

**FEMA'S NATURAL DISASTER PREPAREDNESS
AND RESPONSE EFFORTS DURING
THE CORONAVIRUS PANDEMIC**

HEARING

BEFORE THE
SUBCOMMITTEE ON ENVIRONMENT
OF THE
COMMITTEE ON OVERSIGHT AND
REFORM
HOUSE OF REPRESENTATIVES
ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

JULY 24, 2020

Serial No. 116-107

Printed for the use of the Committee on Oversight and Reform



Available on: *govinfo.gov*,
oversight.house.gov or
docs.house.gov

U.S. GOVERNMENT PUBLISHING OFFICE

41-186 PDF

WASHINGTON : 2020

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No additional documents were entered into the record during this hearing.

**FEMA'S NATURAL DISASTER PREPAREDNESS
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Friday, July 24, 2020

HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON THE ENVIRONMENT
COMMITTEE ON OVERSIGHT AND REFORM
Washington, D.C.

The committee met, pursuant to notice, at 9:08 a.m., in room 2154, Rayburn House Office Building, Hon. Harley Rouda (chairman of the subcommittee) presiding.

Present: Representatives Rouda, Tlaib, Speier, and Comer.

Also present: Representatives Maloney, Velázquez, and Plaskett.

Mr. ROUDA. The committee will come to order. I would like to point out that we are glad to have Representatives Velázquez and Plaskett join us today and join us in the questioning as we pursue this hearing.

I now recognize myself for a five-minute opening statement.

I am con seeing today's subcommittee hearing to examine preparations by FEMA for responding to and helping our Nation recover from natural disasters, which this year will overlap with the Nation's ongoing efforts to combat the coronavirus pandemic.

FEMA is the lead Federal agency responsible for coordinating preparation, prevention, mitigation, response, and recovery efforts for all domestic disasters, including the ongoing coronavirus pandemic.

In event years, FEMA has struggled to anticipate the severity of multiple disasters due, in part, to climate change, secure advanced contracts for supplies, and retain and deploy key personnel. As the United States continues to respond to the coronavirus pandemic in a recent surge in cases across the country, it is clear that this unprecedented moment has left all of us, including FEMA, in unchartered territory.

People have often called the year 2020 apocalyptic, although some say that is an exaggeration or said in jest, it certainly, at times, does feel like we are not too far off from the truth. More than 140,000 Americans have lost their lives due to the current administration's lack of leadership, distrust of science, and continued hesitation to meet the seriousness of the challenges associated with the coronavirus pandemic and because of this complete lack of leadership and inept response by the managers, tens of thousands more will die.

All of this is a horrifying loss of life, wasn't tragic enough. We know that climate change is increasing the frequency and intensity of extreme weather events, setting that stage to lose even more American lives as a result of natural disasters in coming months, therefore, it is absolutely imperative that Congress and the American public understand the steps that FEMA is taking to prepare for and respond to natural disasters, including hurricanes, wildfires, flooding, and extreme heat, on to have of nationwide effort to slow and stop the spread of the coronavirus.

The 2020 hurricane condition began on June 1 and the National Oceanic and Atmospheric Administration forecasters expect 13 to 19 named storms, increasing six to ten hurricanes, and three to six major hurricanes. Residents in states known to be hit hardest by hurricanes like Florida and North Carolina are facing some of the highest rates of confirmed cases of COVID-19 and this year's predicted higher-than-average hurricane season increases the chances of large evacuations of people to northern states like New York and New Jersey; areas previously hit hard by the virus, which would cause the potential for an increase in the spread in those states.

For those who are low-wealth and forced to stay and seek emergency shelters since they do not have the means to evacuate, overcrowded shelters, from school gyms to convention centers, risk becoming infection hotspots. The current serious lags in COVID-19 testing, if not fixed, could very well lead to asymptomatic people who have coronavirus staying in the shelters. And many of the same people who have less access to health care, less health insurance are more likely to have unknown or uncontrolled comorbidities, may be at higher risk of death or complications from COVID-19. These are prime examples of how climate change acts as a threat and multiplier during public health crises.

Over the last five years, the U.S. has seen more federally declared disasters for wildfires than in many previous prior years. In 2017 and 2018 California experienced the deadliest and most destructive wildfires of its history and this year's weather patterns are lining up to result in above-average fire activity.

Wildfire-related risks are particularly high in places like my home state of California, and in recent weeks, these areas have also seen staggering COVID-19 case numbers continue to rise. This is of significant concern because both, smoke and COVID-19, negatively impact our respiratory and cardiovascular systems. In fact, we know that wildfires exacerbate respiratory and lung conditions, especially for children, older adults, and those with underlying conditions, such as asthma, chronic heart disease, and diabetes, many of the comorbidities known to increasing negative health outcomes and mortality rates among those infected with the coronavirus.

And while cloth masks can help prevent the spread of coronavirus, these kinds of face coverings do not offer protection from smoke; only properly fitting N95 masks filter out dangerous particles. And we have seen those remain in short supply in many places, including wildfire-prone regions.

Then there is the extreme heat. No other year in recorded history has been as hot as the years between 2014 and 2019 and 2020 has a high likelihood of being the hottest year on record and this is likely to pose additional challenges to COVID-19 mitigation efforts.

When it gets incredibly hot, low-wealth households who do not have access to air-conditioning or who cannot afford to turn it on, may flock to cool and crowded indoor areas, which could result in an increase in coronavirus cases.

As we sit here today, every state in the United States is currently facing a budget shortfall; as a result, many states, territories, and local governments may be more dependent on FEMA for supplies and personnel than in recent years. In the middle of a respiratory pandemic, we need to know what steps are being taken to safeguard the lives of both, FEMA personnel and disaster survivors. We need answers as to whether or not critical medical supplies will be accessible for communities in need. We need to understand how plans are being adapted to account for simultaneous disasters. We need to be ready, able, and willing to address increasingly likely worst-case scenarios, and we need to help FEMA so they can be fully prepared to meet their mission.

As the saying goes, by failing to prepare, you are preparing to fail. In this moment, our Nation's challenges are unprecedented and extraordinary, and our plans and actions must rise to meet the seriousness and grave reality we face now and in the coming months and years.

Let me put it bluntly, the topics we are discussing today are literally matters of life and death.

I appreciate FEMA Administrator Gaynor's participation in this hearing, and I hope that today's discussion will help inform and support the critically important work FEMA is tasked with, because the stakes truly could not be higher. Thank you.

I invite ranking member of the committee and acting ranking member of the subcommittee, Mr. Comer to give a five-minute opening statement.

Mr. COMER. Thank you, Chairman Rouda.

For the second time, I am not going to fact-check all the slanderous, op-ed opinions that were made about the Trump administration in the beginning of your opening statement, because this is an important hearing.

I am very glad to participate in person for this hearing. The business of this committee cannot be done virtually, and I hope we will continue working for the American people, here in D.C., as we promised to do.

I want to thank Administrator Gaynor for testifying today. I know that you are an extremely busy man, but I am interested to learn about the good work that FEMA has been doing in response to COVID-19.

