

**Ineffective Implementation of  
Corrective Actions Diminishes  
DHS' Oversight of Its  
Pandemic Planning**





## OFFICE OF INSPECTOR GENERAL

Department of Homeland Security

Washington, DC 20528 / [www.oig.dhs.gov](http://www.oig.dhs.gov)

December 21, 2020

MEMORANDUM FOR: Ken Cuccinelli  
Senior Official Performing the Duties of the  
Deputy Secretary  
Department of Homeland Security

FROM: Joseph V. Cuffari, Ph.D. JOSEPH V  
Inspector General CUFFARI

SUBJECT: *Ineffective Implementation of Corrective Actions  
Diminishes DHS' Oversight of Its Pandemic Planning*

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JOSEPH V CUFFARI  
Date: 2020.12.18  
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For your action is our final report, *Ineffective Implementation of Corrective Actions Diminishes DHS' Oversight of Its Pandemic Planning*. We incorporated the formal comments provided by your office.

The report contains three recommendations aimed at improving oversight of personal protective equipment and pandemic planning. Your office concurred with all three recommendations. Based on information provided in your response to the draft report, we consider recommendation 3 open and unresolved. As prescribed by the Department of Homeland Security Directive 077-01, *Follow-Up and Resolutions for the Office of Inspector General Report Recommendations*, within 90 days of the date of this memorandum, please provide our office with a written response that includes your (1) agreement or disagreement, (2) corrective action plan, and (3) target completion date for each recommendation. Also, please include responsible parties and any other supporting documentation necessary to inform us about the current status of the recommendation. Until your response is received and evaluated, the recommendation will be considered open and unresolved.

Based on information provided in your response to the draft report, we consider recommendations 1 and 2 open and resolved. Once your office has fully implemented the recommendations, please submit a formal closeout letter to us within 30 days so that we may close the recommendations. The memorandum should be accompanied by evidence of completion of agreed-upon corrective actions. Please send your response or closure request to [OIGAuditsFollowup@oig.dhs.gov](mailto:OIGAuditsFollowup@oig.dhs.gov).



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Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Don Bumgardner, Deputy Assistant Inspector General, at (202) 981-6000.

Attachment



# DHS OIG HIGHLIGHTS

## *Ineffective Implementation of Corrective Actions Diminishes DHS' Oversight of Its Pandemic Planning*

**December 21, 2020**

### **Why We Did This Review**

The Office of Inspector General (OIG) issued a series of three reports between August 2014 and October 2016 examining DHS' pandemic activities and recommending actions to improve the efficiency and effectiveness of DHS' planning and response activities. OIG conducted this verification review to determine the adequacy and effectiveness of DHS' corrective actions.

### **What We Recommend**

We made three recommendations to ensure improved oversight of PPE and pandemic planning.

**For Further Information:**  
Contact our Office of Public Affairs at (202) 981-6000, or email us at [DHS-OIG.OfficePublicAffairs@oig.dhs.gov](mailto:DHS-OIG.OfficePublicAffairs@oig.dhs.gov)

### **What We Found**

The Department of Homeland Security provided OIG with adequate documentation of its initial plans and actions to address our recommendations to improve the Department's pandemic planning and response. However, DHS did not effectively implement corrective actions to address three recommendations intended to provide the operational efficiencies and controls needed in the current pandemic. Specifically, DHS did not:

- ensure the office it designated to manage and account for pandemic personal protective equipment (PPE) provided adequate management oversight;
- ensure components' compliance with the Integrated Logistics Support Plan; and
- designate an office to ensure continued oversight, review, and approval of the Department's and components' pandemic plans.

As a result, early in the pandemic, as COVID-19 spread throughout the world, DHS did not have sufficient department-wide oversight of PPE or pandemic planning.

DHS has already begun to remedy this lack of oversight. In March 2020, DHS implemented a centralized process to manage department-wide pandemic funding and PPE supplies to ensure greater oversight and control. Continuing this approach should help DHS better prepare its components to protect the workforce and persons in their care and custody during this and future pandemics.

