

Our survey questions for the pandemic coordinators of the 24 CFO Act agencies focused on areas similar to the elements from the HSC checklist dealing with the safety and health of agency employees and essential functions. In addition to asking agencies about their pandemic plans, we asked them whether they have identified essential functions other than first response that cannot be performed remotely in the event of a pandemic, planned measures to protect workers who will not be able to work remotely, established social distancing strategies, tested their IT capabilities, and communicated their human capital pandemic policies. Survey responses represent the main department or agency only unless components are specifically mentioned.

Several Agencies Were Still Developing Their Pandemic Plans

In the introduction to the *Key Elements*, the HSC recognized that pandemic planning is not a static process and encouraged departments and agencies to revise their plans and procedures as new federal guidance is developed. However, several of the agencies we surveyed reported that they were still formulating their pandemic plans in May 2008. For example, the Small Business Administration (SBA) stated that the agency had begun drafting its pandemic plan but had not completed or cleared it. In February 2009, SBA reported that it had begun to draft a more complete pandemic influenza annex to its COOP plan with an estimated completion date of spring 2009. The Department of Defense (DOD) had completed its overarching departmentwide plan, which tasked its components to develop COOP pandemic plans. The department was coordinating the plans among the combatant commands and military services. DOD officials commented that some DOD components have had pandemic influenza plans in place for several years. In addition, DOD installations have been required to have Force Health Protection Plans for years, and DOD reported that the installations are tailoring these plans to include pandemic influenza considerations.

All of the 24 CFO Act agencies surveyed, with the exception of OPM, the National Science Foundation (NSF), and the Department of Housing and Urban Development (HUD), required their components¹³ to develop pandemic plans. OPM indicated that all of its essential functions are performed at the department level. NSF reported not having any essential functions as defined by Federal Continuity Directive 2¹⁴ but that it does have important government functions that the agency intends to continue during a pandemic. According to an NSF continuity manager, all of NSF's government functions are performed at the department level. HUD did not explain why it did not require its components to develop pandemic plans. The Environmental Protection Agency (EPA), SBA, the General Services Administration (GSA), the Department of State (DOS), the Department of Energy (DOE), and the Nuclear Regulatory Commission (NRC) required regional and program offices, in addition to components and bureaus, where applicable, to develop pandemic plans, and as mentioned

¹³Components refer to subordinate entities of departments, such as component agencies, field or regional offices, or other operating divisions.

¹⁴In February 2008, the Secretary of Homeland Security released two federal continuity directives. Federal Continuity Directive 1 provides direction for the development of continuity plans and programs for the federal executive branch. Federal Continuity Directive 2 provides additional guidance for agencies in identifying their mission-essential functions.

previously, the DOD combatant commands and services were required to prepare and validate plans. Six of the agencies surveyed—the Department of Commerce (DOC), the Department of Education (Education), EPA, Treasury, the National Aeronautics and Space Administration (NASA), and SBA—reported requiring their components to incorporate pandemic planning into or develop pandemic annexes or addenda to their COOP plans. DOC, for example, reported providing templates to each of its components to assist them in developing their own annexes or addenda to their COOP plans.

Most, but Not All, of the Agencies Reported Identifying What Their On-site Essential Functions Would Be in the Event of Pandemic Influenza

The *Implementation Plan* instructs agencies that institutional planning efforts should address the question of the agency’s essential functions and how they will be maintained in the event of significant and sustained absenteeism. Furthermore, the *Key Elements* asks for plans to include definitions and identification of essential functions needed to sustain agency mission and operation. This includes the determination of which, if any, essential functions, or nonessential operational support functions can be suspended and for what duration before adversely affecting agency mission. The *Key Elements* also calls on agencies to identify positions, skills, and personnel needed to continue essential functions and develop a plan to ensure and consider appropriate level of staffing to continue these functions. Identifying essential functions and enumerating the employees who would perform them is the first step in training those employees, communicating the risks and expectations of working during a pandemic, and budgeting and planning for measures that would mitigate those risks.

Of the 24 agencies surveyed, 19 reported that they have identified essential functions at both the department and component levels that cannot be continued through telework in the event of pandemic influenza or, in the case of OPM and the U.S. Agency for International Development (USAID), determined that all of their essential functions could be performed remotely. NSF reported that all of its important government functions could be performed remotely. Of the 5 agencies reporting that they had not identified such functions, DOJ reported identifying essential functions at the component level but not at the departmental level, noting that the department’s plan is being revised. DOJ stated that upon completion the plan will address department-essential functions that cannot be continued via telework. At the time of our survey, GSA reported not identifying its essential functions in the event of a pandemic while 3 agencies—DOD, SBA, and HUD—were still identifying essential functions or determining which essential functions could not be continued through telework. DOD reported that its classified work prohibits telework for approximately 26,200 essential civilian personnel and its mission requirements preclude

telework for approximately 89,500 positions. DOD has approximately 700,000 civilian employees on its payroll. DOD stated that it is finalizing a list of essential functions at the department and component levels. SBA reported that it was expanding on its basic COOP planning to account for the circumstances of a pandemic, stating that the agency has identified its primary essential functions for COOP purposes, functions that could be performed for the most part remotely and through telework. HUD reported that it has identified its COOP-essential functions but has not confirmed that they could be continued through telework. Table 1 lists some examples agencies provided of their essential functions that cannot be performed remotely in the event of a pandemic.

Table 1: Agencies' Examples of Non-First Response Essential Functions That Cannot Be Performed Remotely

Agency	Functions
DHS	Transportation Security Administration functions Customs and Border Protection functions Immigration and Customs Enforcement functions U.S. Secret Service protection operations U.S. Coast Guard daily safety operations
DOC	The National Oceanic and Atmospheric Administration weather forecasts, watches, warnings, and advisories; acquisition and distribution of hydrometeorological data; and interpretation of satellite data
DOJ	Correctional workers' functions
DOL	Mine inspections
DOS	Protection and assistance to overseas American citizens
DOT	Air traffic control Aviation safety inspections Maintenance of National Aerospace System components Airport inspections Hazardous materials packaging and pipeline accident investigations Oversight of damaged pipeline service restoration Rail safety and truck safety inspections Intelligence analysis and staffing the 24-Hour Operations Center IT system maintenance
EPA	Lab sampling and analysis that supports emergency response personnel
HHS	Critical regulatory functions and systems Maintenance of unique biological stock
NASA	Command, control, and communications with spacecraft Imaging products provided by satellite systems
NRC	Regional reactor inspections
SSA	Assigning Social Security numbers
USDA	Food safety Animal and plant disease management

Legend: SSA = Social Security Administration, USDA = Department of Agriculture.

Source: GAO analysis of agency survey responses.

DOL reported identifying essential functions in accordance with federal pandemic guidance. DOL stated that in recognition that an influenza pandemic will last much longer than a traditional 30-day or less COOP event, the DOL pandemic plan and component agency pandemic plans include functions beyond the essential functions in the DOL and agency COOP plans. The department expects that performance of its essential functions will ebb and flow based on the availability of personnel and telecommunications. DOL agencies identified which work would be accomplished through telework and which could be done safely in the office using social distancing methods. As part of its ongoing planning, DOL requires its agencies to continuously identify who would accomplish the essential functions and if the work could be done through telework, cross-train at least three employees for each function, and ensure that employees have the equipment needed to work at home and test their ability to do so. Some, but not all, DOL component agencies have identified which essential functions can only be performed within a DOL facility with notice to the affected employees.

Identifying essential functions and the employees who perform them is the first step before informing these employees that they may be expected to continue operations in the event of a pandemic, as well as preparing them for the risks of performing such functions on-site. Eighteen agencies reported that they have notified some or all employees in department-level essential functions that they may be expected to continue operations during a pandemic and 16 reported doing so for employees in component-level essential functions. Three pandemic coordinators did not know whether their employees had been notified. A number of agencies reported having informed some employees who perform essential functions that they may be expected to continue operations, despite not having determined the number of such employees.