The COVID-19 pandemic has affected more than 3.8 million Americans and has tragically killed more than 140,000. Through President Trump's leadership, FEMA has responded swiftly to this virus. On March 13, President Trump declared a national emergency, pursuant to Section 501(b) of the Stafford Act.

After this emergency declaration, all states and U.S. territories requested major disaster declarations. To date, all 50 states, five U.S. territories, and the District of Columbia have been approved for major-disaster declarations.

According to FEMA, a major-disaster declaration provides a wide range of Federal assistance programs for individual and public in-

frastructure, including funds to both, emergency and permanent work.

As head of the White House Coronavirus Task Force, Vice President Pence designated FEMA as the lead agency for Federal response to the pandemic on March 19. FEMA transitioned into this new role seamlessly and prioritized to protect the health and safety of all Americans by utilizing a Whole-of-Government and Whole-of-America approach.

After this announcement, FEMA activated the National Response Coordination Center, NRCC, to its highest level. The NRCC became the focal point of Federal interagency coordination efforts.

FEMA has done a tremendous job in their response to the COVID-19 pandemic and I want to highlight a few numbers to support that. As of July 17, FEMA, HHS, and the private sector coordinated delivery of or are currently shipping 189 million N95 respirators, 784 million surgical masks, 33 million face shields, 341 million surgical gowns, coveralls, and over 20 billion gloves. As of July 21, FEMA delivered 29,891 medical supplies to nursing homes in 52 states and territories.

With regards to testing, as of July 20, CDC, state, local, public health labs, and other laboratories have tested more than 48.6 million samples. While these numbers are impressive, I look forward to hearing more about plans for the United States to produce more life-saving equipment for frontline workers. This equipment has traditionally been manufactured in other countries, which FEMA has described as a national security issue.

Federal funding has also played a large part in the response to this crisis. As of July 17, FEMA and HHS have combined, have committed to \$135.9 billion in support of COVID-19 efforts.

In terms of staffing, as of July 22, FEMA has 2,245 employees supporting COVID-19 pandemic response out of a total of 20,831 agency employees ready to respond to any other potential emergencies. These are truly staggering numbers and I applaud the work that FEMA has done as the lead agency in charge to the Federal Government's response to COVID-19.

FEMA is currently responding to 114 active disasters and 97 emergency declarations concurrently. I look forward to hearing more specific details about how FEMA will continue to prepare for the natural-disaster season while maintaining its good work battling COVID-19.

Thank you, Mr. Chairman, and I look forward to today's testimony.

Mr. ROUDA. Thank you, Ranking Member Comer.

Now, I would like to introduce our witness. It is my honor to recognize our witness, the honorable Peter T. Gaynor, who is the Administrator at the Federal Emergency Management Agency.

The witness will be unmuted so we can swear him in. Please raise your right hand.

Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth so help you God?

Mr. GAYNOR. I do.

Mr. ROUDA. Thank you. Has please sit down.

Let the record show that the witness answered in the affirmative.

Without objection, your written statement will be made a part of the record.

With that, Administrator Gaynor, you are now recognized for your testimony.

STATEMENT OF PETER GAYNOR, ADMINISTRATOR, FEDERAL EMERGENCY MANAGEMENT AGENCY, U.S. DEPARTMENT OF HOMELAND SECURITY

Mr. GAYNOR. Thank you, sir.

Good morning, Chairman Rouda, Ranking Member Comer, and distinguished members of the subcommittee. My name is Pete Gaynor and I am the FEMA administrator.

Thank you for this opportunity to discuss the actions taken by FEMA to protect the health and safety of the American people during the COVID-19 pandemic, as well as the agency's ongoing efforts to enhance disaster preparedness within a COVID-19 environment.

On behalf of the men and women of FEMA, I would like to begin by offering my condolences to the loved ones of the 144,305 Americans who have lost their lives to COVID-19. One life lost is one life too many and our hearts go out to all those that have been affected by the pandemic. This has been a trying time for our country and FEMA has been working around the clock to help our Nation respond to this global pandemic and recover from other natural disasters.

As the FEMA administrator, it has been my honor to work alongside dedicated professionals of FEMA. Today I want to acknowledge that work force and our many partners for their commitment to the Nation during this response. The response to COVID-19 pandemic and other natural disasters will continue to be locally executed, state-managed, and federally supported.

The President has made an unprecedented decision to declare a nationwide emergency on March 13 and since that time, the entire team has worked tirelessly to make a positive impact; many have risked their own health and safety to do so. For the first time in American history we have a major disaster in every state, territory, the District of Columbia, and one tribe concurrently.

Today, FEMA has responded to 114 active disasters, 97 emergencies from the Pacific island of Saipan, to the U.S. Virgin Islands, and all across the American Heartland.

The magnitude of this pandemic and other concurrent disasters has required FEMA to both, re-examine our past practices and reduce risks to our staff as much as possible while accomplishing our mission.

During more common natural disasters, FEMA typically manages an abundance of resources for events that are limited in geographic scope and impact. In responding to COVID-19 and other natural disasters in 2020, FEMA has met the more difficult task of managing finite medical supplies and equipment; rather than managing resources, we are managing shortages.

We have worked tirelessly to find medical supplies and equipment across the globe and rapidly move them to America with the

goal of providing temporary relief until supply chains could begin to stabilize. In addition to expediting supplies into the United States, the Federal response has focused on stabilizing the lives of Americans in many impactful ways.

Since March 13, we have provided over \$8.4 billion in obligations under the Stafford Act to states for COVID-19 related activities with the first \$1 billion obligated in just 11 days. Over \$1 billion has been allocated to both, California and New York, alone. And \$1.7 billion has been allocated in support of Title 32 National Guard troops, as well as the deployment of 5,300 DOD, Title 10 medical professionals who have provided critical medical support to numerous hospitals under stress.

While we continue to respond to COVID-19, we want to ensure that we are using all available resources to address these critical shortfalls. To do so, the Federal Government has utilized the Defense Production Act to increase the amount of medical equipment manufactured domestically to ensure our Nation's future preparedness is not overly reliant on foreign producers.

This increase of domestic manufacturing will also allow FEMA to pivot toward hurricane season preparations, as well as other natural disasters. Operating in overlapping disaster environments will create new challenges. Evacuating people within the COVID-19 environment would require the widespread availability of non-congregate sheltering so that social distancing can be observed wherever possible. Critical supplies like ventilators, PPE, and other key pharmaceuticals located in the path of hurricanes, will have to be secured to ensure they remain available for use.

As part of this pivot to prepare for other disasters, FEMA recently released a planning guide for the 2020 hurricane season to help local officials best prepare for more common disasters within the context of a pandemic. The operational guidance is scalable, flexible, and functions as an all-hazards planning document. While this document focuses on hurricane season preparedness, these planning considerations can also be applied to any disaster operation in the COVID-19 environment to include no-notice incidents and wildfire responses.