### **DHS Response**

DHS concurred with all three recommendations. We consider recommendations 1 and 2 open and resolved and recommendation 3 open and unresolved.



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### Background

The Department of Homeland Security is responsible for the safety and welfare of its workforce and must ensure it is adequately prepared to continue critical operations in the event of a pandemic. The Office of Inspector General (OIG) issued three reports between August 2014 and October 2016 that examined DHS' pandemic activities and recommended actions to improve the efficiency and effectiveness of DHS' planning and response.

- *DHS Has Not Effectively Managed Pandemic Personal Protective Equipment and Antiviral Medical Countermeasures*, OIG-14-129, August 26, 2014
- *DHS' Ebola Response Needs Better Coordination, Training, and Execution*, OIG-16-18, January 6, 2016
- *DHS Pandemic Planning Needs Better Oversight, Training, and Execution*, OIG-17-02, October 12, 2016

Early in the pandemic, as COVID-19 spread throughout the world, DHS responded to ensure it could continue mission-essential operations. DHS' Management Directorate (MGMT) sent an email to DHS component heads on January 31, 2020, recognizing that personal protective equipment (PPE) supplies might become difficult to obtain based on increased global demand. The email indicated that the Office of the Chief Readiness Support Officer (OCRSO) would coordinate department-wide needs identification. OCRSO also centralized the PPE procurement process to manage the procurement of PPE for DHS components. The Office of the Chief Human Capital Officer (OCHCO) began issuing guidance for supervisors, managers, and DHS employees, identifying guidance to follow during a pandemic. Further, DHS encouraged telework and adjusted hours and operations to mitigate potential threats to the workforce. All of these actions were proactive and showed flexibility and resilience to changing conditions.

In response to the COVID-19 pandemic, OIG has initiated several pandemic-related reviews to examine DHS' response and preparedness. These reviews relate to various issues such as the Federal Emergency Management Agency supply chain and U.S. Customs and Border Protection and U.S. Immigration and Customs Enforcement's efforts to prevent COVID-19 in their facilities. This verification review examines DHS' preparedness for the pandemic, based on its implementation of recommendations issued in the three prior OIG reports listed previously. We judgmentally selected for review 11 of the 28 recommendations on DHS-wide pandemic planning and response activities included in these reports. Our sample selection focused on DHS-wide



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recommendations to improve oversight of pandemic PPE and pandemic planning. See Appendix B for a list of the 11 recommendations in our sample. Our objective was to determine the adequacy and effectiveness of DHS' corrective actions in response to the recommendations for improving DHS' pandemic planning and response activities. We concluded that the corrective actions were adequate if DHS submitted documentation to OIG to demonstrate its corrective action plans addressed the intent of our recommendation at the time the recommendation was closed. We concluded that the corrective actions were effective if DHS implemented them in a way that improved pandemic planning and response after the implementing actions were completed.

### **Results of Verification Review**

#### **DHS Adequately Addressed Prior OIG Report Recommendations**

For the 11 recommendations in our sample, DHS provided OIG with adequate documentation of its initial plans and actions to address our recommendations to improve the Department's pandemic planning and response. Adequate documentation consisted of detailed implementation plans, delegation of roles and responsibilities, and evidence of actions implemented to satisfy the intent of the recommendations. For example, DHS provided a current copy of the DHS Pandemic and Emerging Infectious Disease (PEID) Workforce Protection Plan (WPP) and implementing memo sent to the components. The PEID WPP established the requirement for component planning for preparedness, mission readiness, and the protection of DHS personnel, as well as persons in DHS' care or custody. A copy of its PPE logistics plan and implementing email provided us evidence of a DHS strategy for managing PPE inventories. Copies of component risk assessments demonstrated DHS' ability to hold appropriate amounts of PPE based on mission-critical needs. Further, samples of inventory reports demonstrated that DHS could track PPE on hand.

#### **DHS Did Not Effectively Implement Corrective Actions to Address Three Recommendations**

Despite adequate documentation, DHS' implementation of corrective actions for 3 of the 11 recommendations in our sample did not provide the operational efficiencies and controls the recommendations intended. Specifically, the corrective actions were ineffective and did not provide sustainable improvements to DHS' pandemic planning and response activities.