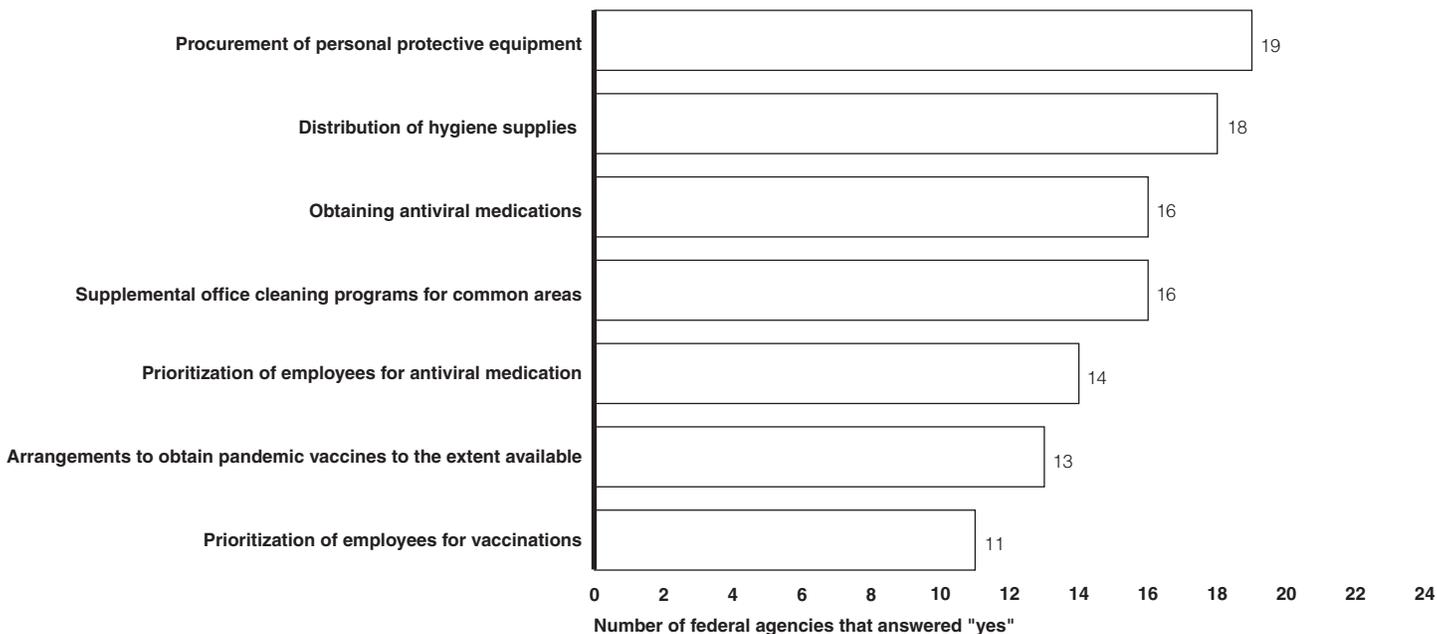
Agencies Reported Taking Measures Such as Procuring Gloves and Masks to Protect Employees during a Pandemic

We asked the pandemic coordinators from the 24 CFO Act agencies whether they had planned or budgeted for any of seven potential measures to protect workers whose duties require their on-site presence during a pandemic. The measures included in our survey were among the recommendations for worker protection issued through the Occupational Safety and Health Administration (OSHA), HHS, or FEMA guidance. They included procurement of personal protective equipment such as masks and gloves; supplemental cleaning programs for common areas; distribution of hygiene supplies (hand sanitizers, trash receptacles with hands-free lids, etc.); obtaining antiviral medications; arrangements to obtain pandemic vaccines to the extent available; prioritization of

employees for vaccinations; and prioritization of employees for antiviral medications. The guidance recommends the measures according to risk assessments for employees, and therefore, based on the agencies' mission and activities, not all measures are equally appropriate for all agencies.

Figure 1 details the agency responses to the measures they plan to protect their employees during a pandemic. As the figure shows, procurement of personal protective equipment and distribution of hygiene supplies had the highest number of positive responses. Sixteen agencies reported arranging for obtaining antiviral medication and supplemental office cleaning programs for common areas. Agencies reported arrangements to obtain vaccines, should they become available, less frequently. Eight agencies said that they had planned for all seven measures to some degree.

Figure 1: Number of Agencies Reporting Taking Various Measures to Protect Their Employees in the Event of a Pandemic



Source: GAO analysis of agency survey responses.

Agency responses to this set of questions emphasized different approaches to planning for employee protective measures in the event of a pandemic. For example, DOD reported investing approximately \$24 million in antibiotics to treat bacterial infections secondary to pandemic influenza. DOD also noted that a pandemic influenza vaccination strategy for key civilian personnel within DOD is currently in development. DOJ said its

planning and budgeting for the measures are limited to departmental first responders from its law enforcement components and leadership. However, DOJ also reported that it plans to advise all components to budget for emergency equipment and supplies in their future budget submissions, in accordance with Federal Continuity Directive 1 requirements. DHS reported that it had done fit testing of employees for N95 respirators¹⁵ and training on the proper use of other personal protective equipment and had pre-positioned stockpiles of the equipment for employees in 52 locations. DOS noted that it had provided pandemic influenza-specific training to janitorial staffing, with a focus on maintaining proper disinfection of restrooms, offices, and common areas as well as on their own protection.

Agencies Reported That Social Distancing Strategies Were Part of Their Pandemic Plans

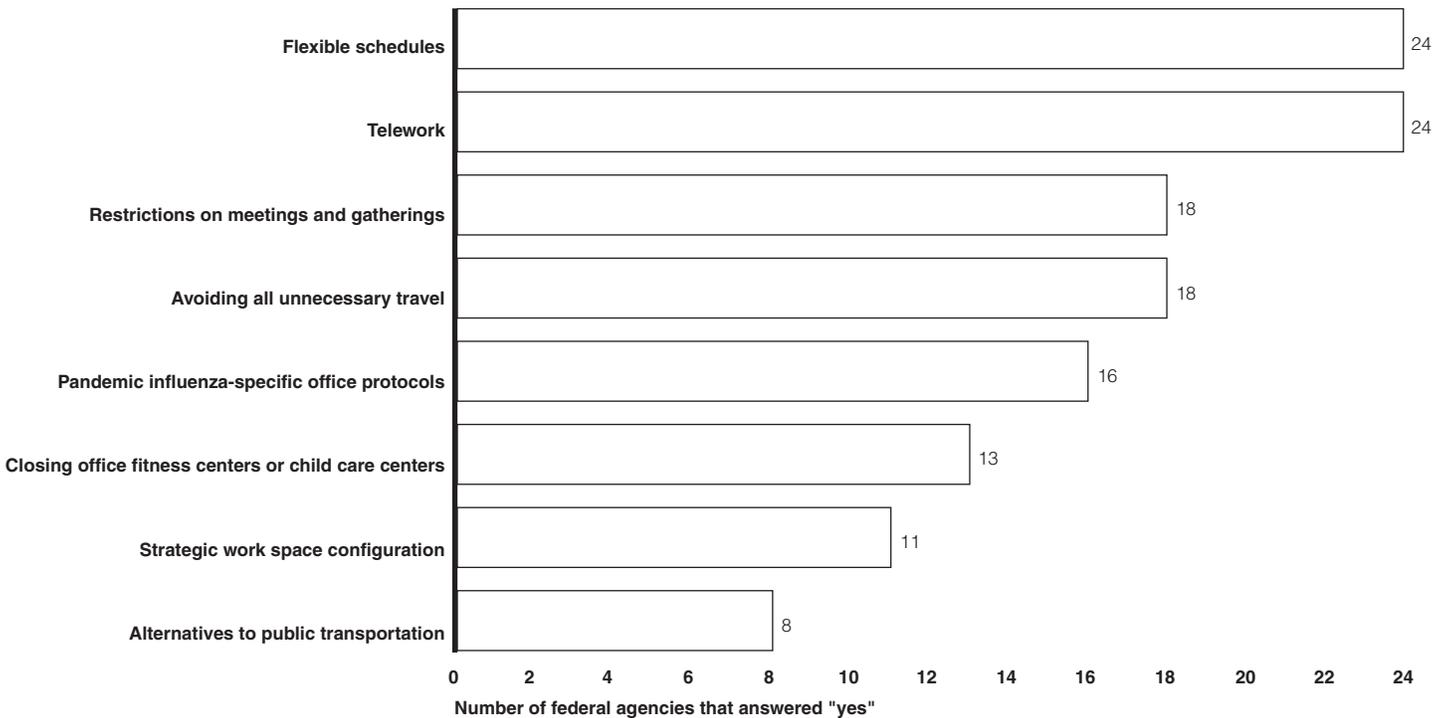
The *Key Elements* asks agencies if they have considered implementation of social distancing policies to prevent influenza pandemic spread at work. Influenza is thought to be primarily spread through large respiratory droplets that directly contact the nose, mouth, or eyes. These droplets are produced when infected people cough, sneeze, or talk, sending the infectious droplets into the air and into contact with other people. Large droplets can only travel a limited distance; therefore, people should limit close contact with others when possible. Examples of social distancing strategies include requiring six feet of separation between people or canceling events and closing or restricting access to certain buildings. Employees may decrease their risk of infection by practicing social distancing and minimizing their nonessential contacts and exposure to highly populated environments. In many instances, low-cost and sustainable social distancing practices can be adopted by employees at the workplace for the duration of a pandemic outbreak.