To further increase FEMA's readiness to support partners during overlapping disasters, our agency continues to expand its work force. Since the beginning of this fiscal year, the FEMA has successfully onboarded more than 2,300 new disaster personnel, which is an increase of over 22 percent from Fiscal Year 2019. Many of these new personnel have been onboarded during our COVID-19 response while adhering to pandemic-safety protocols.

Additionally, last year, FEMA introduced a requirement for states and territories to develop a distribution management plan under the Emergency Management Performance Grant Program. As a result, all 56 states and territories have individualized plans that focus on commodity distribution, transportation best practices, and as a result, FEMA personnel will be better-abled to expeditiously contract and distribute goods and services to disaster survivors.

In addition to preparing for future disasters within the context of a pandemic, FEMA also remains committed to helping our partners recover from past events; for example, FEMA and its Federal

partners have provided historical levels of support for the Commonwealth of Puerto Rico during the ongoing recovery from Hurricanes Irma and Maria.

Since 2000 or mid-2000 to 2019, FEMA has gone from funding between 10 and 15 permanent work projects per month to an average of 550 projects per month. FEMA has obligated more funding for emergency work in Puerto Rico than in Texas from Hurricane Harvey and Florida from Hurricane Irma, combined.

Our streamlined services have accelerated the awards process and to date, the Federal Government has provided more than \$25 billion toward the response and recovery efforts in Puerto Rico.

Regardless of the challenges that FEMA will continue to confront, the bedrock of our mission remains constant: to protect the American people before, during, and after disasters.

The framework by which we accomplish this remains unchanged. Responses are most effective when locally executed, state-managed, and federally supported.

The Nation is counting on us to accomplish our mission and we will do so in accordance with our core values of compassion, fairness, integrity, and respect. This unprecedented response to the COVID-19 pandemic will continue to require a Whole-of-America effort and FEMA looks forward to coordinating closely with Congress as we work together to protect the lives of the American people.

I would like to thank the committee for the opportunity to testify today and I look forward to any questions you may have. Thank you.

Mr. ROUDA. Thank you, Administrator.

Without objection, the gentlewoman from the state of New York and the gentlewoman from the U.S. Virgin Islands shall be permitted to join the subcommittee on the dais and be recognized for questioning the witness.

With that, I would like to recognize the vice chair of the subcommittee, Congresswoman Tlaib for five minutes of questioning via WebEx.

Congresswoman Tlaib?

Ms. TLAIB. Thank you, Chairman, and thank you so much to the administrator for joining us, especially during this very difficult time for so many Americans across the country.

I do want to just be really direct with you, Administrator, you know, I had this line of questions to talk about national disasters, but I feel just compelled to tell you, as I hear my colleagues talk about the approach and the fact that, you know, we have done all this work to try to combat the pandemic, one of the statistics in my state is very alarming and I want to talk about this, specifically, since we are talking about vulnerable communities.

You know, more of my Black neighbors died of COVID than in any other community; 40 percent of those that died from COVID in Michigan were African American, even though they make up less than 15 percent of the total population in the whole state of Michigan. I am just curious as to what have you all done, how intentional are you in making sure that you are covering communities that are predominantly black and brown, in regard to how you approach this pandemic?

Mr. GAYNOR. Yes, ma'am. Thank you for the question.

So, as an emergency manager, I've been doing this for almost 13 years at the local, state, and now Federal level, and I've learned that when there's pre-existing challenges in a community before a disaster and whether it's poverty or homelessness, unemployment, medical care, the disaster that comes next, and it can be any disaster, it just makes all of those conditions much worse.

We knew that early on in COVID-19 and that's why I think we took an aggressive approach with our authorities, and so some of the things we've done across the country include, and one of the first things, and this is one of the things that we had not done in a disaster before, is we issued a—I have an Office of Equal Rights—we issued a civil rights bulletin early on that made sure that individuals, communities, advocacy groups had ample—

Ms. TLAIB. I understand.

Mr. GAYNOR [continuing]. Opportunities to raise concerns and receive information. We also have food programs—

Ms. TLAIB. Administrator—

Mr. GAYNOR [continuing]. That states—

Ms. TLAIB. Yes.

Mr. GAYNOR [continuing]. Are using, housing programs, and testing programs across the country, so—

Ms. TLAIB. I understand.

Administrator, one of the things—and I am so glad you are talking about the conditions that existed prior to the pandemic and the fact that we have these broken systems that are structurally racist and do not include every single person that lives in the United States—I do want to ask you, but, you know, I heard in a different committee, I cannot remember when it was, but we heard one of the folks come in and say that during Katrina, they were very aggressive, and this was during the Obama Administration, just very aggressive about giving people direct debit cards to get food assistance to be able to get, you know, diapers and formula, was a huge barrier during that time.

So, even though we want to claim that we want civil rights for everyone, that we are going to have this policy with these task financial advisors to study us, I do not think it is actually resulting in taking care of our most vulnerable that have already been, as you just recognized, already not having access to health care, environmental racism with pollution and pre-existing conditions, all of those things, which have, you know, homelessness or a lack of assisted housing, all of that is to say that we need to be—and this is a pandemic—that FEMA should be doing a lot more direct contact with these communities, beyond just statements that you don't want them to get hurt more than anyone else.

The fact of the matter is they are and you have acknowledged that there is all these other conditions and, really, they are systems; they are systems that have been broken for a long time and no one has paid attention to them. And I think that is why we see this uprising across our country.

But, Administrator, I want to urge you as someone that represents not only a part of the city of the Detroit, but even 11 communities throughout Wayne County, I hear all the time, if it is not just alone on the flooding, that I know you all have been working

closely with me and part of my community, but it is also during this pandemic, acknowledging that you all have access to resources to waive, you know, cost-sharing requirements for the SAFER grants. You didn't do it retroactively.

So, communities like Inkster, which is predominantly black, are now having to cut city services and keeping our citizens safe because you all decided not to do that, or to push against this whole 100 percent reimbursement. Again, when we do that and help local governments, which are really touching the lives directly to communities of color, we are short-changing them. They are already in survivor mode, Administrator, and you know this.

We have to be doing more and it has to be beyond just, you know, statements and Civil Rights Division and so forth, and I appreciate that, but this is time and years we can't get back. People are dying and they are getting sick and they don't have access to resources, as you acknowledged, because of the systems that have been set up against them.

So, I just really appreciate this, Chairman, and Administrator, I hope you hear me, this is very genuine, please help black and brown communities. They are dying at a higher rate and we need to do more in this country.

Thank you and I yield.

Mr. GAYNOR. Thanks, ma'am.

If I could just followup on a couple of questions. First of all, I used to live in Detroit, so I understand some of the challenges, locally, that they have. So, cost share, we are looking actively. It's under active examination; again, unprecedented response to COVID-19. Never before in the history of the country or the history of FEMA have we had every single state, territory, a tribe, and the District of Columbia with a major disaster. So, we're looking at cost share and I'm in active conversations with the task force and with the administration.

As for the SAFER grant reference, we actually waived, and I'll be happy to get you this bulletin, the Secretary of Homeland Security waived Fiscal Year 2019 and 2020, blanket waivers for those grants. So, we waived cost share, we waived salary cap, we waived supplanting for all of those grants to make sure that we could retain and rehire our firefighters.