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**DHS Did Not Ensure the Office It Designated to Manage and Account for Pandemic PPE Provided Sufficient Management Oversight**

In our August 2014 report, *DHS Has Not Effectively Managed Pandemic Personal Protective Equipment and Antiviral Medical Countermeasures*, we recommended the Deputy Secretary identify and designate an office responsible for the management and accountability of pandemic PPE.<sup>1</sup> In response, MGMT designated OCRSO responsible for the management and accountability of pandemic PPE. To carry out this responsibility, OCRSO developed the PPE Integrated Logistics Support Plan (ILSP), which was issued in July 2015. This plan identifies and describes specific logistics guidance, practices, and methodologies to standardize the general process for all DHS components to follow when supporting operational and pandemic PPE needs. According to the ILSP, OCRSO was responsible for PPE management oversight throughout the Department. However, OCRSO officials stated the office has no dedicated staff or budget to manage the PPE program.

The PPE ILSP reinforced a decentralized process that empowered the components to control their individual procurement transactions by using mandatory DHS PPE contracts and pay for purchases with funds from the components' operating budgets. This process was used during the steady-state conditions<sup>2</sup> that existed from the time we closed the related report recommendation in September 2015 until the COVID-19 pandemic was declared in March 2020.

OCRSO officials acknowledged that the extent of their office's oversight of the PPE inventory was quarterly report reviews, which were spreadsheets providing only the amounts of PPE the components maintained. The reports contained no details such as PPE expiration dates, which are needed to ensure that older inventory is not held past the time it is still considered safe and effective for use. Two media articles from 2020 reported that DHS components had significant quantities of expired PPE inventories.<sup>3</sup> One article stated U.S. Customs and Border Protection had an expired inventory of 1.5 million N95 masks. Per the second article, the Transportation Security Administration held an inventory of more than 115,000 expired N95 masks, which were purchased in 2009. Neither of these N95 mask inventories were included in a January 2017 inventory report that DHS provided to OIG as support for closing the recommendation.

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<sup>1</sup> OIG-14-129, Recommendation 1.

<sup>2</sup> Steady-state conditions refer to normal operating conditions that present a stable and unchanging environment, as opposed to a pandemic or quickly changing environment.

<sup>3</sup> The Washington Post, "U.S. Government Has 1.5 million Expired N95 Masks Sitting in an Indiana Warehouse," March 26, 2020; Government Executive, "As TSA's Screeners Work Significantly Reduced Schedules, Agency's N95 Stockpile Goes Unused," May 4, 2020.



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In March 2020, DHS MGMT received \$178.3 million in emergency funding under the *Coronavirus Aid, Relief, and Economic Security Act* to procure PPE and sanitization materials. As a result, MGMT decided to centrally manage these funds, and OCRSO centralized the procurement process to support this initiative. This process enabled OCRSO to manage department-wide PPE purchases and limit inventory quantities to pandemic operational needs. In addition, OCRSO established bi-weekly meetings to coordinate with the components and monitor PPE inventories, burn rates, and needs.

In summary, during the steady-state environment, despite being named the responsible office, OCRSO did not assign responsibilities and establish processes to oversee the PPE program. OCRSO conducted quarterly reviews of inventory reports, but we consider this level of oversight to be insufficient to qualify as an effective internal control over the PPE program. The decentralized process that DHS implemented during the steady-state environment and that lasted until March 2020 did not provide the oversight and control intended by our prior report recommendation. On the other hand, a centralized process, recently implemented in March 2020 to manage department-wide PPE supplies during the pandemic, provided greater oversight and control capabilities. DHS would benefit from continuing this centralized approach moving forward once the operating environment transitions from crisis mode back to steady-state operations. Continuing this approach should help DHS better prepare its components to protect the workforce and persons in their care and custody during this and future pandemics.

