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Report to Congressional Addressees

April 2021

COVID-19

HHS Should Clarify Agency Roles for Emergency Return of U.S. Citizens during a Pandemic

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GAO-21-334

GAO Highlights

Highlights of GAO-21-334, a report to congressional addressees

April 2021

COVID-19

HHS Should Clarify Agency Roles for Emergency Return of U.S. Citizens during a Pandemic

Why GAO Did This Study

HHS provides temporary assistance to U.S. citizens repatriated by the Department of State (State) from a foreign country because of destitution, illness, threat of war, or similar crises through the U.S. Repatriation Program. In January and February 2020, HHS assisted State in repatriating individuals from Wuhan, China, and the Diamond Princess cruise ship in Yokohama, Japan, to the U.S. HHS quarantined repatriates at five Department of Defense (DOD) installations to ensure they did not infect others with COVID-19.

GAO was asked to examine HHS's COVID-19 repatriation efforts to ensure the health and safety of those involved in the response. This report examines HHS's coordination and management of its COVID-19 repatriation response.

GAO reviewed relevant documentation from HHS, State, and DOD related to repatriation planning, including documentation on pandemic planning exercises. GAO also interviewed officials from HHS, State, and DOD.

What GAO Recommends

GAO is making two recommendations to the Secretary of Health and Human Services: (1) revise or develop new emergency repatriation response plans to clarify agency roles and responsibilities during a pandemic; and (2) plan and conduct repatriation exercises with relevant stakeholders—including federal partners and state, local, and territorial governments—to test repatriation plans in response to a pandemic. HHS agreed with our recommendations.

View GAO-21-334. For more information, contact Mary Denigan-Macauley at (202) 512-7114 or deniganmacauleym@gao.gov.

What GAO Found

At the beginning of the COVID-19 pandemic, the U.S. returned, or repatriated, about 1,100 U.S. citizens from abroad and quarantined them domestically to prevent the spread of COVID-19. The Department of Health and Human Services (HHS) experienced coordination and safety issues that put repatriates, HHS personnel, and nearby communities at risk. This occurred because HHS component agencies—the Administration for Children and Families, the Office of the Assistant Secretary for Preparedness and Response, and the Centers for Disease Control and Prevention—did not follow plans or guidance delineating their roles and responsibilities for repatriating individuals during a pandemic—an event these agencies had never experienced. While they had general repatriation plans, there was disagreement as to whether the effort was in fact a repatriation. This led to fundamental problems for HHS agencies and their federal partners, including at the March Air Reserve Base quarantine facility in California where the first repatriated individuals were quarantined prior to widespread transmission of COVID-19 in the U.S. These problems included the following:

- Lack of clarity as to which agency was in charge when the first repatriation flight from Wuhan, China, arrived at the quarantine facility, which caused confusion among the HHS component agencies.
- Coordination issues among HHS component agencies resulted in component agencies operating independently of each other, and led to frustration and complications.
- HHS's delay in issuing its federal quarantine order, during which time a repatriate tried to leave the quarantine facility.
- HHS personnel's inconsistent use of personal protective equipment (PPE), and HHS officials' disagreement on which agency was responsible for managing infection prevention and control. An HHS official also directed personnel to remove their PPE as it created "bad optics," according to an HHS report that examined the repatriation effort.

The National Response Framework, a guide to how the U.S. responds to disasters and emergencies, instructs agencies to understand their respective roles and responsibilities, know what plans apply, and develop appropriate guidance for emergency responses. Until HHS revises or develops new plans that clarify agency roles and responsibilities during a repatriation in response to a pandemic, it will be unable to prevent the coordination and health and safety issues it experienced during the COVID-19 repatriation response in future pandemic emergencies.

HHS also did not include repatriation in its pandemic planning exercises. As a result, agencies lacked experience deploying together to test repatriation plans during a pandemic, which contributed to serious coordination issues. GAO has previously reported that exercises play an important role in preparing for an incident by providing opportunities to test response plans and assess the clarity of roles and responsibilities. Until HHS conducts such exercises, it will be unable to test its repatriation plans during a pandemic and identify areas for improvement.

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Abbreviations

ACF	Administration for Children and Families
ASPR	Office of the Assistant Secretary for Preparedness and Response
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
DOD	Department of Defense
HHS	Department of Health and Human Services
PPE	personal protective equipment
State	Department of State

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April 19, 2021

Congressional Addressees

In response to the emergence of the Coronavirus Disease 2019 (COVID-19) pandemic in China, the Department of State (State), in conjunction with the Department of Health and Human Services (HHS), brought back approximately 1,100 U.S. citizens to the United States from China and Japan between January 28 and February 17, 2020, through a process known as repatriation. HHS quarantined these individuals at five Department of Defense (DOD) locations in order to prevent the domestic transmission of COVID-19, a potentially deadly infectious disease.