So, if your staff reaches out to me or my staff, we'd be happy to help you understand what we did for SAFER grants. Thank you, ma'am.

Mr. ROUDA. Thank you. The Chair now—

Ms. TLAIB. Thank you.

Mr. ROUDA [continuing]. Recognizes Ranking Member Comer for five minutes of questioning.

Mr. COMER. Thank you.

Administrator, can you briefly describe the early actions taken by FEMA at the onset of the COVID outbreak.

Mr. GAYNOR. Yes, sir.

Again, an unprecedented time for the country and for FEMA. On March 13, the President declared a nationwide disaster, which, again, gave everyone a major disaster. Actually prior to that, more than a month, FEMA had been in support of Health and Human Services in their fight against COVID.

As we transitioned, as we learned more, as the disease progressed and became larger, the President directed FEMA to lead Federal coordinating operations. That was on March 18. On that very night I moved all HHS, CDC, and other members to our National Response Coordination Center. I also did that out in the 10 regions that I have across the country, as far west as American Samoa and as far east as the U.S. Virgin Islands to make sure that we had a coordinated response to COVID-19.

Mr. COMER. Great. How has FEMA evolved its response from the middle of March to today?

Mr. GAYNOR. Yes, sir.

So, we're in a, you know, this is a dynamic situation. The disease has changed over time. If you remember back to March and April, you know, the epicenter was New York, New Jersey, Connecticut, some New England states, Detroit, Chicago, Louisiana, Los Angeles. So, all that happened and then now it's, and, again, when you look at how we dealt with COVID-19, we actually did it by counties and that's where we focused our effort, not just generally by state, but by counties.

Mr. COMER. Right.

Mr. GAYNOR. And now we look at the Sunbelt outbreak; it's a different kind of outbreak—

Mr. COMER. Right.

Mr. GAYNOR [continuing]. Where it's seated in most counties, so it's much wider than it is, and so, we've adapted, as we move through it, and we'll continue to adapt as we understand it more.

So, where the initial outbreak, and I'll just use New York as an example, you know, we needed surge capacity, we needed PPE, we needed pharmaceuticals, we needed vents. Today it's really, and I have talked to most all the Governors in the outbreak states and their emergency managers, it's really about staffing, staffing and hospitals to give some relief to those critical frontline workers that we depend on.

Mr. COMER. Can you detail the most important strategies discussed in FEMA's 2020 hurricane season operation guidance?

Mr. GAYNOR. Yes, sir.

One of the things we knew early on, you know, in March, that hurricane season was coming and we made a deliberate effort to collect lessons learned, partnered with CDC and ASPR and other medical professionals to collect best practices, look at planning in detail, and in mid-May, May 20, we issued the 2020 operational guidance for the COVID-19 and hurricane season.

And what we have been encouraging since then is that states, tribes, territories, local governments look at their existing plans and apply the lessons learned of COVID-19. And I'll just give you a couple of examples, you know, it is a complicated response on a good day for a hurricane, not in COVID-19, it can be complicated. It will be further complicated by the considerations of COVID-19 when you think about evacuations, sheltering, and needing more space, needing more time.

Mr. COMER. Right.

Mr. GAYNOR. So, we're asking everyone to lean in. I just came back from a seven-day, a six-day tour of the Gulf Coast, Louisiana, Mississippi, Alabama, and checking out how those states were

doing. It is pretty impressive how much work has been done at the local, state, and tribe levels.

So, I have confidence that emergency mayors across the country, whether it is hurricanes or wildfires, flooding, or tornados are embracing those best practices.

Mr. COMER. So, these planning operations can be applied to any disaster operation during the COVID-19 pandemic?

Mr. GAYNOR. Yes, sir. And, you know, we did a couple different things. We'd like to think of ourselves as flexible, so we built a pandemic guide for hurricane season, but we also took a deeper dive with an additional guide a couple of weeks later entitled, Mass Care, Assistance Pandemic Planning Considerations, things that will be probably most problematic in a disaster.

So, you're thinking about wildfire evacuations—

Mr. COMER. Right.

Mr. GAYNOR [continuing]. Wildfire disasters, it's going to be about mass care. What do you, you know, how do you move those people? How do you shelter those people? How do you keep them safe?

So, you're moving them out of the threat of a wildfire, but you don't want to put them into a bigger threat of a congregate sheltering operation. So, all those considerations, all those frameworks we provide to state and locals so they can update their plans.

Mr. COMER. Well, keep up the good work.

Mr. Chairman, I yield back.

Mr. ROUDA. Thank you, Ranking Member Comer.

It is now my privilege to recognize the chair of the full committee, the honorable Carolyn Maloney for five minutes of questioning.

Mrs. MALONEY. Thank you. And I want to thank so much Chairman Rouda and the ranking member for calling this, and a very special welcome to my colleague from the great city of New York, Nydia Velázquez. I had the honor of joining her, going to Puerto Rico to review FEMA's work on the island and, of course, have been watching all that you have done in New York.

It was shortly after the first time you testified before this committee, by that afternoon, at our request, you had declared New York a disaster zone, thank you, and shortly after that, the President declared the entire country a disaster zone.

But one of the areas where we continue to have challenges is the shortfalls in PPE during a disaster. We couldn't get PPE in New York and our medical professionals were going to work in garbage bags. At one time, one hospital had 250 people out sick because I would say they didn't have the right protective equipment and I certainly don't want to ever see that happen again.

In response, New York started manufacturing our own PPE because we could not get it and our supply chain, our foreign developers wouldn't send it to us or they didn't have it. And we had four manufacturing plants we set up. They are now in the process of disbanding them.

I personally believe that we should never be dependent on other countries for our PPE; we should manufacturer a certain portion of that here in our country. And I have put in a bill that would require that 35 percent of our Strategic National Stockpile be manu-

factured in America and that we give tax breaks and incentives to our manufacturers so that we can prepare a certain percentage of PPE here in our own country so that people will not die or become sick because they could not have access to it.

I would like to send a couple of this proposal to you and your team to look at and to get back with us with your suggestions of whether or not it should be strengthened or how it should be changed or any other ideas that you have.

And I would also like to call upon Ranking Member Comer to take a serious look at it. I also serve on the subcommittee that later that is looking at this issue and other things with Jim Clyburn, who is chairing it, but very telling, both Republicans and Democrats, have called for manufacturing PPE here in our own country. I think it could be a goal that we should all support.

But I do want to get back to the supply chain with a few questions. One of your internal documents from FEMA's Supply Chain Stabilization Task Force for at least in June, show that the task force was projecting critical shortages of more than 30 million N95 respirators and a hundred million gowns in July. These projections were developed before the recent surge that we are now seeing in coronavirus cases in our country, so the situation is likely much worse. And I think it point to the need that we should have some production here at home.

So, Administrator Gaynor, yes or no, does the administration now have updated projections of supply and demand for mass gowns, gloves, and other supplies for the rest of the year?

Mr. GAYNOR. Ma'am, I think if I could just give a more detailed answer because it—

Mrs. MALONEY. OK. Certainly.