### **DHS Did Not Ensure Components' Compliance with the Integrated Logistics Support Plan**

As previously explained, we recommended in our August 2014 report that the Deputy Secretary identify and designate an office responsible for the management and accountability of pandemic PPE.<sup>4</sup> In response, MGMT designated OCRSO to be responsible for the management and accountability of pandemic PPE. To carry out this responsibility, OCRSO developed the PPE ILSP. According to the ILSP, the components were responsible for the PPE life cycle, including PPE inventory tracking, management, maintenance and rotation, and maintenance of inventory records.

However, in our October 2016 report, *DHS Pandemic Planning Needs Better Oversight, Training, and Execution*, we identified inconsistent DHS component compliance with the ILSP and recommended the Department establish oversight to address this issue.<sup>5</sup> In response, DHS reiterated that OCRSO had

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<sup>4</sup> OIG-14-129, Recommendation 1.

<sup>5</sup> OIG-17-02, Recommendation 4.



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direct oversight of department-wide pandemic PPE inventory. Yet, DHS limited OCRSO's responsibility to compiling and reviewing quarterly reports comprised of component input to OCRSO's asset management system, to monitor procurement activities. OCRSO used these reports to ensure components used mandatory strategic sourcing contracts, as required by ILSP.

Although responsible, OCRSO did not have the resources to properly conduct PPE oversight. OCRSO officials told us the components did not consistently maintain timely and accurate inventory records, which OCRSO needed for PPE oversight. The inventory records also did not contain PPE expiration dates. Furthermore, OCRSO officials said its ILSP was widely considered guidance and not policy, and could not be enforced. Our October 2016 report discussed instances when components did not comply with certain ILSP requirements. For example:

- three components did not determine pandemic PPE requirements;
- three components (which included two components from the first group identified above) could not identify pandemic PPE supplies or were unaware if local offices had supplies on site; and
- another three components established pandemic re-ordering timelines that differed from the ILSP requirements.<sup>6</sup>

As a result, we concluded that without clear guidance and proper oversight, the Department could not ensure components had the necessary amounts of PPE to protect their personnel during the initial stages of a pandemic response. Our August 2014 report previously recommended an office to be responsible for management and accountability for pandemic PPE. However, in October 2016 we emphasized the need for such oversight to ensure components followed the procedures set forward in the ILSP. Despite the two similar recommendations issued in 2014 and 2016, the Department did not implement corrective actions to address them.

According to OCRSO officials, in the COVID-19 pandemic environment, DHS has begun re-evaluating its approach to PPE inventory management, such as just-in-time<sup>7</sup> ordering and delivery included in the ILSP. DHS officials told us just-in-time inventory management did not work well because the global demand for PPE had limited available supplies. OCRSO officials stated they will conduct a lessons learned evaluation of PPE inventory management once the pandemic ends.

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<sup>6</sup> OIG-17-02, pages 6 and 7.

<sup>7</sup> Just-in-time refers to a business practice of attempting to cut costs and improve quality by reducing inventory stockpiles and delivering products as needed.



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### **DHS Did Not Designate an Office to Ensure Continued Oversight, Review, and Approval of the Department's and Components' Pandemic Plans**

In our October 2016 report, *DHS Pandemic Planning Needs Better Oversight, Training, and Execution*, we further recommended the Deputy Secretary designate an office responsible for conducting oversight of component pandemic plans, including review and approval of those plans.<sup>8</sup> In response, DHS stated the *DHS Pandemic Workforce Protection Plan* (PWPP) was undergoing significant revisions and would be republished as the "DHS Pandemic and Emerging Infectious Disease (PEID) Plan." The PEID Steering Committee (PEID-SC), co-chaired by executives from MGMT and the Office of Health Affairs (OHA), would oversee this effort and revisions every 2 years. The co-chairs of the PEID-SC would establish a team to review and approve components' PEID plans.

The DHS Secretary approved the DHS PEID WPP on January 7, 2017. The purpose of this plan was to prepare DHS components to protect their workforce and persons in their care and custody. The plan required DHS components to develop or update their existing component-level plans within 120 calendar days of approval of the DHS plan.<sup>9</sup> The PEID-SC team completed its review of the components' plans in June 2017 and team members returned to their normal duties. OHA was dissolved in December 2017 and its functions were reassigned to MGMT and the Countering Weapons of Mass Destruction office. DHS did not reassign OHA's PEID-SC leadership responsibilities, and MGMT did not reassign its leadership responsibilities on the Steering Committee. As a result, DHS and MGMT did not ensure continued oversight of department-wide pandemic planning, thereby rendering DHS' corrective action obsolete.