The agencies reported considering a variety of social distancing strategies in the context of pandemic preparedness. For example, the survey revealed that the most frequently cited social distancing strategies involved using telework and flexible schedules for their workforce. Eighteen agencies were considering low-cost social distancing strategies, such as planning for restrictions on meetings and gatherings and canceling unnecessary travel. Only 8 agencies reported considering alternatives to

¹⁵An N95 respirator is designed to protect an individual from breathing in very small particles, which might contain viruses. This type of respirator fits tightly to the face so that most air is inhaled through the filter material. To work most effectively, N95 respirators must be specially fitted for each person who wears one.

public transportation for their employees. Figure 2 shows the number of agencies responding positively about their plans to use various social distancing strategies in the context of pandemic preparedness.

Figure 2: Number of Agencies Reporting Plans to Use Various Social Distancing Strategies



Source: GAO analysis of agency survey responses.

The agencies reported some other examples of social distancing strategies. For instance, DOD’s pandemic plan provides authority to installation commanders to implement Emergency Health Powers¹⁶ to impose movement restriction and use of containment strategies, such as isolation and quarantine. As a result of pandemic exercises, DOD also plans to restructure cubicles and other work space during a pandemic. The Department of Agriculture (USDA) intends to break up workdays into

¹⁶Emergency Health Powers establish DOD policy under applicable law to protect installations, facilities, and personnel in the event of a public health emergency because of biological warfare, terrorism, or any other public health emergency communicable disease epidemic.

shifts to minimize the number of people on-site performing essential functions, whereas the Social Security Administration (SSA) reported planning to stagger breaks and strategic reassignments. Although the planning process has not been completed, DOL noted that it plans to implement parking restrictions for essential employees who would need to be physically in the office and post signage for elevators and restrooms to limit use to one person at a time. In addition, NRC reported that it enhanced telephone conferencing capability so that it can locate and virtually assemble teams, managers, and staff as needed.

Only One Agency Reported Testing Its Information Technology Capabilities to a Great Extent

Many of the agencies’ pandemic influenza plans rely on social distancing strategies, primarily telework, to carry out the functions of the federal government in the event of a pandemic outbreak. Accordingly, the *Key Elements* asks if agencies have ensured that their telecommunications infrastructures are capable of handling telework arrangements. As part of their pandemic planning, agencies need to review their telework infrastructures and look for ways to expand their capacities, if necessary.

In our survey, agencies reported testing their IT capabilities to varying degrees. Only one agency, NSF, stated that it tested its IT infrastructure to a great extent. NSF reported assessing its telework system formally several times each year and each day through various means. The agency noted that it has an annual COOP exercise that tests the IT infrastructure it would use in a pandemic situation. Twice a year, tests are done to ensure that the NSF computer service recovery site can provide a connection to the agency’s IT infrastructure. NSF also stated that it has a majority of staff with telework agreements in place and who telework at least on an episodic basis. In contrast, five of the surveyed agencies acknowledged that they had tested their IT network capacity to little or no extent. Table 2 shows the agency responses to this question.

Table 2: Agencies’ Responses on the Extent to Which They Have Tested IT Infrastructure to Ensure That It Is Capable of Handling Telework or Work-at-Home Arrangements during a Pandemic Influenza Outbreak

Extent	Agencies
To a great extent	NSF
To a moderate extent	DOC, DOE, DOI, DOL, DOS, DOT, Education, EPA, OPM, NRC, SSA
To some extent	DOJ, HHS, HUD, DOD, Treasury, USAID, VA
To little or no extent	DHS, GSA, NASA, SBA, USDA

Legend: DOI = Department of the Interior, VA = Department of Veterans Affairs.
 Source: GAO analysis of agency responses.

Several agencies provided more detail on their IT network testing efforts. For example, DOT stated that over the past 2 years, the department had a number of IT and telework exercises. One of these occurred on April 17, 2008, when the department tested its telework capacity for all headquarters operations during the visit of Pope Benedict XVI, who conducted a Mass at the Washington Nationals Stadium, 1 block from DOT headquarters. Other examples of IT capacity testing included the Office of the Secretary of Defense's live 2-day pandemic influenza-based exercise, that included employees who teleworked from home or other alternative worksites. An HHS component, the Division of Payment Management, reported executing a business continuity exercise, which incorporated a scenario of responding to an outbreak of influenza in the Washington, D.C., area. The division directed 40 percent of its employees, 31 employees plus 3 contractors, to work from home. The goal of the exercise was to test employees' access to critical systems and determine IT gaps, the ability to continue transactions, and the ability to communicate during an emergency. DOL stated that it has established a committee to focus on increasing its telework testing and providing guidance for agency program managers to do more direct tests. On the other hand, SSA noted that while it has telework arrangements that can be used during a pandemic outbreak, the agency has elected not to develop a specific telework contingency because telework does not lend itself to the agency's primary mission.

Three Agencies Reported Not Providing Employees with Information on Human Capital Policy Changes in the Event of a Pandemic

Federal Continuity Directive 1 requires that each agency implement a process to communicate its human capital guidance for emergencies—pay, leave, staffing, and other human resources flexibilities—to managers and make staff aware of that guidance to ensure that the agency continues essential functions during an emergency. Given the potential severity of pandemic influenza, it is important that employees understand the policies and requirements of their agencies and the alternatives, such as telework, that may be available to them. Many employees and their supervisors will have questions about their rights, entitlements, alternative work arrangements, benefits, leave and pay flexibilities, and hiring flexibilities available during the turmoil created by a pandemic.

Twenty-one of the 24 pandemic coordinators surveyed reported making information available to their employees on how human capital policies and flexibilities will change in the event of a pandemic outbreak. Three agencies—DOC, GSA, and SSA—reported that they have not. Of the agencies that reported making information available, 2 had done so indirectly. HUD stated that it shared information with unions, and

Treasury reported that it briefed its human capital officers on the human capital policies and flexibilities available to address pandemic issues. NRC reported that in September 2008 its pandemic plan was completed and made available to staff through the agencywide document management system. The plan reflected human capital policies and flexibilities. Many of the agencies that made information available did so through their internal Web sites, both by posting their own plans and guidance and by linking to OPM guidance on human capital policies. Of those agencies, several also held town hall meetings or all-staff briefings to share guidance with employees. A number of agencies reported distributing pamphlets or brochures that contained human capital information.

Pandemic Preparations for Correctional Workers, Production Staff Responsible for Disbursing Federal Payments, and Air Traffic Controllers Are in Various Stages of Development

BOP Has Taken Steps to Protect Correctional Workers in the Event of a Pandemic

BOP, a component of DOJ, has the mission of protecting society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. BOP has 114 correctional facilities with a central office located in Washington, D.C., and 6 regional offices. The central office provides administrative oversight of its facilities, and the 6 regional offices directly support operations of the facilities in their respective geographic areas of the country. As of January 8, 2009, the agency was responsible for the custody and care of 201,113 federal inmates. Approximately 35,000 federal employees ensure the security of federal prisons and provide inmates with programs and services. According to BOP officials, the warden is

permitted to use all facility staff, including noncorrectional services staff, such as secretaries, nurses, or dentists, for correctional service assignments during emergencies and at other designated times. One of BOP's published core values is that all employees are "correctional workers first," regardless of the specific position to which an individual is hired, and both correctional services staff and noncorrectional services staff are responsible for the safety and security of the facility.