Mr. GAYNOR [continuing]. Gives some context—

Mrs. MALONEY. OK.

Mr. GAYNOR [continuing]. To all these numbers.

Mrs. MALONEY. Go right ahead.

Mr. GAYNOR. And I thank you for—we would be happy to look at that proposal and give it technical assistance, and I think you're right on about how critical PPE is to national security and making it here is important, so I applaud you for taking that initiative.

Mrs. MALONEY. And it is life-saving—

Mr. GAYNOR. Absolutely.

Mrs. MALONEY [continuing]. Absolutely life-saving, and to think that our essential workers were going to the frontline of this war against the virus not with the equipment they needed to protect themselves. It is outrageous.

We should at very least, be able to ensure that our medical professionals, every worker, janitors, administrators, nurses, technicians, have the protective equipment they need.

Mr. GAYNOR. Yes, ma'am. And I agree, it's about life-saving and minimizing suffering. And I think we're in a much better place today than we were back in March and April, and for context, you know, the majority of PPE, so whether it's mass gloves, gowns, not made in the U.S.

There's more made in the U.S. now than there was a couple of months ago. And N95 masks, we're making those today. Companies

like 3M, Moldex, Honeywell, O&M Halyard all have either increased their production or started new production, like Honeywell.

So, we get healthier every day. N95 masks is like the premium standard that everyone wants, and we realize that, and so as we move through increased production, you know, we will close that gap. And just, again, just for what we, how we see supply and demand, we recently pulled, talked one-to-one to all the state emergency manager directors about how much PPE they have on hand, and for the most part, every state has a 60-, 90-, 120-day stockpile, which is a really great statistic.

Hospitals have done the same, have went out bought PPE and stockpiled it and, again, we track this day-by-day. I have Rear Admiral Polowczyk who works on the Supply Chain Task Force, that this is his sole job, to make sure that we fill all the requests from states when we see a PPE shortage and, again, it's one of the things that we've been doing from day one.

Mrs. MALONEY. Unfortunately, my time has expired. I request to Chairman if I could submit questions to him in writing and that we can continue this conversation going forward, and I yield back.

Mr. ROUDA. Thank you, Madam Chair.

The Chair now recognizes the gentlelady from New York, Representative Velázquez.

Ms. VELÁZQUEZ. Thank you, Mr. Chairman, and Ranking Member. I really appreciate the opportunity to be here today to ask the administrator some questions regarding Puerto Rico.

As a Puerto Rican woman who has most of my family in Puerto Rico, I care deeply, and the fact that Puerto Rico has been facing a financial crisis, Hurricanes Irma, Maria, earthquakes, and now the pandemic. Puerto Rico has a surge on infections that is one of the highest, if not the highest in the mainland.

So, today, AP has a story and it says, Thousands in Puerto Rico still without housing since Maria. It is great to hear you as to how much money has been obligated, but my question is, why is it that thousands of families in Puerto Rico still do not have a home, especially during this hurricane season?

Mr. GAYNOR. Yes, ma'am. So, we have, first of all, our commitment, FEMA's commitment to Puerto Rico, I think, is demonstrated by the number of employees we have on the ground today, more than 2,000 FEMA employees—

Ms. VELÁZQUEZ. And I recognize that, sir.

Mr. GAYNOR. Yes, ma'am. But that—

Ms. VELÁZQUEZ. I really appreciate the great work and the staff of FEMA. I was there, I have been there like three or four times. I am not questioning that.

I am questioning the fact that since Maria, still, there are thousands of families who might be confronting another hurricane and they don't have any place to go.

Mr. GAYNOR. Yes, ma'am. So, this has been a partnership from the beginning. I think the partnership with Puerto Rico, the Governor and her staff, has never been stronger. And there's no easy, simple answer. It is a partnership between FEMA, who does temporary work to keep people in their homes and it is a partnership with HUD to do permanent work on houses. So—

Ms. VELÁZQUEZ. Excuse me, reclaiming my time.

And it is a reality that HUD has imposed certain requirements that have not been asked from any other locality in the Nation. And so, it is a very difficult task for them to be able to repair, to make the repairs on those homes.

So, let's talk about Vieques; Vieques, where the Navy was operating, the U.S. Navy for so many years until finally they have Vieques and left behind an environmental degradation. There was a commitment to clean up Vieques and no one can question the fact that in Vieques, we have the highest rate of cancer compared to any other municipality in Puerto Rico.

So, there might be a correlation between the fact that bombs were exploded there and the health of the people of Vieques. So, seven weeks, seven months ago, money was appropriated, approved for a hospital that was promised to the people of Vieques and this happened after the speaker called a meeting between FEMA, myself, Alexandria Ocasio-Cortez, the CHC. A young lady, 16 years of age, lost her life because they don't have a hospital and here, we are seven months later.

Transportation between the people of Vieques to the main island to get health care services is impossible because it is so poor that the infrastructure and the vessels are not reliable. So, given the fact that what we have is low-income people living in Vieques that are cutoff from the main island, with the COVID pandemic, what are we saying to the children and the elderly in Vieques, seven months after the money was approved?

Mr. GAYNOR. Yes, ma'am. So, early on FEMA built a temporary hospital. We actually—

Ms. VELÁZQUEZ. I know, I have been there.

Mr. GAYNOR. Yes, ma'am. But \$4.1 million dollars to build a temporary hospital. We'll continue to fund that until we begin to fund the permanent hospital, which has been funded to almost \$40 million, \$39.5 million to fund a new hospital.

That process is underway, and we are committed to make sure that there is health care for those living on Vieques that need it.

Ms. VELÁZQUEZ. Sir, FEMA has been telling me this for so long. Seven months ago, the money was approved.

Mr. GAYNOR. Yes, ma'am.

Ms. VELÁZQUEZ. Why is that difficult to break ground in Vieques that we send a message to the people of Vieques that their lives matter?

Mr. GAYNOR. Yes, ma'am. I mean, so, again, it doesn't happen overnight. So, there's design, there's environmental issues, and, again, we do this in partnership with the Government or the municipality of Vieques. This is just not FEMA building the Hospital; this is actually the local government building the hospital and we're—

Ms. VELÁZQUEZ. But what are you doing to provide capacity and technical assistance so that they could get their act together?

Mr. GAYNOR. We are.

Ms. VELÁZQUEZ. What are you?

Mr. GAYNOR. Through the Governor of Puerto Rico, COR3 was our partner, and the many Governors across the—or the many mayors across Puerto Rico to include the mayor of Vieques, we are providing assistance today.

Ms. VELÁZQUEZ. I know. I talked to the mayor last Friday.

Mr. GAYNOR. Yes, ma'am. But it is a partnership and to build a forty-million-dollar hospital does not happen overnight. But we are committed to make sure that we have adequate health care on Vieques as long as it takes until—

Ms. VELÁZQUEZ. We are the most powerful country in the world and whenever there has been natural disaster in other countries, we move Federal assets to make it happen.