Since the oversight structure DHS created to address our recommendation is no longer in place, there is continuing confusion over who will lead the revision of DHS' and components' workforce protection plans. MGMT staff told us they began discussing the requirement to update the WPP in fall 2019. However, at the conclusion of our fieldwork in July 2020, DHS had not identified an office or entity responsible for updating the PEID WPP. As such, the Department has not followed through on corrective actions to implement our related report recommendation for ensuring DHS-wide oversight of pandemic planning.

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<sup>8</sup> OIG-17-02, Recommendation 1.

<sup>9</sup> The DHS PEID Workforce Protection Plan establishes expectations for components' roles, responsibilities, and plan development and provides detailed guidance in its annexes.



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### Recommendations

We recommend the Senior Official Performing the Duties of the Deputy Secretary:

**Recommendation 1:** Assign responsibility and delegate authority to an office or individual for the oversight, management, and accountability of pandemic PPE, including authority to ensure that components comply with DHS PPE policies.

**Recommendation 2:** Assign responsibility and delegate authority to an office or individual to update and establish a formal policy with procedures, practices, and methodologies identified in the PPE ILSP, to standardize the process for all DHS components to follow for their PPE programs.

**Recommendation 3:** Assign responsibility and delegate authority to an office or individual for oversight and management of DHS and component pandemic plans, including review, approval, and updating of those plans.

### Management Comments and OIG Analysis

We received DHS' formal response to our draft report on December 8, 2020. DHS stated the COVID-19 pandemic has presented historic challenges to all levels of government. We agree with this observation and noted in our report that OCRSO planned to conduct a lessons learned evaluation of its response to COVID-19. We encourage DHS to use this analysis to improve processes and procedures to protect the health and safety of the DHS workforce and persons in its care and custody.

DHS concurred with all three recommendations.

Based on our evaluation of DHS' response, we consider recommendations 1 and 2 open and resolved and recommendation 3 open and unresolved. Appendix A contains a copy of the Department's response in its entirety. We also received technical comments and incorporated changes to the report where appropriate. A summary of the Department's responses to the recommendations and our analysis follows.

**DHS Response to Recommendation 1:** Concur. In January 2014, the Office of the Under Secretary for Management designated OCRSO as being responsible for the management and accountability of pandemic PPE. This designation remains in place but will be reviewed and updated, as appropriate, including upgrading the designation to a formal delegation to clarify OCRSO



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authority, if recommended by the DHS Office of General Counsel. In addition, OCRSO will expand previous efforts to centrally manage Department-wide pandemic PPE logistical oversight, funding, and PPE supplies. This will include developing a plan to revise/create and implement a process(es) to ensure that components comply with DHS PPE policies. Estimated Completion Date (ECD): December 31, 2021.

**OIG Analysis of DHS Response:** DHS' proposed actions are responsive to the recommendation. The recommendation will remain open and resolved until DHS provides documentation showing assignment of responsibility and delegation of authority to an office or individual for the oversight, management, and accountability of pandemic PPE, as well as a plan to create and implement processes to ensure components comply with DHS PPE policies.

**DHS Response to Recommendation 2:** Concur. Per Office of the Under Secretary for Management direction in January 2014, OCRSO is responsible for PPE management oversight throughout the Department. This designation remains in place, but will be reviewed and updated, as appropriate. OCRSO will establish a formal policy and revise and update the ILSP, dated July 2015, to reflect Department's current procedures, practices, and methodologies for the oversight of Department-wide PPE programs, as appropriate. ECD: December 31, 2021.

**OIG Analysis of DHS Response:** DHS' proposed actions are responsive to the recommendation. The recommendation will remain open and resolved until DHS implements and provides copies of a formal policy describing procedures, practices, and methodologies for DHS components to follow in managing their PPE programs.