State initiates the repatriation of U.S. personnel, their dependents, and other citizens to the United States from abroad when their lives are endangered or they are destitute; this is usually done by arranging flights to the United States through private or commercial carriers.[1] HHS, through its component agency the Administration for Children and Families (ACF), operates the U.S. Repatriation Program, which provides temporary assistance to U.S. citizens and their dependents who are repatriated by State and are without available resources.[2] As part of this responsibility, ACF has developed plans for coordinating repatriation

[1]Under 22 U.S.C. § 4802(b), the Secretary of State is required to develop and implement policies and programs to provide for the safe and efficient evacuation of U.S. government personnel, dependents, and private citizens when their lives are endangered. Expenditures for such evacuations of private citizens must be made on a reimbursable basis to the maximum extent practicable. 22 U.S.C. § 2671(b)(2)(A). In addition, the Secretary of State may make loans to destitute U.S. citizens to provide for their return to the United States. 22 U.S.C. § 2671(b)(2)(B). The Office of American Citizens Services, within State's Bureau of Consular Affairs, is responsible for repatriation. While HHS and State coordinate repatriations, each agency has its own policies, procedures, and funding authorities. In this report, we refer to the evacuation and repatriation of U.S. citizens to the United States from China and Japan between January 28 and February 17, 2020, as a "repatriation."

[2]Temporary assistance provided by the U.S. Repatriation Program includes monetary payments, medical care, temporary billeting, transportation, and other goods and services (e.g., counseling) necessary for the health or welfare of individuals provided upon their arrival in the United States. 42 U.S.C. § 1313(c) and 45 C.F.R. § 212.3 (2019). The Secretary of Health and Human Services may provide temporary assistance to U.S. citizens and their dependents if they are (1) identified by State as having returned from a foreign country because of destitution, illness, war, threat of war, invasion, or similar crises; and (2) without available resources. 42 U.S.C. §1313(a)(1) and 45 C.F.R. § 212.3 (2019). This authority has been delegated to the Assistant Secretary for Children and Families.

activities with other relevant HHS components—the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC)—as well as State and other federal and state partners that may be involved with repatriation.

The repatriation effort in response to COVID-19 began following State's January 23, 2020, call for the departure of all non-emergency U.S. personnel from Hubei Province, China, which includes the city of Wuhan, and issuance of a Level 4 travel advisory.[3] Between January 28 and February 17, 2020, State repatriated 808 citizens from Hubei Province, China, and repatriated 329 citizens from the Diamond Princess cruise ship, docked in Yokohama, Japan. Given that these repatriations occurred prior to the widespread transmission of COVID-19 in the United States, HHS quarantined repatriates for 14 days at five DOD facilities, one of which was March Air Reserve Base in California.[4] The effort, which we refer to as the HHS COVID-19 repatriation response, ceased in March 2020 once repatriates' quarantines concluded and there was documented transmission of COVID-19 within the United States.

During the HHS COVID-19 repatriation response, an ACF whistleblower and others raised concerns about the safety measures implemented by HHS agencies within the quarantine areas.[5] Specifically, they raised concerns that ACF personnel were sent into HHS quarantine areas

[3]The Level 4 travel advisory for Hubei Provence, China, advised U.S. citizens not to travel to the region. State issues travel advisories for every country to provide U.S. citizens with information on travel risks. Ranging from Level 1 to Level 4 based on relative risk, Level 4 is the highest level due to greater likelihood of life-threatening risks and advises citizens not to travel to a specific country or to leave as soon as it is safe to do so.

[4]We refer to officials deployed by ACF, ASPR, and CDC to the five DOD facilities as HHS personnel. As part of this, ACF, ASPR, and CDC each deployed U.S. Public Health Service Commissioned Corps officers and, according to ASPR, it deployed responders from the National Disaster Medical System to provide medical assistance and technical expertise. U.S. Public Health Service Commissioned Corps officers are uniformed public health professionals who are available to assist with emergencies and disasters. They are typically stationed at various federal agencies, including ACF, ASPR, and CDC. National Disaster Medical System responders include physicians, nurses, and paramedics, among other professions, who work outside of the federal government on a day-to-day basis and are federal employees used intermittently to respond to public health emergencies.

[5]The whistleblower alleged that ACF should not have deployed its personnel because the HHS COVID-19 repatriation response was a public health crisis outside of ACF's mission and training. The whistleblower stated ACF generally provides social work services during natural disasters and that public health crises are managed by other HHS components, such as ASPR, who have training for such situations.

without adequate personal protective equipment (PPE) training or appropriate access to PPE, and that these personnel interacted with individuals who might have been exposed to COVID-19.

You asked us to review the HHS COVID-19 repatriation response, including health and safety measures taken at the repatriation sites and agency plans for emergency repatriation events. This report examines HHS's management of its COVID-19 repatriation response, including its planning, preparation, and efforts to ensure the health and safety of those involved in the response.

To do this work, we reviewed HHS agency documentation on repatriation roles and responsibilities, including those for the U.S. Repatriation Program. Specifically, we reviewed documentation and obtained perspectives on actions taken during the COVID-19 repatriation response from three HHS components—ACF, ASPR, and CDC—which we refer to as "agencies" for the purposes of this report.[6] While our review examined the repatriation and quarantine effort at all five DOD facilities, based on safety concerns identified during our analysis, we focused our analysis on the repatriation and quarantine of Wuhan, China, repatriates at March Air Reserve Base and the effort to repatriate individuals from the Diamond Princess cruise ship.

We also reviewed documentation on HHS component agencies' pandemic planning and exercises from 2005 through 2019 to determine the extent to which these exercises included repatriation, and whether agencies updated their plans with lessons learned from these exercises. We assessed HHS actions during the COVID-19 repatriation response against agency regulations, plans, and guidance. Specifically, we reviewed ACF regulations and plans outlining its responsibility for managing repatriation activities and inclusion of repatriation in government-wide emergency planning.[7] We also reviewed draft guidance from ASPR on its roles in repatriation activities, including those describing

[6]We interviewed officials from ASPR and CDC; ACF officials provided written responses to our questions. ASPR is an office within the HHS Office of the Secretary, but we refer to each of these components as "agencies" throughout this report.