BOP operates facilities at different security levels, and each facility is designated as either minimum, low, medium, or high security—with increasing security features, inmate to staff ratios, and control of inmate movement with each increasing security level—and administrative facilities that have special missions, such as the detention of pretrial offenders and the treatment of inmates with serious or chronic medical problems. Some BOP facilities are part of BOP's 13 federal correctional complexes, which consist of two or more colocated facilities. BOP facilities are given a security designation based on the level of security and staff supervision the facility is able to provide.

Pandemic Planning for Correctional Workers

DOJ's pandemic influenza plan focuses on minimizing the effects of a pandemic on its workforce and operations via techniques such as social distancing, infection control, personal hygiene, personnel training, and telework. The department's plan is designed to supplement the traditional, all-hazards COOP plan. According to DOJ's plan, each DOJ component is required to identify its specific responsibilities for maintaining essential functions during a pandemic influenza outbreak, comply with Federal Continuity Directives 1 and 2 and FEMA guidelines, and certify compliance with DOJ's Security and Emergency Planning Department. DOJ's primary function with its components in pandemic planning is its periodic random assessments of component continuity programs.

BOP's pandemic influenza plan was developed through its Office of Emergency Preparedness and was disseminated to its central office and six regional offices in May 2008. In conjunction with BOP's pandemic plan, BOP's Health Services Division developed four supplemental pandemic flu modules for facility-level planning—*Surveillance and Infection Control*, *Antiviral Medications and Vaccines*, *Health Care Delivery*, and *Care of the Deceased*—which provide detailed instructions for health-related aspects of pandemic flu emergency response. Specifically, the modules contain guidelines, standard operating procedures, checklists, and screening forms. The final modules became available to individual BOP facilities in August 2008, and the deadline to submit facility-specific pandemic plans was extended from September to November 2008. Prior to

the plan's release, BOP held conferences with the Health Services Division and infection control officers to solicit feedback on the draft plan's feasibility and to encourage the facilities to start implementing elements of the plan, such as early coordination with local communities, surveillance of seasonal influenza, and promotion of good health habits among the correctional workers and the inmates.

BOP's *Antiviral Medications and Vaccines* outlines guidance on stockpiling, distribution, and dispensation of antiviral medications. The module also requires the facilities to review HHS priority groups for receiving antiviral medication and pandemic vaccine; develop local procedures for dispensing antiviral medication and vaccine to employees and inmates according to the central regional office guidance issued by the medical director; and coordinate with local health departments to ensure the facility's inclusion in the Strategic National Stockpile (SNS), which is a national repository of medical supplies that is designed to supplement and resupply local public health agencies in the event of a national emergency.

BOP headquarters provided funding to the central regional offices to stockpile Tamiflu, an antiviral medication, and a list of GSA-approved sources to procure additional supplies. Based on a historical review of the 1918 pandemic influenza and HHS planning assumptions, BOP intends to supply antiviral medication to 15 percent of the correctional workers and inmates in each facility if the influenza outbreak is geographically spread throughout the United States. BOP's pandemic plan anticipates that its supply of Tamiflu will come from two sources—BOP's established stockpile and each BOP facility's coordinated effort with its local health department to ensure inclusion in the SNS for antiviral medication for treatment. According to a regional BOP official, antiviral medication is already stockpiled at designated storage sites in each region, and each storage site is responsible for plans to distribute the antiviral medication throughout its respective region. For example, the North Central Regional Office in Kansas City, Missouri, reported managing its stockpile through a GSA contract with McKesson Pharmaceuticals. Under the terms of the contract, the regional office can exchange the antiviral medication after 5 years if a pandemic does not occur. Upon expiration of the antiviral medication, the contract requires either recertification of the existing medications or a new shipment.

At the time of our review, no BOP-wide pandemic or health care management exercise had been conducted; however, the Office of Emergency Preparedness was planning such exercises. At the same time, individual institutions and regional health services offices have conducted

exercises on specific aspects of pandemic preparedness. For example, the North Central Regional Office in Kansas City reported participating in pandemic tabletop exercises and interagency tests coordinated by the Kansas City FEB. Regional directors have had basic pandemic training, but there have not been exercises on how to manage a pandemic or manage a local facility in the event of a pandemic. The regional managers have ongoing conferences and have been trained on overarching BOP pandemic plans and strategies, such as social distancing, hand hygiene, and stockpiling.

BOP's pandemic plan addresses the need for infection control measures to mitigate influenza transmission and calls for education of correctional workers and the inmate population. Accordingly, all facilities are instructed that they should have readily available and ample supplies of bar soap and liquid soap in the restrooms, alcohol-based wipes throughout the facility, and hand sanitizers if approved by the warden. A BOP official noted that alcohol-based antibacterial hand sanitizers would not be available to the inmates because of the sanitizer's high alcohol content, which can be misused by the inmates. The *Surveillance and Infection Control* details recommendations for use of personal protective equipment such as surgical or procedure masks; N95 respirators, which BOP stipulates should only be used in the context of an OSHA-defined respiratory protection program; and gloves, when directly involved in caring for ill correctional workers and inmates. BOP's pandemic influenza plans also require training and education of correctional workers and inmates on pandemic influenza and aspects of facility management in case of an outbreak at the component and facility levels.

Challenges in Protecting Correctional Workers

The use of social distancing measures to protect correctional workers in the event of a pandemic presents a challenge. Although BOP's *Surveillance and Infection Control* advocates social distancing during a pandemic outbreak, according to several BOP officials, social distancing measures are difficult to implement at the facility level. In older facilities, such as USP Leavenworth, there may be a greater need for correctional workers to be physically present and work in proximity to one another and the inmates to maintain facility security, address emergencies, and deal with the inmate population. On the other hand, recently constructed facilities such as the Allenwood Federal Correctional Complex have closed-circuit video monitoring systems throughout the facilities, which enable the correctional workers to better monitor the inmate population and minimize contact. However, BOP officials said that there are many situations in which close contact is inevitable between correctional workers and inmates and where personal protective equipment, such as

gloves and masks, would not be feasible. In the event of a fight between inmates, for example, correctional workers would not have time to put on gloves or masks and any in-place masks would be likely to fall off. In addition, according to a medical officer at USP Leavenworth, gloves cannot be worn for a long period of time without compromising the health of the skin. Another BOP official said that various facilities have unique requirements that they need to factor into planning for the use of social distancing measures. Examples include prisons with different layouts; facilities where inmates have increased needs, for example, inmates with diabetes or those who need wheelchairs; and facilities where there are inmates who cannot be colocated for security reasons.

A unique pandemic planning challenge facing federal correctional workers is the maintenance of an effective custodial relationship between them and the inmates in federal prisons. According to BOP officials, this relationship depends on communication and mutual trust, as correctional workers in federal prisons do not carry weapons or batons inside the cellblocks. Rather, they use verbal methods of communication to keep order. The BOP officials at USP Leavenworth said that they would not allow a situation where correctional workers wear N95 respirators or surgical masks but the inmates do not. Seeing a correctional worker wearing a mask may cause fear among inmates and could potentially contribute to an unstable situation. The BOP officials at the Allenwood Federal Correctional Complex said that they would provide personal protective equipment to both correctional workers and inmates and use antiviral medication combined with social distancing strategies to mitigate the spread of influenza. An Allenwood Federal Correctional Complex official noted that education of staff and the inmate population about pandemic influenza would be an important part of the facility's pandemic effort.

The guidance provided by BOP's central office and regional offices does not clearly determine prioritization and allocation of pandemic pharmaceutical interventions to the facilities. For example, an official at USP Leavenworth said that the facilities do not know how much antiviral medication they can rely on from the SNS in addition to the 15 percent BOP allocation. The distribution of antiviral medications to Leavenworth correctional workers and inmates would take into account a variety of factors, such as age; health factors, including preexisting conditions; and severity of the pandemic event. Based on these factors, the numbers of antivirals needed would be difficult to calculate in advance. In addition, priority would always depend on the situation, and the warden working with the facility's medical director would make the final determinations.

Despite the challenges BOP faces with pandemic influenza planning, the bureau has advantages, which are unique to its facilities. Every correctional facility is a closed and self-contained system, and each facility is somewhat self-sufficient, maintaining a 30-day supply of food, water, and other necessities for any type of contingency. Correctional facilities also have well-tested experience in emergency and health hazard planning and management and infection control, which provide them with a solid foundation to build on for pandemic influenza preparedness. Additionally, correctional facilities generally have strong ties with their local communities, important because pandemic influenza will be largely addressed by the resources available to each community it affects. For example, in addition to their own medical staff, BOP facilities rely on local hospitals and work with community first responders in emergencies. Having medical staff on board, an advantage some of the other agencies lack, also makes pandemic planning and decision making easier.