Make it happen to the people of Vieques because they serve a purpose in terms of our national security by having the Navy operations there. They deserve the fire, the power and fire of the United States. The will, if there is a will, we can do it.

Thank you, Mr. Chairman.

Mr. ROUDA. Thank you. And I support the comments from the gentlelady from New York regarding the Americans in Puerto Rico still in desperate need of help.

The Chair now recognizes myself for five minutes of questioning.

Administrator Gaynor, there has been a lot of discussions about the pandemic, the challenges facing FEMA as we enter into the hurricane season and the wildfire season. I just want to start off with a simple question.

Does FEMA get this? Do you have America's back as we go into these challenges over the next few months?

Mr. GAYNOR. Well, sir, I hope we've demonstrated over many years that FEMA is an organization that's committed to the safety of America and the response to those most in need after a disaster.

And for context, since we have been responding to COVID-19, early on, we responded to a hurricane or an earthquake in Puerto Rico. We responded to flooding in Michigan. We responded to tornados in southern states.

We're ready every day. There's no doubt that COVID-19 makes this more complicated—

Mr. ROUDA. But you are confident that you have got this?

Mr. GAYNOR. Sir, this is not just FEMA responding; this is Whole-of-Government response.

Mr. ROUDA. I understand.

Mr. GAYNOR. I have many partners—

Mr. ROUDA. But you guys are the tip of the spear and that is why I am encouraged to hear you say that, because that is what America wants to hear. They want to hear that FEMA is ready to take on these challenges.

Mr. GAYNOR. Yes, sir.

Mr. ROUDA. Let me ask you a few other questions here. I want to focus on the wildfire season, because it is of particular interest to my home state of California and, of course, other western states, such as Oregon and Washington, who could be facing frequent, severe, and life-threatening wildfires.

How many wildfires is FEMA currently prepared to respond to?

Mr. GAYNOR. Yes, sir. Well, we issue, I'm sure you're familiar with FMAG's Fire Management Assistance Grants. We've issued a host of, I don't know the number off the top of my head, but we've issued a host of those grants and the purpose of those grants is to get early intervention when a fire outbreaks so it doesn't turn into a major disaster.

So, we have, typically in a year, hundreds of FMAGs, again, intervening early on—

Mr. ROUDA. Right.

Mr. GAYNOR [continuing]. So, it doesn't get out of control.

Mr. ROUDA. But even with that being said, there has to be some sense that you are prepared for more major wildfires during the season.

Do you have an estimate as to what those anticipated numbers might be?

Mr. GAYNOR. I can't give you what the forecast for are; I'm not sure that one exists. But we are an all-hazards agency, so we're ready for not only wildfires, hurricanes, tornados, you name it, to include our response and Federal coordination of COVID-19.

I have a tremendous work force that works for me and I have many great partners.

Mr. ROUDA. I know you do. You have got great partners and a fabulous work force at FEMA. I know that everyone is fully committed and for that, America is grateful.

One of the things that I would like to ask you about is evacuation orders; again, I am kind of focused on wildfires here because of a particular interest to my home state. Unlike other major disasters, along the lines of hurricanes, where we have the ability to plan for evacuations, we don't necessarily have that advanced warning when it comes to wildfires.

So, in an effort to prevent the spread of COVID-19, what type of screening does FEMA anticipate having in place for evacuees due to wildfires to make sure that they are not going into shelters where potentially being asymptomatic or infected?

Mr. GAYNOR. Yes, sir. And, again, just some context, the way a response works the best is when it's locally executed, state-managed, and federally supported; so, all of those elements working together. So, I was a local emergency manager for seven years, I was a state emergency manager for four years, and now I am the Federal administrator.

All those things have to work together and its levels. We don't—so, I'm going to use my time as a local emergency manager. I'm responsible, as a local emergency manager, I'm responsible for all the hazards and response plans at the local level.

Mr. ROUDA. Yes. And I am just talking testing, I just want to know about testing right now.

Mr. GAYNOR. OK.

Mr. ROUDA. So, if you have infected individuals going to shelters and it is FEMA's position that that is a responsibility of the state or the local municipalities, yet we don't have sufficient testing in place, how is FEMA going to address the spread of COVID-19 in shelters if there is not adequate testing available?

Mr. GAYNOR. So, again, sir, local and states have plans to have screening, testing, or not use non-congregate, or congregate shelters—

Mr. ROUDA. So, the responsibility in FEMA's mind and in the administration's, mind is that it does sit with the state and local municipalities to have appropriate testing to ensure that shelters are not being infected?

Mr. GAYNOR. Again, this is an all-of-America response. So, we're partners in all of that—

Mr. ROUDA. I understand.

Mr. GAYNOR [continuing]. And so, if there's a shortfall in a local government or a shortfall at the state, a tribe, or territory, FEMA will address that. So, we provide frameworks and guidance, technical assistance.

I have 10 regions out there who coordinate plans for those states in each region. We have the Federal Interagency Operational Plan that lays out how—

Mr. ROUDA. Let me ask you one more question here just because we are limited time. In 2019, President Trump cut FEMA's budget, which often supports state's tasking with fighting wildfires.

Does FEMA have the financial resources to support states like California in their efforts to meet the response and recovery challenges associated with the anticipated wildfires of the upcoming year?

Mr. GAYNOR. Yes, sir. Great question.

And I want to thank Congress for passing supplementals that allowed FEMA to double its capacity for resources funding. So, typically, we would start a, I will use hurricane season, a hurricane season year with about \$45 billion in the Disaster Relief Fund.

Due to the efforts by the administration and Congress, Congress passed another 45, nearly \$45 billion in assistance for COVID-19 response. So, today, I spent about \$8.5 billion, that's just FEMA alone, and I have about \$70 billion in the DRF, probably twice as much that I would have in any other season.

So, we are responding to COVID-19, we are responding to earthquakes and tornados. We're doing recovery, at the same time, we are doing a tremendous recovery in Puerto Rico, and we're ready to respond to anything that's in front of us.

And, again, thanks to Congress, you have fully funded us to make sure that we are ready for whatever disaster comes to us.

Mr. ROUDA. Well, Administrator Gaynor, thank you so much for coming in. I have to go vote, so I am going to turn the chair over to Representative Speier, but I do appreciate you taking the time to come in.

Your job, I do not think anyone in America envies the challenges that are facing you, and we are very appreciative of you and your entire team's efforts to try to keep America safe during this time.

At this time, the chair will recognize Representative Plaskett from the United States Virgin Islands for five minutes of questioning and I will allow Representative Speier to come up and take over the chair. Thank you.

Ms. PLASKETT. Thank you very much to my colleague, Mr. Rueda. This has been an excellent hearing thus far.

And, Mr. Gaynor, thank you so much for coming before Congress and for giving us an update. I know that you all have so much work to do. It is a tremendous task ahead for all of us.

I appreciate the COVID-19 pandemic operational guidance for the 2020 hurricane season that FEMA has prepared, but I wanted to know, I would appreciate further details on your plans for the Virgin Islands if it were to be struck by another hurricane this year.