[7]See 45 C.F.R. Part 212 (2019); 83 Fed. Reg. 40,517 (Aug. 15, 2018); and ACF, *National Emergency Repatriation Plan Base Plan,* July 2016.

the office's responsibility for conducting emergency repatriation exercises.[8]

We also assessed HHS actions during the HHS COVID-19 repatriation response against the National Response Framework, a guide to how the nation responds to all types of disasters and emergencies. The framework describes roles and responsibilities for federal, state, local, and tribal governments, along with nongovernmental and private sector entities to manage any type of disaster or emergency response regardless of scale, scope, or complexity. The framework also describes coordinating structures, as well as key roles and responsibilities for integrating capabilities across the whole community, to support efforts in responding to actual and potential incidents. The framework also notes that agencies should conduct exercises to rehearse response activities; test personnel, plans and systems; and identify areas for improvement.[9] The Federal Emergency Management Agency leads the overall federal response during emergencies and disasters and HHS has delegated its role as the lead for the public health and medical services response to ASPR. In addition, we reviewed the findings from an HHS Office of the General Counsel report that examined the COVID-19 repatriation response at March Air Reserve Base and Travis Air Force Base.[10] We also reviewed documentation and spoke with officials from State and

[8]We reviewed ASPR's March 2020 draft strategic plan for 2020-2023 and ASPR's draft after-action report on the January-April 2020 COVID-19 repatriation response.

[9]Department of Homeland Security, *National Response Framework, Fourth Edition,* (Washington, D.C.: Oct. 2019).

[10]Department of Health and Human Services, *Findings of the Immediate Office of the General Counsel's Investigation into March Air Reserve Base and Travis Air Force Base Deployments,* (Washington, D.C.: Nov. 6, 2020). Additionally, we reviewed a January 2021 letter from the U.S. Office of the Special Counsel to President Biden regarding the HHS Office of the General Counsel's report. Office of the Special Counsel, Letter to President Biden, (Washington, D.C.: Jan. 28, 2021).

DOD regarding their interactions with HHS and their involvement in the HHS COVID-19 repatriation response.[11]

We conducted this performance audit from March 2020 to April 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

The U.S. Repatriation Program and Agency Roles in Emergency Repatriations

Several federal agencies are primarily involved in the repatriation of U.S. citizens from abroad, including State, HHS, and others. State is responsible for planning and initiating repatriation activities overseas, and HHS is responsible for repatriation activities occurring stateside, such as providing temporary assistance to U.S. citizens in need once they arrive in the U.S.

Within HHS, several agencies may be involved with repatriation activities.

- **ACF.** ACF is the lead agency for planning, coordinating, and executing all repatriation activities within the United States as part of its role in managing the U.S. Repatriation Program.[12] ACF developed the National Emergency Repatriation Plan, which defines repatriation

[11]As part our discussions, we spoke with the base commanders at three of the five DOD facilities used in the HHS COVID-19 repatriation effort, which quarantined the majority of repatriates. Our analysis focused on HHS involvement with the repatriation of individuals from Wuhan, China, and the Diamond Princess cruise ship in Japan. Our analysis did not include State's broader repatriation of approximately 100,000 U.S. citizens from 136 countries between January 27 and June 10, 2020. We also excluded from our analysis the quarantine of those individuals from the Grand Princess cruise ship at the three of the five DOD facilities as the ship was docked at the Port of San Francisco and these individuals were not repatriated from a foreign country.

[12]ACF's Office of Human Services Emergency Preparedness and Response operates the U.S. Repatriation Program. This office assists those affected by disasters and public health emergencies by providing disaster human services expertise to ACF grantees, partners, and stakeholders during preparedness, response, and recovery operations.

roles and responsibilities and establishes procedures for implementation of U.S. Repatriation Program emergency operations in the United States.[13] According to this plan, ACF is to coordinate with state governments and other federal agencies, including State, DOD, ASPR, and CDC, to assist in repatriation efforts during an emergency repatriation response.[14] The plan also describes roles and responsibilities for repatriations in response to an infectious disease in a section on Ebola. In addition, HHS's pandemic plan (issued in March 2020) outlines federal response activities for the COVID-19 pandemic, including ACF's responsibility for the planning and execution of emergency and non-emergency repatriations.[15]

Repatriation Activities

According to its National Emergency Repatriation Plan, the Administration for Children and Families (ACF) works in conjunction with the Department of State and those states selected to receive repatriates at processing reception centers during an emergency repatriation. At these centers, ACF determines the assistance needed for repatriates lacking immediate access to resources (e.g., travel costs and cash assistance). Repatriates who receive temporary assistance under the U.S. Repatriation Program are generally required to repay the cost of such assistance. After an emergency repatriation has ended, states or other entities can submit claims to ACF for the administrative costs incurred and for costs of the temporary assistance provided directly to repatriates.