**FMS Has Operational
Pandemic Plans for
Production Staff
Responsible for Disbursing
Federal Payments**

FMS, a component of Treasury, provides central payment services to federal agencies, operates the federal government's collections and deposit systems, provides governmentwide accounting and reporting services, and manages the collection of delinquent debt owed to the government. FMS is the primary disburser of payments to individuals and businesses on behalf of federal agencies, disbursing more than \$1.6 trillion in federal payments annually, including Social Security payments, veterans' benefits, and income tax refunds, to more than 100 million people. FMS has about 2,100 employees, one-third of whom are located in four regional financial centers—Austin, Texas; Kansas City, Missouri; Philadelphia, Pennsylvania; and San Francisco, California. The regional financial centers issue the majority of their payments by electronic fund transfers and the rest by wire transfers and paper checks. The centers are production facilities that rely heavily on integrated computer and telecommunications systems to perform their mission. However, they also rely on light manufacturing operations to print and enclose checks for releasing at specific times of the month.

For the most part, the regional financial centers are planning that in the event of a pandemic, the nature of their business will be unchanged, but there will be issues with sickness, absenteeism, communication, and hygiene that they must address. Employees whose positions require, on a daily basis, direct handling of materials or on-site activity that cannot be handled remotely or at an alternative worksite are not eligible for telework. According to an FMS official, even with a minimum crew on-site to produce paper checks, there will still be instances when employees will

Pandemic Planning for FMS
Production Workers

need to be within 3 feet of other employees. For example, a certification process for the checks includes internal controls, which necessitates having more than one employee present in a confined space. The Kansas City Financial Center (KFC) estimated that it would need 13 essential employees to continue on-site operations in the event of a pandemic, including employees such as payment control technicians, mail processing clerks, and production machinery repairers. The Philadelphia Financial Center (PFC) explained that its peak production workload is toward the end of the month when it is preparing the monthly Social Security benefit payments. At this point in the month, the PFC will need the majority of the payment and mail operations branch employees present, approximately 25 employees.

Treasury's pandemic plan is an annex to its COOP plan and describes how departmental offices and its bureaus will discharge their responsibilities in the event of a pandemic. The Treasury pandemic plan describes the department's operational approach to employee safety and COOP and the manner in which Treasury will communicate with its stakeholders. To facilitate consistent planning across Treasury, its Office of Emergency Preparedness provided all department offices and bureaus with guidance for departmental planning from the *Implementation Plan*. According to an FMS official, Treasury also directed its components to www.pandemicflu.gov for additional guidance.

FMS officials said that they have a biweekly teleconference to discuss business continuity planning, including the pandemic plans for the regional financial centers. An FMS official commented that the primary guidance from FMS to the regional centers came from the *Key Elements* provided by the HSC. The KFC reported that the Kansas City FEB's Continuity Working Group held several workshops to discuss pandemic planning. At these workshops, and in conjunction with online guidance from the Office of Management and Budget, OPM, and FEMA, the KFC developed its own plan, striving for consistency in assimilating the guidance from all sources. FMS officials reported that the labor union representing FMS's bargaining unit employees, the National Treasury Employees Union, was involved in the pandemic planning process for FMS.

The FMS Security Division is responsible for ensuring uniformity in pandemic planning across the regional financial centers. The four regional financial centers' pandemic plans follow the same basic template with an overview and center objectives followed by sections on succession planning, human resource issues, telework issues, communication, and

hygiene. All of the regional financial centers' pandemic plans contain detailed guidance for employees on human capital policies in the event of a pandemic. All of the regional plans also have guidance to maintain links with their respective FEBs in order to be involved in local planning and communications. At the KFC, for example, through monthly meetings and special workshops sponsored by the Kansas City FEB, the regional financial center has had interactions with state and local entities, including representatives from the Missouri state emergency network and two local county health offices. PFC officials also reported participating in two tabletop exercises focused on emergency planning that were hosted by the Philadelphia FEB.

As part of the center pandemic plans, officials researched the types of supplies they would need based on the risks faced in their facilities. For example, the janitorial staff now routinely wipes off door handles, tabletops, and other high-traffic areas. As part of the KFC's plan, the center stocks such items as N95 respirators, gloves, hand sanitizers, disinfectants, and fanny packs that include items such as ready to eat meals, hand-cranked flashlights, small first-aid kits, and emergency blankets. The KFC Deputy Director commented that in the event of a pandemic, the KFC would encourage the use of N95 respirators and gloves and that the facility had made a decision to pre-position these supplies. The KFC plans to stock enough for 15 to 20 employees per day for the first pandemic wave. Preceding the first wave, the KFC plans to order additional supplies from GSA at the onset of the first pandemic trigger. KFC officials believe that this will allow the center to have enough supplies to last during subsequent pandemic waves. The KFC has also discussed housing some employees on-site during a pandemic, but this will be a greater possibility once the exercise facility, including showers and lockers, is finished. The KFC Deputy Director said that the organization is aware that the basis of part of the U.S. economy rests on the regional financial centers and that they will need to issue payments even during a pandemic. PFC officials reporting having in stock approximately 1,200 N95 respirators, hand sanitizers, and gloves, and the PFC has pre-positioned masks and gloves in each branch. PFC officials noted that additional supplies are being procured.

Although FMS said that continuing communication with employees is needed, training, education, and materials have been provided to managers concerning essential functions and employee safety and health in the event of a pandemic. Essential employees have been told in broad terms that operations will continue during a pandemic. For example, the KFC Director has asked that designated critical employees be approached

Challenges in Protecting FMS Production Staff

to determine in the event of a pandemic crisis whether they would be receptive to sheltering in place. An FMS official reported that the agency presented a pandemic preparedness briefing in 2006, which shared with the regional facilities' employees pandemic-related subjects, such as cough etiquette. FMS also reported communicating the elements needed for a home pandemic preparedness kit as well as personal pandemic planning to all employees. The PFC stated that it plans to obtain informational materials on safety and health during a pandemic from local health care facilities for distribution to employees. The center incorporated training on pandemic awareness into its annual safety and health training.

The FMS regional financial centers face some unique pandemic planning challenges. Since the regional financial centers are production facilities with large open spaces as well as enclosed office areas, pandemic planning requires different responses for different areas. For example, in the office and common areas, cleaning and disinfecting will be a key component. An FMS official said that the employees' response and diligence in following disease containment measures would be what determines the success of those measures. Scheduling of production personnel is also a challenge. Since the production of the checks must be done according to a deadline and internal controls must be maintained, schedules are not flexible. The KFC explained that its peak production workload is toward the end of the month when it is preparing the monthly Social Security benefit payments. PFC officials noted that although they could identify certain positions that could be performed remotely, there are issues surrounding personally identifiable information, which must be protected and which requires that special equipment needs be addressed. The PFC is exploring its telework options as part of its pandemic planning, but officials acknowledged that protecting sensitive data would be a significant consideration of any formal telework program.

FMS officials had not made any arrangements for pandemic pharmaceutical interventions for the regional financial centers. According to an FMS official, Treasury asked its components to determine the number and courses of antiviral medications needed for very high-risk, high-risk, and medium-risk staff with critical professional responsibilities, consistent with HSC guidance documents. Aside from that action, FMS had not determined priorities for medical countermeasures in part because the relatively small number of essential employees required to be on-site, as well as the large open spaces in the regional facilities, makes social distancing measures more feasible.

FAA Pandemic Plans to Protect Air Traffic Controllers Are Not Ready for Implementation

FAA, a component of DOT, expects the National Airspace System to function throughout an influenza pandemic, in accordance with the preparedness and response goal of sustaining infrastructure and mitigating impact to the economy and the functioning of society. *FAA's Interim Plan for Sustaining Essential Government Services (SEGS) During a Pandemic* states that since an influenza pandemic would not damage physical infrastructure, FAA facilities would remain operational and day-to-day operations would continue based on the number of available personnel. Maintaining the functioning of the National Airspace System will require that FAA's air traffic controllers, who ensure that aircraft remain safely separated from other aircraft, vehicles, and terrain, continue to work on-site. Under nonpandemic circumstances, FAA's over 15,000 air traffic controllers guide more than 7,000 aircraft in the United States each hour during peak hours and about 50,000 aircraft each day through the National Airspace System. While FAA expects the demand for air traffic control, which manages cargo as well as passenger travel, to be reduced in the event of a severe pandemic outbreak, its contingency plans assume full air traffic levels as a starting baseline. According to an FAA official, although passenger travel may be diminished, the shipping of cargo may increase.