As you are aware, our hospitals are still damaged and not able to operate at full capacity. Our schools, businesses, hotels are still being repaired.

In recent weeks, we have also seen exponential growth in COVID infections here in the territory, unfortunately.

How would FEMA plan to provide non-congregate sheltering after a storm in the Virgin Islands, especially if COVID cases continue to grow here in the Virgin Islands?

Mr. GAYNOR. Yes, ma'am, thank you. And thank you for your support on USVI. We do appreciate it.

And so, there's a number of questions and I will try to get to all of them. I actually was in the USVI, I visited all three islands in early January. I met with the Governor and the team to make sure that we were addressing all the issues that the territory was experiencing, to include, at the time was getting schools reopened. And through a great partnership with the Governor and the team, we drove that forward.

I actually placed one of my most talented Federal coordinating officers down there to lead that effort. Today, in preparedness for hurricane season and looking back at the lessons that we learned from 2017, we have commodities on all three islands. We have more commodities on the continental U.S. We have more commodities on Puerto Rico than we ever had before.

When it comes to COVID-19, we've been working with, again, with the Governor and the team building surge capacity to make sure if a hospital runs out of capacity, that they have surge capacity, make sure they have adequate ventilators, and, again, if there's a need to shelter, we are working with the territory to make sure that they have all the capability that they require.

Ms. PLASKETT. And what is that capability that they have discussed with you, in terms of non-congregate sheltering after the storm, what is the plan?

Mr. GAYNOR. I would have to talk to the FCO and the Virgin Islands emergency manager to see what specifics they have down there, but if you allow me, I'll followup and get you a detail of what the territory's plan is for that and how we're supporting it.

Ms. PLASKETT. Thank you.

You talked about surge capacity in terms of COVID. And as you know, everyone is concerned with PPE funding. The President has stated that this response was preeminently the responsibility of the Federal Government.

In the Virgin Islands, we have learned that FEMA has decided that Plexiglass is not eligible for reimbursement under the Public Assistance Program.

Why does FEMA feel it is not responsible for reimbursing the costs for protective equipment like Plexiglass, which adds an emergency protective measure? Do you all not see it as an emergency protective measure?

Mr. GAYNOR. Ma'am, that's the first I've heard of that issue; again, I will personally look into that and get back to you with an answer.

Ms. PLASKETT. I really appreciate that.

One of the other things that I wanted to ask you about was in terms of cost share. Now, I understand that we probably won't

agree on how much is the Federal Government's responsibility and how much is the state, but absent that, I would appreciate a commitment from you that in a short period of time within, you know, two weeks or so, that you will jointly issue guidance with HHS to much more clearly explain what activities will be the responsibility of HHS and which will be the responsibility of FEMA.

I know that you all are working on an MOA. This pandemic continues, ravaging stronger than ever, and Congress has appropriated 45 billion for the Disaster Relief Fund under the CARES Act, which was supplemented funding for your agency's response effort.

Can I get an, do you have an update or is there a commitment from you with regard to the—?

Mr. GAYNOR. Yes, ma'am. You are absolutely correct that, you know, we have a bulletin for COVID response, and we have a bulletin for natural disasters under, you know, hurricane season, as an example. And we're in the process of merging those two, so it's a little bit clearer to jurisdictions under the COVID-19 major or on a potentially new major for a hurricane or tropical storm, so we are working out those details.

You know, one of the challenges is there's lots of supplemental funding across the Nation for lots of different things and we want to make sure it's clear and people understand how to use it so when the accounting happens, we don't have to clawback any money or have duplication of benefits. So, we want to be deliberate about that and when there's an update, I'll absolutely share it with you.

Ms. PLASKETT. You know, I am just hoping that like the other issues that we have had, particularly the STEP Program, that that guidance will be sooner, rather than later, so that our government has a clearer delineation of what the guidance is.

And with the Chair's indulgence, I would ask Mr. Gaynor, I am really looking for you, I understand that you have recently, you had a commitment from you personally, but any outstanding issues with closing out the STEP Program in the Virgin Islands would be resolved by August of this year.

Is FEMA still on track to honor that commitment, to resolve the outstanding issues with closing out the shelter and temporary essential power, the STEP Program by next month?

And there are other questions that I will submit for the record and after your response, I yield back. Thank you so much.

Mr. GAYNOR. Yes, ma'am. On STEP, we've had numerous conversations with the territory on it and I think from our point of view, it really is, and we have provided technical support and assistance, as required, and, you know, that STEP Program, Public Assistance Program is reimbursable for eligible expenses. I think the issue now is between the government of Puerto Rico and the vendors that they hired, making sure all that paperwork has been submitted, make sure it is proper, and then when it's proper, we'll absolutely reimburse for eligible costs for the STEP Program. But I think for right now, the ball is in the Government's court with the contractors that they hired.

Ms. PLASKETT. So, I am not asking about Puerto Rico; I am asking about the Virgin Islands.

So, my understanding is that the local government of the Virgin Islands has given you all of the information and right now, it is for FEMA to finalize the outstanding issues so that it can be resolved by August.

Mr. GAYNOR. Again, ma'am, I may have a little bit of dated information, 30, 45 days old, but the last up check I got was still waiting on paperwork so we could actually, you know, we have no problem with identifying the funding to pay out on it; it's really making sure all the costs are eligible and reasonable and proper and I will absolutely pay on those, you know, when that criteria is met.

But from my latest understanding, and I'd be happy to go back and get an update on it, but my latest understanding is that the territory and its vendors are still working those out.

Ms. SPEIER.

[Presiding.] I thank the gentlelady.

Ms. PLASKETT. Thank you, Madam Chair.

Ms. SPEIER. Mr. Gaynor, we are very appreciative of you being here today and you have one of the most profound tasks, I think, of anyone in the Federal Government right now with the exception of Dr. Fauci.

I would like to speak about the DPA. I am really astounded that we have not taken full advantage of the DPA. I can tell you that in California in my district, they are grappling with that problem on a daily basis and are always in need.

So, how can we better use the DPA to get the resources we need? This particular pandemic is going to be with us for another year.

Mr. GAYNOR. Yes, ma'am. And I've said this publicly a couple of times before.

So, to date, FEMA, just FEMA alone, we've used the DPA at least 14 times, and then there's other agencies that have other DPA authorities that have used it. One of the things early on, March and April, as I understand the environment we were operating in and one of—and I have probably the finest supply expert in the world, Rear Admiral Polowczyk, that works on this every day.

But we wanted to make sure that we did no harm to the existing landscape, to make sure that if you—

Ms. SPEIER. What do you mean by do no harm?

We have people dying in this country.

Mr. GAYNOR. Yes, ma'am. And I'll give you an example. Everyone needed more N95 masks. The material that you use to make N95 masks is the same material that you make a gown with, so they stopped making gowns and they make under more N95 masks, and then we have a gown shortage.

So, all these unintended consequences, we want to be thoughtful and meaningful about it. When we actually used it, we used it in a deliberate way to get the best result.

Ms. SPEIER. So, let me see if I understand.

You have the authority to exercise DPA as the director of FEMA?