Source: GAO review of ACF documentation. | GAO-21-334

- **ASPR.** ASPR leads the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. According to federal law and the National Emergency Repatriation Plan, ASPR serves as the principal advisor to the Secretary of Health and Human Services on all matters related to federal public health and medical preparedness and response for public health emergencies, among other things.[16] ASPR has developed two draft plans that describe its responsibility for executing the emergency preparedness planning and emergency management support functions during an emergency repatriation, which were developed prior to the COVID-19 pandemic. According to the National Emergency Repatriation Plan, ASPR assists ACF in repatriation planning and provides support as needed in emergency repatriations.
- **CDC.** CDC's mission is to protect the United States from both foreign and domestic health, safety and security threats, including detecting and responding to new and emerging health threats. CDC also has

[13]The National Emergency Repatriation Plan defines its scope as applying to the emergency repatriation of 500 or more individuals, although ACF may use the plan for repatriations of fewer than 500 individuals.

[14]According to the National Emergency Repatriation Plan, each state is required to develop a plan, known as a State Emergency Repatriation Plan, which describes how it will operate in the event that it receives repatriates during a repatriation event. When requested by ACF to activate the State Emergency Repatriation Plan, states are responsible for executing local emergency repatriation activities and serving as the operational arm of ACF and HHS.

[15]The plan is known as the PanCAP Adapted U.S. Government COVID-19 Response Plan.

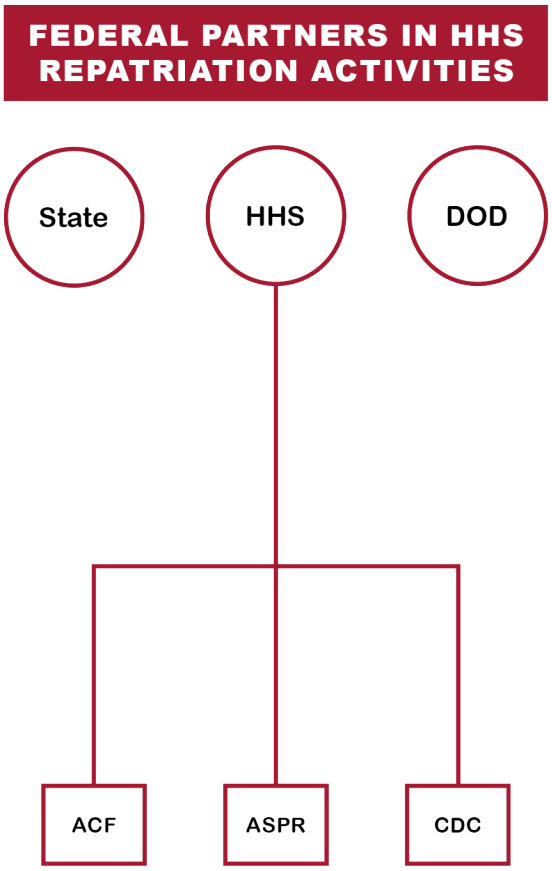
[16]42 U.S.C. § 300hh-10(b)(1).

responsibility for issuing quarantine orders to prevent the spread of infectious diseases.[17] According to the National Emergency Repatriation Plan, CDC is responsible for providing guidance on public health screening and movement of evacuees and repatriates in order to mitigate the risk of importation and spread of communicable disease in the United States. In addition, the plan's section on Ebola suggests that CDC be the lead agency responsible for establishing and operating quarantine facilities for evacuees as well as assisting with the provision of temporary shelter during an emergency repatriation.

Other agencies may be involved with repatriation. For example, DOD may provide repatriation assistance at designated U.S. military installations made available by the Secretary of Defense. HHS, State, and DOD were the primary agencies involved in the COVID-19 repatriation response. (See fig. 1 for an overview of federal partners involved in HHS repatriation activities.)

[17]Under 42 U.S.C. § 264, the Secretary of Health and Human Services may make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States and between the states. The statute also provides the Secretary with authority to apprehend, detain, or conditionally release a person, but only in relation to those communicable diseases specified in executive orders. These authorities have been delegated to the CDC Director.

Figure 1: Federal Partners and Roles for Agencies Involved in HHS Repatriation Activities



DESCRIPTION OF AGENCIES' ROLES

Department of State (State)

State is the lead agency for the repatriation of U.S. personnel, their dependents, and citizens to the United States from abroad when their lives are endangered and they are destitute.

Department of Health and Human Services (HHS)

HHS is the lead agency for repatriation activities within the United States.

Administration for Children and Families (ACF)

ACF is the lead agency for planning, coordinating, and executing repatriation activities within the United States as a part of its role in managing the U.S. Repatriation Program.

Office of the Assistant Secretary for Preparedness and Response (ASPR)

ASPR serves as the principal advisor to the Secretary of HHS on all matters related to federal public health and medical preparedness and response for public health emergencies, among other things. ASPR assists ACF in repatriation planning and provides support as needed in emergency repatriations.

Centers for Disease Control and Prevention (CDC)

CDC is responsible for providing guidance on public health screening and movement of evacuees and repatriates in order to mitigate the risk of importation and spread of communicable disease in the United States.

Department of Defense (DOD)

DOD provides support as needed, including use of DOD installations.

Source: GAO analysis of ACF documentation. | GAO-21-334

Text of Figure 1: Federal Partners and Roles for Agencies Involved in HHS Repatriation Activities

Description of Agency Roles

Department of State (State)

State is the lead agency for the repatriation of U.S. personnel, their dependents, and citizens to the United States from abroad when their lives are endangered and they are destitute.

Department of Health and Human Services (HHS)

HHS is the lead agency for repatriation activities within the United States.