Pandemic Planning for Air Traffic Controllers

DOT and FAA pandemic plans and guidance provide the basis for the air traffic management facility pandemic plans. DOT's *Guidance to the Office of the Secretary of Transportation (OST) and Operating Administrations (OA)* addresses the protection of employees and explicitly distinguishes pandemic plans from COOP plans, emphasizing a pandemic's duration and expected absenteeism rate and stating that plans must address workforce protective policies, equipment, and measures. The guidance requires that each component use an accompanying template to develop a plan to sustain essential government services (SEGS) during a pandemic. The guidance set deadlines of March 24, 2006, for the plans and July 31, 2006, for each operating administration office to conduct an exercise to validate its individual SEGS plan.

FAA's SEGS plan defines essential services in the event of a pandemic outbreak more broadly than those of COOP, because of the longer duration of a pandemic. The essential services comprise all the services that FAA deems necessary to provide to the aviation sector and employees to keep the National Airspace System operational. The plan addresses sustaining such services amid high employee absenteeism at the peak of a pandemic wave. In broadening its categorization of essential services, FAA considered whether and for how long the functions can be deferred; whether the functions can be performed off-site; the interchangeability of

the occupation, such as those with limited interchangeability because of certification requirements; as well as operational contingency measures such as devolution, functional backups, and system redundancies. FAA's SEGS plan also acknowledges employee protection measures, stating that FAA will ensure the ready availability of soap and water, tissues and waste receptacles, and environmental cleaning supplies throughout work facilities.

The Air Traffic Organization (ATO), FAA's line of business responsible for the air traffic management services that air traffic controllers provide, had not yet directed facilities, such as its air route traffic control centers, to develop pandemic-specific plans or incorporate these pandemic plans into their all-hazards contingency plans. FAA officials said that all-hazards contingency and continuity plans are adapted to the facility level and are regularly implemented during natural disasters such as hurricanes. Although these plans are not specific to a pandemic, FAA officials reported that the all-hazards plans allow ATO to mitigate the impact of adverse events, including reduced staffing levels, on National Airspace Systems operations. FAA reported that ATO completed a national-level pandemic plan in 2006 as part of FAA's SEGS plan that addressed essential missions and services, as well as general direction on social distancing and workforce protection. FAA is incorporating detailed HHS antiviral stockpiling guidance, issued in December 2008, into an FAA workforce protection policy that it estimates will be completed by mid-2009. ATO will then update its national-level pandemic plan with detailed protective measures for its workforce, including air traffic controllers. ATO will also use the national-level updates to direct its facilities to develop pandemic-specific plans or enhance their preexisting all-hazards contingency plans to incorporate and implement workforce protection measures at the local field facility level.

FAA was also expecting the results of a powered air purifying respirator (PAPR)¹⁷ feasibility study, completed in November 2008, to help inform pandemic planning at the facility level. The objective of the study was to determine whether PAPRs are suitable for long-term use and whether air traffic controllers can communicate with aircraft and other controllers while wearing the PAPRs, as controllers cannot communicate adequately

¹⁷PAPRs use a powered blower to force air through a filter. They typically have a hood connected by a flexible hose to a blower unit that is equipped with a filter and powered by a battery.

while wearing N95 respirators or surgical facemasks. At this time, FAA has provided PAPRs for short-term use by air traffic controllers so that they can transfer control of air traffic to other air traffic facilities, per existing contingency plans. This use was intended primarily for situations involving asbestos in air route traffic control centers. PAPRs cost approximately \$1,000 each plus filter and battery expenses, and FAA estimates the total cost for PAPRs for its air traffic controller workforce would reach \$15 million. In addition to the cost, the study findings suggested there are many potential problems, including noise, visibility, and comfort, with the PAPR approach that FAA would have to address. The study concluded that FAA would need to evaluate many concerns in a more operationally realistic environment before recommending PAPRs for use by air traffic controllers. Because of the nature of these concerns, FAA agency officials said that the long-term use of PAPRs in a pandemic appears to be impractical.

FAA also plans to augment its agencywide pandemic plan with a workplace protection policy. Among the issues this policy would cover are the classification of employees' workplace exposure risk and the identification of categories of critical employees that should be given upgraded personal protective equipment beyond what would be indicated by their workplace exposure risk. Once the FAA-wide workforce protection policy is determined, ATO and other lines of business will be expected to incorporate it into their line of business-specific pandemic plans or revise and elaborate those policies where they exist and implement the policy.

Both DOT and FAA's pandemic plans emphasize employee awareness training and both agencies already offer information and training to employees through their intranet sites; however, the air traffic controllers we interviewed did not generally access the intranet. DOT and FAA intranet sites provide checklists for personal and family preparedness; simple cleaning and decontamination guidance; hygiene reminders; social distancing practices, such as no handshake policies and the use of teleconferences in place of in-person meetings; and links to sites for pandemic influenza-related information from the Centers for Disease Control and Prevention, World Health Organization, and OPM. FAA's intranet also has pandemic influenza frequently asked questions and links to the latest Centers for Disease Control and Prevention guidance on public health measures to reduce the spread of influenza and other communicable diseases. FAA plans to publish its pandemic influenza plan on its intranet. However, FAA officials responsible for pandemic planning have acknowledged that disseminating information through agency e-mail

or its intranet site is not effective for communicating with air traffic controllers, as they do not have ready access to either during their shifts.

FAA has additional media through which to communicate pandemic awareness to its employees. For example, FAA has developed a “Pandemic Flu 101” training program, which is undergoing testing, and it has arrangements in place for managers to alert air traffic controllers of critical information and announcements when they are on duty. FAA also plans to provide copies of its pandemic plan to employees who do not have ready access to the intranet during duty hours. Managers will ensure that new hires review the FAA pandemic plan as well as other applicable documents and that employees undergo annual refresher training.

Challenges in Protecting Air Traffic Controllers

Protecting air traffic controllers in the event of a pandemic outbreak is particularly challenging for several reasons. Air traffic controllers work in proximity to one another; the 6 feet of separation recommended for social distancing during a pandemic by the Centers for Disease Control and Prevention and OSHA is not possible for them. Figure 3 shows federal employees working in an air traffic control tower. In addition, air traffic controllers cannot use personal protective equipment such as N95 respirators or surgical masks, as these impede the clear verbal communication necessary to maintain aviation safety. FAA officials and air traffic controllers we interviewed also reported that the common workstations that air traffic controllers share are not regularly sanitized between users. FAA must certify that any sanitizer, many of which are caustic chemicals, does not corrode sensitive equipment necessary to ensure flight safety. FAA is exploring this issue to determine if any sanitizer can be used safely. Moreover, cross-certification of air traffic controllers is problematic. Attaining full performance levels for the controllers takes up to 3 years, and air traffic controllers proficient in one area of airspace cannot replace controllers proficient in another airspace without training and certification. This could result in reduced air traffic management services. Finally, FAA regulations on medication for air traffic controllers are strict because certain medications may impair an air traffic controller’s performance, and the Office of Aviation Medicine’s policy on the use of Tamiflu for prophylactic use by on-duty controllers was still in draft as of March 2009. An FAA official said that FAA would make final the policy for this use when the workforce protection policy is approved.

Figure 3: Federal Employees at Work in an Air Traffic Control Tower



Source: FAA.

Note: The employees shown are tower controllers at Fort Lauderdale-Hollywood International Airport in Florida.

Monitoring and Reporting on Agencies' Pandemic Workforce Protection Plans Could Improve Efforts to Protect Employees in the Event of a Pandemic

Although the *Implementation Plan* includes action items aimed at developing and tracking progress relative to the national response for pandemic preparedness, there is no mechanism in place to track the progress of federal agencies' workforce preparedness efforts. Action items in the *Implementation Plan* specify roles and responsibilities as well as deadlines and performance measures, and the HSC has issued public progress reports on the status of the action items.