Mr. GAYNOR. Yes, sir—yes, ma'am.

Ms. SPEIER. That is fine.

So, you can call upon manufacturing companies that don't engage in this kind of work to do this kind of work, correct?

Mr. GAYNOR. We can and we have. And there are many manufacturers and I'll just use, I listed some earlier, but there are new manufacturers in the United States now that had not produced N95 masks. There are producers like 3M that have increased their production. There are new manufacturers like Honeywell and Moldex that have started new production lines.

So, it is happening, and, again, back to, for context, global competition for all of these medical supplies, 90 percent of medical supplies not made in the U.S. And this is a national security issue.

Ms. SPEIER. It is.

Mr. GAYNOR. Our goal is to move those critical supplies that save lives, minimize suffering, back to the United States, and we are doing that.

One of the challenges—

Ms. SPEIER. All right. Let me—

Mr. GAYNOR. It's not a switch; it's a rheostat. So, it takes time to make all that happen.

Ms. SPEIER. Here is my point, though—

Mr. GAYNOR. Companies—

Ms. SPEIER. Excuse me, sir. Let me just make this point.

I have companies in my district that took advantage of PPP, that is the Payroll Protection Plan. They got million-dollar loans to become the middleman in buying PPE from China.

So, they actually bought N95 masks from China, brought them to the United States, and an 80-cent N95 mask, they were charging our Government \$8 for and getting a Payroll Protection Plan loan on top of it. So, it has gotten so twisted and I think we are misusing the taxpayers' money when we don't do virtually all of that here in the United States.

Let me move on to another—

Mr. GAYNOR. If I could just, again, give some more context, through the CARES Act, the Congress passed a billion dollars to increase production in the United States. So, our partners in DOD and DLA are working on a host of initiatives to increase production of pharmaceuticals, N95 masks, other—

Ms. SPEIER. I appreciate that, but my hospitals are still clamoring for PPE. They are struggling to get it. They are paying high prices for it. It shouldn't have to happen.

Mr. GAYNOR. Yes, ma'am. Again, we're in a much better place. We still have a ways to go, but we have come a long way since March and April.

I have no doubt that the prices are not what they once were pre-COVID at 70 cents a mask; those days are probably long gone. But, nonetheless, we get healthier every day, and I will just use N95 masks, whether we import a little bit more from overseas until we can catch up in the United States, but we have to build it in America and we have to make sure we just don't build it in America for a couple of years and forget about how important it is, but to fund those companies, those great American companies that are doing it for us today, for the long haul.

And we are focusing on that, so we don't fall into this trap in five years or 10 years or 15 years. We want to make sure that we learn the lessons learned, the hard lessons learned, right, over the past five months, that we don't repeat those again.

Ms. SPEIER. So, the price-gouging that is going on here in the United States, which is happening as well, you are saying those 70-cent N95 masks are long gone.

Why should they be long gone if we can get the production up?

And if we are paying U.S. companies now to do the production, why shouldn't they be providing those masks at 70 cents a mask?

Mr. GAYNOR. I'm not an economist or a supply chain expert, but it is about a lack of supply and they're in high demand, so those prices go up.

I'm not saying it is right or it's wrong; I think it's just the environment we live in and I think if you make it in America, it's probably going to cost a little bit more than making it in China, for example.

And, you know, part of the way we live, we live in a "just in time" world where we really don't warehouse these things anymore; it's just, you know, we need it today and it comes from China tomorrow and we have it the next day.

We need to change that dynamic to make sure that we are self-sufficient as a Nation, so we don't fall into this trap. And it's just not only PPE, it is all those other things that we really have to take a deep dive into to make sure the Nation is ready not only for the next pandemic or something that equals that stress on the Nation.

Ms. SPEIER. All right. I think my time is sort of expired, but since I am the last person here, I am going to take advantage of asking you one more set of questions.

Can I just ask you this straight out, do you believe in climate change?

Mr. GAYNOR. Ma'am, I believe that, well, first of all, I'm not a scientist, but I believe that the climate has changed. And I'll just use hurricanes, and you can look back at the history of hurricanes over the last 75 years or more, more frequent, more costly, more damage.

So, the climate has changed, but FEMA's role in this is no matter the cause of a disaster, so whether it's a hurricane or a tornado, our response and our responsibility to the Nation is to respond to all those—

Ms. SPEIER. Precisely.

Mr. GAYNOR. Yes, ma'am.

Ms. SPEIER. So, it would make sense, would it not, that you would have climate change as something that you would consider in your strategic planning, possibly to improve your ability to assist when these calamities occur.

Mr. GAYNOR. And you're referencing the 2018 strategy, strategic plan?

Ms. SPEIER. Yes.

Mr. GAYNOR. Yes, ma'am. Well, we did not reference climate change, or we didn't even reference any—

Ms. SPEIER. Well, you removed it is my understanding.

Mr. GAYNOR. Well, I wasn't here for 2017, so I can't speak to that.

But what I do know is, you know, we didn't even speak to hazards in that plan. It was really more of a thought piece about what is important to the Nation.

And let me just give you, again, context—I was a state director—FEMA requires every state to have a hazard mitigation plan that addresses changing conditions; things like that demographics, land-use, infrastructure, climate in that plan. So, we are fully embraced in making sure we understand all the things that impact readiness in states for innocent locals and readiness as a Nation.

So, it may not be in there, but, again, we——

Ms. SPEIER. It should be. It has to be considered, correct?

Mr. GAYNOR. Well, we consider it.

Ms. SPEIER. The last question I have deals with whether or not you are training those who are going to be called into the work force during the fire season, are you training them in virus-containment techniques, in terms of their interactions with each other on the firelines?

Mr. GAYNOR. Well, I can't speak specifically to firefighters on a fireline, but what I can say is the CDC has numerous guidelines about how to keep safe when dealing with COVID-19. So, whether you're a firefighter or a police officer or a nurse in a hospital, there is guidance out there that you can use to keep yourself safe.

And I'll just give you the four basic things that I think everyone needs to do, whether you're on a frontline firefighter or just at home, you know, watching TV.

Wear a mask. If everyone did that, we would continue to flatten the curve.

Keep your hands clean. Every time you walk by the Purell pump, wash your hands. Don't wear gloves. It doesn't help.

Third is social distancing 6 feet away or more.

And, last, don't go into crowded bars and don't go into crowded restaurants.

If we could do those four basic things, every American, because this is an all-America response, can work toward beating COVID-19 as fast as we can. And I got those four from Dr. Fauci, so I'm proud to quote him on that.

Ms. SPEIER. Well, Mr. Administrator, thank you.

It is important for the message to get out about gloves, too. Every time I see people with gloves on, I worry that they don't appreciate that they are actually making things worse for themselves.

Mr. GAYNOR. They are.

Ms. SPEIER. So, thank you, again, very much for being here today.

In closing, I want to thank you, again, for your remarks and your willingness to engage with us.

Without objection, all members will have five legislative days within which to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response, and I ask that you promptly respond as you are able.

This hearing is adjourned.

Mr. GAYNOR. Thank you, ma'am.