- Administration for Children and Families (ACF)

  ACF is the lead agency for planning, coordinating, and executing repatriation activities within the United States as a part of its role in managing the U.S. Repatriation Program.

- Office of the Assistant Secretary for Preparedness and Response (ASPR)

  ASPR serves as the principal advisor to the Secretary of HHS on all matters related to federal public health and medical preparedness and response for public health emergencies, among other things. ASPR assists ACF in repatriation planning and provides support as needed in emergency repatriations.

- Centers for Disease Control and Prevention (CDC)

  CDC is the lead agency responsible for establishing and operating quarantine facilities for evacuees as well as assisting with the provision of temporary shelter during an emergency repatriation.

Department of Defense (DOD)

DOD provides support as needed, including use of DOD installations.

Note: The figure describes agency roles and responsibilities in the U.S. Repatriation Program as defined in the National Emergency Repatriation Plan. The U.S. Repatriation Program provides temporary assistance to U.S. citizens and their dependents if they are (1) identified by State as having returned from a foreign country because of destitution, illness, war, threat of war, invasion, or similar crises; and (2) are without available resources. Other agencies may be involved in repatriation activities.

The U.S. Repatriation Program has been used several times to provide temporary assistance in response to emergency repatriation events. For example, the program supported emergency repatriations from Lebanon during the Hezbollah-Israel War in 2006 and from Haiti due to an earthquake in 2010. According to ACF, the HHS COVID-19 repatriation response was ACF's first emergency repatriation effort in response to an infectious disease outbreak.

The U.S. Repatriation Program generally has an annual spending cap of $1 million.[18] According to ACF, the cap has previously been raised temporarily to fund assistance for repatriated persons during numerous

[18]See 42 U.S.C. § 1313(d).

incidents, including the conflicts in the Persian Gulf (1991); Iraq (2003); and Lebanon (2006); the earthquake in Haiti (2010); the Ebola outbreak in West Africa (2015); and Hurricanes Irma and Jose (2017).[19] On July 13, 2020, the Emergency Aid for Returning Americans Affected by Coronavirus Act raised the spending cap to $10 million for fiscal year 2020.[20]

HHS COVID-19 Repatriation Response

Between January and March 2020, State, in conjunction with HHS, repatriated approximately 1,100 individuals from Wuhan, China, and the Diamond Princess cruise ship in Yokohama, Japan, in response to the COVID-19 pandemic.[21] HHS quarantined these individuals for 14 days at five DOD facilities.

- **Wuhan, China, repatriations.** On January 28, 2020, State initiated the first flight of U.S. personnel and citizens from Wuhan, China, which landed at March Air Reserve Base on January 29, 2020. (See fig. 2.) CDC initially requested that these individuals voluntarily quarantine themselves at March Air Reserve Base for 72 hours, and then, on January 31, 2020, CDC issued a 14-day mandatory quarantine order for Wuhan, China, repatriates. Between February 5 and February 7, 2020, four additional flights departed from Wuhan, China, and HHS quarantined repatriates at DOD facilities in California, Texas, and Nebraska. In total, HHS assisted in the repatriation and quarantine of 808 U.S. citizens from Wuhan, China. The quarantines of the last Wuhan, China, repatriates concluded on February 20, 2020.

COVID-19 Repatriation Response Quarantine

[19]Though the cap was raised for the Ebola outbreak, according to ACF, no individuals were repatriated under the U.S. Repatriation Program due to Ebola.

[20]Pub. L. No. 116-148, § 2, 134 Stat. 661, 661 (2020) (codified at 42 U.S.C. § 1313(d)). Section 3 of the act prohibited ACF personnel from having direct, in-person contact with repatriated individuals except for uniformed members of the U.S. Public Health Service Commissioned Corps, who have received appropriate training on infection prevention and control and have access to appropriate PPE.

[21]While State's Office of American Citizens Services within the Bureau of Consular Affairs usually leads repatriation activities, State reported that the Directorate of Operational Medicine within the Bureau of Medical Services planned and coordinated the repatriations given the infectious nature of the mission.

The Department of Health and Human Services (HHS) quarantined approximately 1,100 repatriates from Wuhan, China, and the Diamond Princess cruise ship in Japan for 14 days at Department of Defense (DOD) facilities. During the 14-day quarantine period, HHS personnel monitored repatriates for COVID-19 symptoms, such as fever, coughing, and shortness of breath. While under observation, individuals exhibiting symptoms were isolated and treated at local hospitals and other medical facilities. According to the Centers for Disease Control and Prevention, of the 808 individuals repatriated from Wuhan, China, three individuals were diagnosed with COVID-19 and 43 of the 329 individuals repatriated from the Diamond Princess cruise ship were diagnosed with COVID-19. At the end of their quarantine periods, HHS assisted individuals without symptoms with travel arrangements to return home or continue their personal travel plans. After repatriates left the quarantine locations, HHS continued to coordinate assistance with local health departments and hospitals to care for individuals with COVID-19.