The survey results from the 24 CFO Act agency pandemic coordinators, as well as information from the case study agencies, indicate that a wide range of pandemic planning activities are under way and that all of the agencies are taking steps to some degree to protect their workers in the event of a pandemic. However, agencies' progress is uneven, and while we recognize that the pandemic planning process is evolving and is characterized by uncertainty and constrained resources, some agencies are clearly in the earlier stages of developing their pandemic plans and being able to provide the health protection related to the risk of exposure

their essential employees may experience. For example, our previous work showed that agencies' plans lack important elements, such as identifying which essential veterinarian functions must be performed on-site and how they will be carried out if absenteeism reaches 40 percent—the rate predicted at the height of the pandemic and used for planning purposes.¹⁸ An example of an essential veterinarian function is helping to ensure the safety of meat and poultry products.

Under the HSC's *Implementation Plan*, DHS was charged with, among other things, monitoring and reporting to the Executive Office of the President on the readiness of departments and agencies to continue their operations while protecting their workers during an influenza pandemic. While directed by the plan, however, the report was not included as a specific action item. DHS officials reported that in late 2006 or early 2007 they asked HSC representatives with direct responsibility for the *Implementation Plan* for clarification on the issue of reporting agencies' ability to continue their operations while protecting their workers during a pandemic. DHS officials said they were informed that they did not have to prepare a report. Instead, according to White House counsel representatives, the HSC planned to take on the monitoring role through its agency pandemic plan certification process. The HSC, as noted earlier, had requested that agencies certify that they were addressing the applicable elements of a pandemic checklist in their plans in late 2006 and again in late 2008.

As originally envisioned in the *Implementation Plan*, the report was to be directed to the Executive Office of the President. There was no provision in the plan, however, for the report to be made available to the Congress. We have previously reported on the importance of internal control monitoring to assess the quality of performance over time.¹⁹ Without appropriately designed monitoring and reporting, the President and the Congress cannot fully assess the ability of the agencies to continue their operations while protecting federal employees in the event of a pandemic.

The HSC's certification process, as implemented, did not provide for monitoring and reporting as envisioned in the *Implementation Plan*

¹⁸GAO, *Veterinarian Workforce: Actions Are Needed to Ensure Sufficient Capacity for Protecting Public and Animal Health*, [GAO-09-178](#) (Washington, D.C.: Feb. 4, 2009).

¹⁹GAO, *Internal Control Management and Evaluation Tool*, [GAO-01-1008G](#) (Washington, D.C.: August 2001).

regarding agencies' abilities to continue operations in the event of a pandemic while protecting their employees. Although the council had asked agencies to certify that they were addressing the applicable elements of a pandemic planning checklist, the process did not include any assessment of, or reporting on, agencies' progress as was the case for the action items in the plan. Moreover, according to agency officials we interviewed, this certification process was the only effort to check on individual agencies' pandemic plans.

Conclusions

Given the threat of pandemic influenza, heightened by recent events, it is imperative that agencies have pandemic plans that ensure their ability to continue operations while protecting their workers who serve the American public. The survey of the 24 CFO Act agencies showed that while some have progressed in their planning to address how their employees' safety and health will be protected and have identified the essential functions they will maintain in the face of significant and sustained absenteeism, several agencies have yet to complete such necessary initial steps. It is important to recognize that agency pandemic plans will continue to be revised and improved with additional time and information regarding pandemic preparedness and that some agencies face greater complexities in their planning than others. However, some agencies are not close to having operational pandemic plans, particularly at the facility level. Federal agencies must progress to establish operational plans to ensure the maintenance of essential services during times in which widespread disease will affect the health care system, the broader economy, and society as a whole.

The three case study agencies illustrate that filtering pandemic plans down to individual facilities and making them operational present challenges for the agencies. Because the primary threat to continuity of operations during a pandemic is the threat to employee health, agencies' plans to protect their workforce need to progress to be operational at the facility level. However, unlike other action items in the *Implementation Plan* that address the federal response to pandemic influenza, there is no real monitoring mechanism in place to ensure that agencies' workforce pandemic plans are complete and ensure that the agencies can protect their workers in the event of a pandemic. The process of monitoring should ensure that federal agencies are making progress in developing their plans to protect their workforce in the event of a pandemic and have the information and guidance they need to develop operational pandemic plans.

The HSC has been serving as the hub of federal preparedness activities for pandemic flu, coordinating activities across HHS, DHS, and other federal agencies. However, the council's certification process has not included any assessment or reporting on the status of agency plans. Having DHS monitor and report on the status of agencies' pandemic plans to protect the safety and health of their employees while maintaining essential operations could enhance agencies' accountability for this responsibility and serve as an effective way of tracking agencies' progress in making their pandemic plans operational by planning for the protection of their workforce. Although the directive in the *Implementation Plan* required DHS to report to the Executive Office of the President, the Congress may want DHS to report to it on agencies' progress on their pandemic plans to allow it to carry out its oversight role. Given the important role that the federal government will play in responding to a pandemic, planning to ensure the safety and well-being of federal employees is vital to the success of government operations.

Matter for Congressional Consideration

To help support its oversight responsibilities, the Congress may want to consider requiring DHS to report to it on agencies' progress in developing and implementing their pandemic plans, including any key challenges and gaps in the plans.

Recommendation for Executive Action

To ensure agencies' greater accountability in developing operational plans that will protect their workforce in the event of a pandemic, we recommend that the HSC request that the Secretary of Homeland Security monitor and report to the Executive Office of the President on the readiness of agencies to continue their operations while protecting their workers during an influenza pandemic. The reporting should include an assessment of the agencies' progress in developing their plans, including any key challenges and gaps in the plans. The request should also establish a specific time frame for reporting on these efforts.

Agency Comments

We provided the Acting Executive Secretary of the HSC and the Secretary of Homeland Security with a draft of this report for review and comment. The Acting Executive Secretary of the HSC commented that the report makes useful points regarding opportunities for enhanced monitoring and reporting within the executive branch concerning agencies' progress in developing plans to protect their workforce. She noted that the council will give serious and careful consideration to the report findings and recommendations in this regard. The Under Secretary for Management at

DHS said that in the coming weeks and months, the department would be involved in efforts to ensure that government entities are well prepared for what may come next. She expressed her appreciation for the report's findings and recommendations, which she said would contribute to the department's efforts. The HSC's written comments are reprinted in appendix III, and DHS's comments are reprinted in appendix IV.

As agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. We are sending copies of this report to the Homeland Security Council, the Department of Homeland Security, the Department of Justice, the Department of the Treasury, the Department of Transportation, relevant congressional committees, and other interested parties. The report also is available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staff members have any questions about this report, please contact me at (202) 512-6543 or steinhardt@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix V.



Bernice Steinhardt
Director, Strategic Issues

Appendix I: Chief Financial Officers Act Agencies

Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Health and Human Services
Department of Homeland Security
Department of Housing and Urban Development
Department of the Interior
Department of Justice
Department of Labor
Department of State
Department of Transportation
Department of the Treasury
Department of Veterans Affairs
U.S. Agency for International Development
Environmental Protection Agency
General Services Administration
National Aeronautics and Space Administration
National Science Foundation
Nuclear Regulatory Commission
Office of Personnel Management
Small Business Administration
Social Security Administration

Appendix II: Objectives, Scope, and Methodology

Our objectives were to determine (1) the extent to which federal agencies have reported plans under way to protect their workforce should an influenza pandemic occur and have reported identifying essential functions, other than first response, that cannot be accomplished remotely in the event of pandemic influenza; (2) the plans selected agencies have established for certain occupations performing essential functions other than first response; and (3) the opportunities to improve federal agencies' planning enabling them to protect their workforce while maintaining their essential functions in the event of a pandemic.

To address the first objective, we developed and administered a Web-based survey. Our intent was to survey the pandemic coordinators from the 24 agencies covered by the Chief Financial Officers Act of 1990. We developed the survey questions based on guidelines for worker protection from the Homeland Security Council (HSC), Occupational Safety and Health Administration, Department of Health and Human Services (HHS), and Federal Emergency Management Agency. We asked the pandemic coordinators questions about (1) their pandemic plans, (2) the department- and component-level functions the agencies consider essential in the event of a pandemic that are not first response and cannot be continued remotely, (3) measures planned to protect workers who will not be able to work remotely, (4) social distancing strategies, (5) information technology testing, and (6) communication of human capital pandemic policies. Furthermore, in addressing the first objective, we reviewed national pandemic plans, prior GAO work assessing influenza, and additional relevant documents that assess influenza, public health, and other emergency preparedness and response issues. We defined essential functions based on Federal Continuity Directive 1 as those functions that enable an organization to provide vital services, exercise civil authority, maintain the safety of the public, and sustain the industrial and economic base during disruption of normal operations. We defined first responders as emergency personnel called to the scene of a crisis or responding to emergency calls for assistance and medical personnel. The scope of our work did not include an independent evaluation of the effectiveness of the workforce protection measures recommended by federal lead pandemic planning agencies.