**DHS Response to Recommendation 3:** Concur. The Under Secretary for Management, through the DHS Chief Human Capital Officer, in coordination with the Assistant Secretary for Countering Weapons of Mass Destruction, and through the Chief Medical Officer, will update the DHS Pandemic and Emerging Infectious Disease Workforce Pandemic Plan, dated October 7, 2016, and related component plans, as appropriate. ECD: December 31, 2021.

**OIG Analysis of DHS Response:** DHS' proposed actions are not responsive to the recommendation. DHS has not designated a single office or individual ultimately responsible for oversight and management of DHS and component pandemic plans. Additionally, DHS' response indicated it will update the DHS Pandemic and Emerging Infectious Disease Workforce Pandemic Plan, but did not confirm that it will review, approve, and update all DHS component pandemic plans. Designating a single responsible office or official will provide DHS with the oversight structure to revise pandemic plans in the near and



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distant future to provide DHS-wide oversight of pandemic planning. The recommendation will remain open and unresolved until DHS formally designates an office or individual responsible for oversight and management of DHS and component pandemic plans.

### **Objective, Scope, and Methodology**

Department of Homeland Security Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107-296) by amendment to the *Inspector General Act of 1978*.

Our objective was to determine the adequacy and effectiveness of DHS' corrective actions to address three OIG reports (OIG-14-129, OIG-16-18, and OIG-17-02) containing 28 recommendations for improvement to DHS pandemic planning and response.

We judgmentally selected 11 of 28 key recommendations on DHS-wide pandemic planning and response activities for review. We further focused on recommendations relevant to COVID-19 concerns about DHS planning and response activities, and management of personal protective equipment.

To achieve our objective, we reviewed prior reports, documentation in the DHS OIG Project Tracking System that DHS submitted to close the recommendations, and new information through media reports. We conducted interviews with OCHCO, OCRSO, Office of Procurement Operations, and Office of the Chief Security Officer. Countering Weapons of Mass Destruction Office provided written responses to questions. We requested documentation from OCHCO, OCRSO, Countering Weapons of Mass Destruction Office, and MGMT.

We conducted this verification review between April 2020 and July 2020 pursuant to the *Inspector General Act of 1978*, as amended, and according to the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

The Office of Audits major contributors to this report are Shelley Howes, Director; John McPhail, Supervisory Program Analyst; Diane Benton, Program Analyst; Denis Foley, Program Analyst; Audrey Van, Auditor; Kate Fishler, Auditor; Deborah Mouton-Miller, Communications Analyst; Rolando Chavez, Independent Referencer.



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**Appendix A**  
**DHS Comments to the Draft Report**

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



**Homeland Security**

December 8, 2020

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.  
Inspector General

FROM: Jim H. Crumacker, CIA, CFE  
Director  
Departmental GAO-OIG Liaison Office

SUBJECT: Management Response to Draft Report: “Ineffective Implementation of Corrective Actions Diminishes DHS’ Oversight of Its Pandemic Planning” (Project No. 20-035-AUD-DHS)

JIM H  
CRUMPACKER

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JIM H CRUMPACKER  
Date: 2020.12.08  
16:28:10 -05'00'

Thank you for the opportunity to comment on this draft report. The U.S. Department of Homeland Security (DHS or the Department) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

The Department is pleased that OIG’s report recognizes the efforts of the DHS Office of the Chief Readiness Support Officer (OCRSO) during the current pandemic to implement a centralized process to manage department-wide pandemic personal protective equipment (PPE) supplies, thus enabling better oversight and control of Department-wide PPE purchases and inventories, utilization rates, and needs. DHS remains committed to protecting the health and safety of its workforce and persons in its care and custody during this and future pandemics.

It is important to note that the COVID-19 pandemic represents a historic event that has tested response capabilities at all levels of government (federal, state, and local) and the private sector, and posed unforeseeable challenges to everyone’s pandemic planning and response activities and oversight evaluations thereof.

The draft report contained three recommendations with which the Department concurs. Attached find our detailed response to each recommendation. DHS previously submitted technical comments addressing accuracy and contextual issues under a separate cover for OIG’s consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you in the future.