Source: GAO review of HHS and DOD documentation and interviews with agency officials. | GAO-21-334

Figure 2: Department of State Staff Assist Repatriates Aboard the First Repatriation Flight Out of Wuhan, China, January 29, 2020

Source: Department of State. | GAO-21-334

- **Diamond Princess cruise ship repatriations.** On February 3, 2020, the Diamond Princess cruise ship docked at a port in Yokohama, Japan, due to the presence of COVID-19 on board. The Japanese government quarantined the passengers aboard the ship. (See fig. 3.) In response to concerns regarding the effectiveness of quarantine aboard the cruise ship and the transmission of COVID-19 among passengers, State and HHS bused the U.S. citizens aboard the ship to Tokyo, Japan. State and HHS then repatriated them to DOD facilities in California and Texas on two flights on February 17, 2020, where HHS quarantined these individuals for 14 days. In total, HHS assisted in the repatriation and quarantine of 329 U.S. citizens from the Diamond Princess cruise ship.[22] The Diamond Princess cruise ship repatriates' quarantine concluded on March 2, 2020.

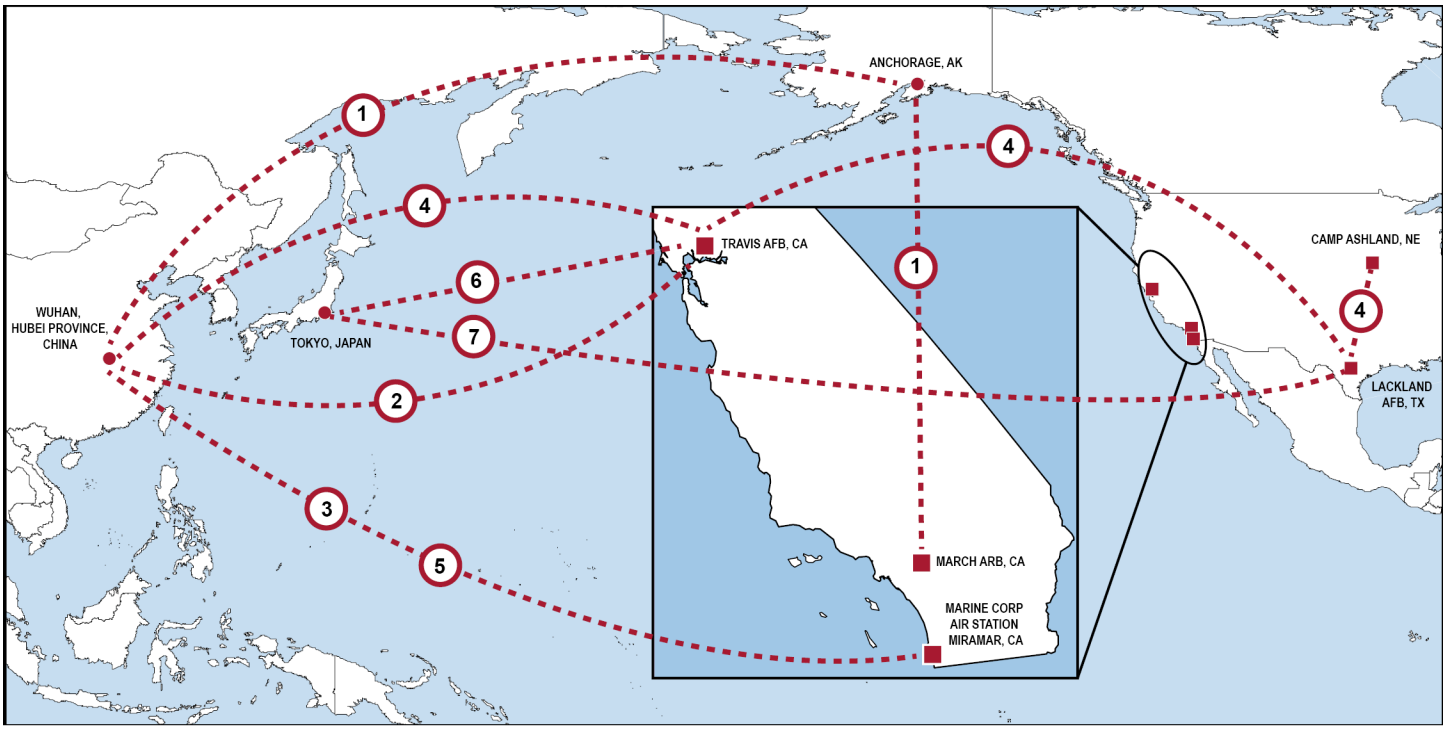
[22]Of the 3,711 Diamond Princess cruise ship passengers quarantined at the port of Yokohama, Japan, 416 were American citizens and 329 were repatriated. According to CDC, one of the 329 repatriated passengers had been isolated and treated in Japan, and met criteria for the discontinuation of isolation by the time of the repatriation flight.

Figure 3: Department of State Staff Provide a Safety Briefing to Diamond Princess Cruise Ship Passengers on a Repatriation Flight, February 17, 2020

Source: Department of State. | GAO-21-334

The HHS COVID-19 repatriation response concluded with the completion of the Wuhan, China, and Diamond Princess cruise ship repatriates' quarantines. According to ASPR officials, HHS stopped quarantining citizens repatriated by State after there was documented widespread COVID-19 transmission in the U.S. (See fig. 4 for timeline.)

Figure 4: Timeline of State and HHS COVID-19 Repatriation Response Effort, 2020



January 28-29, 2020:
1. 195 U.S. citizens, including State personnel, departed Wuhan, China, for March Air Reserve Base (ARB). The flight stopped in Anchorage, AK, for refueling and to conduct repatriate health screenings before continuing to March ARB.

February 5, 2020:
2. 180 U.S. citizens from Wuhan, China, arrived at the Travis Air Force Base (AFB) quarantine facility.
3. 167 U.S. citizens from Wuhan, China, arrived at the Marine Corp Air Station Miramar quarantine facility.