From April 8 through April 17, 2008, we conducted a series of pretests with current and former federal pandemic coordinators and emergency managers to further refine our questions, clarify any ambiguous portions of the survey, and identify potentially biased questions. Upon completion of the pretests and the development of the final survey questions and format, we sent an announcement of the upcoming survey to the 24

pandemic coordinators on May 13, 2008. These pandemic coordinators were notified that the survey was available online on May 15, 2008. We sent a reminder e-mail message to nonrespondents on May 28, 2008, and conducted follow-up calls over the next few weeks. The survey was available online until July 25, 2008, and the results were confirmed or updated in early 2009. All 24 pandemic coordinators completed the survey for a response rate of 100 percent.

To address the second and third objectives and to provide a more in-depth examination of agencies' pandemic planning, we reviewed agency-level pandemic planning for protection of employees for three case study occupations. Our case studies included correctional workers from the Department of Justice's Bureau of Prisons (BOP); production staff responsible for disbursing federal payments from the Department of the Treasury's Financial Management Service (FMS); and air traffic controllers from the Department of Transportation's Federal Aviation Administration (FAA). The primary criteria for selecting the case studies were that they represent non-first response occupations involved in an essential function that federal employees need to provide on-site. In addition, we excluded from our case study selections occupations in agencies that have a primary role in the federal response to pandemic influenza.

To assess the extent to which the case study agencies, BOP, FMS, and FAA have operational plans to protect their workforce, we reviewed agency and component pandemic plans and conducted interviews with agency officials, employees in the case study occupations, and facility managers and emergency planners for the sites at which the employees work. We also met with union representatives from the American Federation of Government Employees, the National Treasury Employees Union, and the National Air Traffic Controllers Association to get their perspective on plans to protect the federal workforce in the event of a pandemic. In addition, we conducted interviews with the executive directors of the Kansas City, Minnesota, and Oklahoma Federal Executive Boards (FEB) to better understand federal planning for workforce protection in the event of a pandemic at the regional level. Minnesota and Oklahoma were selected because we had identified them in a previous report¹ as leaders in pandemic planning; Kansas City was selected because of the large

¹GAO, *The Federal Workforce: Additional Steps Needed to Take Advantage of Federal Executive Boards' Ability to Contribute to Emergency Operations*, [GAO-07-515](#) (Washington, D.C.: May 4, 2007).

population of federal workers in its jurisdiction, including many in our case study occupations.

To better understand the challenges and assess the progress made in planning to protect employees, we visited several facilities where the employees in our case study occupations worked. Kansas City, Kansas; Kansas City, Missouri; and Leavenworth, Kansas, were selected as site visit locations because all of the case study agencies had facilities in the metropolitan statistical area that were also in the jurisdiction of an FEB, namely the Kansas City FEB. We selected as site visit facilities the United States Penitentiary in Leavenworth, Kansas, and BOP's North Central Regional Office in Kansas City, Kansas, as the supporting regional office for that facility; the Kansas City Financial Center in Kansas City, Missouri; and FAA's Central Regional Office in Kansas City, Missouri. We also visited the Allenwood Federal Correctional Complex in Allenwood, Pennsylvania. We selected FAA air traffic facilities to cover the array of types of facilities in which air traffic controllers work. We visited the Ronald Reagan Washington National Airport in Arlington, Virginia; the Potomac Terminal Radar Approach Control Facility in Warrenton, Virginia; the Washington Air Route Traffic Control Center in Leesburg, Virginia; and the Air Traffic Control Systems Command Center in Herndon, Virginia. Although we did not conduct a site visit, the Philadelphia Financial Center provided us with written answers to our questions.

We conducted interviews with officials from HHS, the Department of Homeland Security (DHS), the Office of Personnel Management (OPM), and the Department of Labor (DOL). We met with HHS officials to get a better understanding of how access to antiviral medications and vaccines by federal agencies is envisioned in the event of a pandemic. HHS is responsible for the overall coordination of the public health and medical emergency response during a pandemic. DHS has responsibility for coordinating the overall domestic federal response during an influenza pandemic, including implementing policies that facilitate compliance with recommended social distancing measures, developing a common operating picture for all federal agencies, and ensuring the integrity of the nation's infrastructure. OPM has responsibility for providing direction to the FEBs and the Chief Human Capital Officers Council as well as responsibility for developing human capital policy guidance for federal employees in the event of a pandemic. DOL's Occupational Safety and Health Administration has responsibility for promoting the safety and health of workers. We also met with White House counsel from the past and current administrations representing the HSC to determine what role

the council played in ensuring uniform pandemic preparedness across the U.S. government.

We conducted this performance audit from January 2008 to April 2009 in accordance with 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 on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix III: Comments from the Homeland Security Council

THE WHITE HOUSE

WASHINGTON

June 1, 2009

Ms. Bernice Steinhardt
Director, Strategic Issues
Government Accountability Office
441 G Street, N.W.
Washington, DC 20548-0001

Dear Ms. Steinhardt:

Thank you for providing the Homeland Security Council staff the opportunity to review and comment on the Government Accountability Office's draft report entitled, "Influenza Pandemic: Increased Agency Accountability Could Help Protect Federal Employees Serving the Public in the Event of a Pandemic" (GAO-09-404). We appreciate GAO's work in this engagement and in the area of pandemic influenza preparedness more generally. Recent events have underscored the importance of this issue.

The report makes useful points regarding opportunities for enhanced monitoring and reporting within the executive branch concerning agencies' progress in developing plans to protect their workforce. We will give serious and careful consideration to GAO's findings and recommendations in this regard.

Thank you again for your focus on this important issue.

Sincerely,



Valerie S. Boyd
Acting Executive Secretary
Homeland Security Council

Appendix IV: Comments from the Department of Homeland Security

U.S. Department of Homeland Security
Washington, DC 20528



**Homeland
Security**

June 5, 2009

Ms. Bernice Steinhardt
Director
U.S. Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548-001

Dear Ms. Steinhardt

Thank you for the opportunity to review the Government Accountability Office's (GAO) draft report; *Influenza Pandemic: Increased Agency Accountability Could Help Protect Federal Employees Serving the Public in the Event of a Pandemic* (GAO-09-404). This is, as you have noted, a serious situation that we are aggressively addressing.

Our recent experience with the outbreak of the 2009 H1N1 flu reminds us that the Department of Homeland Security (DHS) employees have a critical role to play during public health emergencies — in this case the threat of a worldwide pandemic. In the coming weeks and months ahead, the Department will be involved in an ongoing series of actions to ensure government entities are well-prepared for what may come next. We appreciate the report's findings and recommendations, which will contribute to our efforts. We will continue to focus on our most valued assets, our people, and remind the DHS and federal workforce of the important roles they play in preventing the spread of influenza viruses, not only for their own health, but also for the health of the community-at-large.

Thank you for your contributions to strengthen workforce pandemic plans. If there are any questions, please contact Michael Wetklow in the Office of the Chief Financial Officer, at (202) 447-5196.

Sincerely,

A handwritten signature in black ink, appearing to read "Elaine C. Duke".

Elaine C. Duke
Under Secretary for Management

Appendix V: GAO Contact and Staff Acknowledgments

GAO Contact

Bernice Steinhardt (202) 512-6543 or steinhardtb@gao.gov

Acknowledgments

In addition to the contact named above, William J. Doherty, Assistant Director, and Judith C. Kordahl, Analyst-in-Charge, supervised the development of this report.

Alisa Beyninson, Ryan Little, Ulyana Panchishin, and Nicholas Petrovski made significant contributions to all aspects of this report. David Dornisch and Andrew Stavisky assisted with the design and methodology. Karin Fangman provided legal counsel. Mallory Barg Bulman verified the information in the report.

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