Attachment



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### Attachment: Management Response to Recommendations Contained in 20-035-AUD-DHS

OIG recommended that the Senior Official Performing the Duties of the Deputy Secretary:

**Recommendation 1:** Assign responsibility and delegate authority to an office or individual for the oversight, management, and accountability of pandemic PPE, including authority to ensure that components comply with DHS PPE policies.

**Response:** Concur. In January 2014, the Office of the Under Secretary for Management designated OCRSO as being responsible for the management and accountability of pandemic PPE. This designation remains in place, but will be reviewed and updated, as appropriate, including upgrading the designation to a formal delegation to clarify OCRSO authority if recommended by the DHS Office of General Counsel. In addition, OCRSO will expand upon previous efforts to centrally manage the Department-wide pandemic PPE logistical oversight, funding, and PPE supplies. This will include developing a plan to revise/create and implement a process(es) to ensure that Components comply with DHS PPE policies. Estimated Completion Date (ECD): December 31, 2021.

**Recommendation 2:** Assign responsibility and delegate authority to an office or individual to update and establish a formal policy with procedures, practices, and methodologies identified in the PPE ILSP [Integrated Logistics Support Plan], to standardize the process for all DHS components to follow for their PPE programs.

**Response:** Concur. Per Office of the Under Secretary for Management direction in January 2014, OCRSO is responsible for PPE management oversight throughout the Department. This designation remains in place, but will be reviewed and updated, as appropriate, including upgrading the designation to a formal delegation to clarify OCRSO authority if recommended by the DHS Office of General Counsel. In addition, OCRSO will establish a formal policy and revise and update the ILSP, dated July 2015, to reflect Department's current procedures, practices, and methodologies for the oversight of Department-wide PPE programs, as appropriate. ECD: December 31, 2021.

**Recommendation 3:** Assign responsibility and delegate authority to an office or individual for oversight and management of DHS and component pandemic plans, including review, approval, and updating of those plans.

**Response:** Concur. The Under Secretary for Management, through the DHS Chief Human Capital Officer, in coordination with the Assistant Secretary for Countering Weapons of Mass Destruction, through the Chief Medical Officer, will update the DHS Pandemic and Emerging Infectious Disease Workforce Pandemic Plan, dated October 7, 2016, and related Component plans, as appropriate. ECD: December 31, 2021.



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**Appendix B**  
**Sample of 11 Recommendations Reviewed**

The following recommendations identified in bold are those that our review determined were not effectively implemented by DHS.

Report and Recommendation Number	Recommendation
<b>OIG-14-129</b>	<i>DHS Has Not Effectively Managed Pandemic Personal Protective Equipment and Antiviral Medical Countermeasures</i>
1	<b>Identify and designate an office responsible for the management and accountability of pandemic personal protective equipment (PPE).</b>
2	Develop a strategy for management, storage, and distribution of pandemic PPE.
3	Implement an inventory system for the current inventory and future inventories of pandemic PPE.
4	Work with components to establish a methodology for determining sufficient types and quantities of pandemic PPE to align with the department-wide pandemic plan.
5	Have components implement inventory control procedures for pre-positioned pandemic PPE to monitor stockpiles, track shipments, and ensure compliance with departmental guidance.
<b>OIG-16-18</b>	<i>DHS' Ebola Response Needs Better Coordination, Training, and Execution</i>
10	Ensure components make PPE purchases based on component risks.
<b>OIG-17-02</b>	<i>DHS Pandemic Planning Needs Better Oversight, Training, and Execution</i>
1	<b>Designate an office responsible for conducting oversight of component pandemic plans, including review and approval of those plans.</b>
2	Update the Department's Pandemic Workforce Protection Plan to clarify pandemic readiness training requirements.
3	Issue implementation guidance, including deadlines, for components to execute the Integrated Logistics Support Plan.
4	<b>Establish oversight to ensure component compliance with the Integrated Logistics Support Plan.</b>
5	Establish clear and consistent guidance for timeframes that components should maintain pandemic personal protection equipment.



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**Appendix C**  
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