February 7, 2020:
4. 201 U.S. citizens from Wuhan, China, arrived at quarantine facilities at Travis AFB (53 citizens), Lackland AFB (91 citizens), and Camp Ashland (57 citizens).
5. 65 U.S. citizens from Wuhan, China, arrived at the Marine Corp Air Station Miramar quarantine facility.

February 11, 2020:
- Repatriates from the January 28-29 flight leave March ARB.

February 17, 2020:
6. 178 U.S. citizens from the Diamond Princess cruise ship arrived at the Travis AFB quarantine facility from Tokyo, Japan.
7. 151 U.S. citizens from the Diamond Princess cruise ship arrived at the Lackland AFB quarantine facility from Tokyo, Japan.

February 18, 2020:
- Repatriates from February 5 flights leave Travis AFB and Marine Corp Air Station Mirarmar.

February 20, 2020:
- Repatriates from February 7 flights leave Travis AFB, Lackland AFB, Camp Ashland, and Marine Corp Air Station Miramar.

March 2, 2020:
- Repatriates from Diamond Princess cruise ship leave Travis AFB and Lackland AFB, which concluded the HHS COVID-19 repatriation response.

State repatriation flights | Locations where repatriates were quarantined and then released

Source: GAO analysis of Department of State (State), Department of Health and Human Services (HHS), and Department of Defense documentation and interviews with agency officials. | GAO-21-334

Text of Figure 4: Timeline of State and HHS COVID-19 Repatriation Response Effort, 2020

1. January 28-29, 2020:

- 195 U.S. citizens, including State personnel, departed Wuhan, China, for March Air Reserve Base (ARB). The flight stopped in Anchorage, AK, for refueling and to conduct repatriate health screenings before continuing to March ARB.

2. February 5, 2020:

- 180 U.S. citizens from Wuhan, China, arrived at the Travis Air Force Base (AFB) quarantine facility.
- 167 U.S. citizens from Wuhan, China, arrived at the Marine Corp Air Station Miramar quarantine facility.

3. February 7, 2020:

- 201 U.S. citizens from Wuhan, China, arrived at quarantine facilities at Travis AFB (53 citizens), Lackland AFB (91 citizens), and Camp Ashland (57 citizens).
- 65 U.S. citizens from Wuhan, China, arrived at the Marine Corp Air Station Miramar quarantine facility.

4. February 11, 2020:

- Repatriates from the January 28-29 flight leave March ARB.

5. February 17, 2020:

- 177 U.S. citizens from the Diamond Princess cruise ship arrived at the Travis AFB quarantine facility from Tokyo, Japan.
- 158 U.S. citizens from the Diamond Princess cruise ship arrived at the
- Lackland AFB quarantine facility from Tokyo, Japan.

6. February 18, 2020:

- Repatriates from February 5 flights leave Travis AFB and Marine Corp Air Station Mirarmar.

7. February 20, 2020:

- Repatriates from February 7 flights leave Travis AFB, Lackland AFB, Camp Ashland, and Marine Corp Air Station Miramar.

8. March 2, 2020:

- Repatriates from Diamond Princess cruise ship leave Travis AFB and Lackland AFB, which concluded the HHS COVID-19 repatriation response.

Note: The numbers provided by HHS's Centers for Disease Control and Prevention (CDC) for individual repatriation flights slightly differed from those provided by the Department of Defense. This figure includes those numbers provided by CDC as HHS was responsible for managing the quarantine facilities.

HHS Agencies Did Not Follow Plans or Guidance, Leading to Coordination and Potential Safety Issues during the COVID-19 Repatriation Response

HHS component agencies did not adequately coordinate their efforts, which led to potential health and safety issues during the HHS COVID-19 repatriation response and put repatriates, HHS personnel, and nearby communities at risk. This occurred because HHS component agencies did not follow repatriation plans or guidance and had not previously exercised emergency repatriation plans in the context of a pandemic, which would have helped clarify roles and responsibilities and identify any response efforts needing improvement.

HHS Component Agencies Did Not Follow Plans or Guidance, Leading to Coordination and Potential Health and Safety Issues during the COVID-19 Repatriation Response

HHS component agencies told us they did not follow plans that established HHS component agency roles and responsibilities during the COVID-19 repatriation response. ACF, which has authority for the U.S. Repatriation Program, reported it began the COVID-19 repatriation response consistent with the National Emergency Repatriation Plan. However, the agency stated it did not follow the plan after the HHS Office of the General Counsel determined the flights from Wuhan, China, were not a repatriation but an evacuation and quarantine, which fell under CDC's authority.[23] Therefore, ACF officials stated that funds from the U.S. Repatriation Program were not used to repatriate and quarantine individuals. In comments on a draft of this report, CDC stated this

[23]According to ACF, the HHS Office of the General Counsel determined that CDC's statutory authority for quarantine and chartering flights superseded ACF's responsibilities through the U.S. Repatriation Program, and CDC had fiduciary responsibility for the HHS COVID-19 repatriation response. According to ACF, the HHS Office of the General Counsel determined ACF's responsibilities under the U.S. Repatriation Program would begin once the quarantine ceased. ACF stated that the U.S. Repatriation Program was not used during the Wuhan, China, and Diamond Princess cruise ship repatriation and quarantine.

determination by the HHS Office of the General Counsel, which would have had significant implications, was not communicated to CDC.

According to ACF, not all repatriations involve the U.S. Repatriation Program and some could be defined as an evacuation. However, none of the HHS component agencies provided us with an explanation of (1) the distinction between repatriation and evacuation; (2) agency authority and roles during an evacuation; or (3) any plans that should be followed during an evacuation. HHS component agencies, the HHS Office of the General Counsel, and State provided information that contradicted the characterization of the Wuhan, China, flights as an evacuation. For example, ACF's February 2020 Concept of Operations for the Novel Coronavirus Emergency Repatriation Mission referred to the flights and care for individuals from Wuhan, China, as repatriation. ASPR also

COVID-19 Repatriation Response Activities

The Department of Health and Human Services (HHS), along with the Department of State (State) and the Department of Defense (DOD), took the following actions during the COVID-19 repatriation response:

- State repatriated citizens from Wuhan, China, and the Diamond Princess cruise ship in Japan.
- DOD provided the quarantine facilities, which were chosen based on the criteria that (1) the facility could accept a 747 aircraft; (2) the facility had 250 individual rooms to house repatriates; and (3) the facility was located within a one-hour drive of a civilian hospital.
- HHS had operational control of the quarantine sites, including security, housing, and provision of food and other necessities.
- Federal public health professionals from the U.S. Public Health Service Commissioned Corps and National Disaster Medical System were deployed to the facilities to assist with quarantine operations.

Source: GAO review of HHS, State, and DOD documentation and interviews with agency officials. | GAO-21-334

defined the flights from Wuhan, China, as repatriation in its draft after-action repatriation report.[24]

In addition, both ASPR and CDC said there was not guidance to follow during the COVID-19 repatriation response. For example, CDC noted there was no operational guidance to follow because the emergency repatriation and quarantine of individuals had never occurred before.

Due to the lack of plans or guidance, HHS component agencies experienced coordination issues and were unprepared to receive repatriates at March Air Reserve Base. Specific examples include the following:

- **There was a lack of coordination among HHS component agencies.** ACF, ASPR, and CDC operated independently of each other without coordinating their efforts at March Air Reserve Base, according to the HHS Office of the General Counsel report. In addition, DOD officials stated that there were coordination issues between DOD and HHS at March Air Reserve Base resulting in confusion and frustration because of the lack of guidance between the two agencies.[25]
- **HHS component agencies disagreed on who led the response.** According to ASPR draft guidance and ASPR officials, a March 2018 memorandum of understanding between ASPR and ACF provided ASPR with operational control of emergency repatriations.[26] However, ACF officials stated that the memorandum of understanding was never finalized between ACF and ASPR; therefore, it was not

[24]The HHS Office of the General Counsel report referred to the return of individuals from Wuhan, China, as repatriation. It further noted that the National Emergency Repatriation Plan is inclusive of evacuations. The ASPR draft after-action report defined the flights from the Diamond Princess cruise ship as an evacuation, while CDC referred to it as a repatriation. The ASPR draft after-action report did not describe the difference between a repatriation and an evacuation.

[25]DOD officials noted that HHS personnel were initially unsure about how to finance the mission and sought advice and assistance from DOD, which DOD officials stated was outside of DOD's fiscal authority.

[26]According to ASPR's 2018 draft Repatriation Medical Concept of Operations, the memorandum of understanding stated that while ACF has the programmatic and fiscal responsibility for the U.S. Repatriation Program, ASPR will have responsibility for executing the emergency preparedness planning and emergency management support functions. ACF and ASPR did not provide GAO with the memorandum of understanding.

operationalized in the HHS COVID-19 repatriation response.[27] ACF officials stated ACF's role was to provide psychosocial support to repatriates, and thus they did not provide services under the U.S. Repatriation Program.[28] CDC officials noted that they primarily provided technical assistance to ACF and ASPR.[29] According to ACF, CDC, and State officials, ASPR was in control of the effort. This would appear consistent with ASPR's designation as the HHS lead for the public health and medical services response, under the National Response Framework. However, when asked about its role in the HHS COVID-19 repatriation response, ASPR officials told us the agency was responsible for providing support for ACF, making provisions for wraparound services, including food and lodging, and assisting CDC in conducting health screenings.[30]

- **HHS component agencies were unprepared to receive repatriates or manage the effort.** According to HHS and ACF, HHS shifted responsibility for the HHS COVID-19 repatriation response from ACF

[27]In March 2020, while the HHS COVID-19 repatriation response was underway, ASPR developed a draft Strategic Plan for FY2020-2023 that also stated ASPR will assume the lead for emergency repatriation events and outlined plans for coordination with State, DOD, and others. ASPR also developed a Federal Patient Movement Framework, which outlines its responsibility within HHS for the repatriation of highly infectious individuals. However, ACF officials stated that ASPR does not lead repatriation efforts and ACF is unfamiliar with the Federal Patient Movement Framework. In addition, according to ACF, ACF met with ASPR in 2019 and clarified roles during an emergency repatriation as part of a process to revise the National Emergency Repatriation Plan. ACF noted that ASPR was never informed they would lead an emergency repatriation. Rather, ASPR was included for incident support in logistics, medical operations, and staff consistent with prior ACF-led repatriation operations.

[28]ACF's responsibilities included providing behavioral health counseling, translation services, infant care, dietary accommodations, and other non-medical services. ACF was not involved with the repatriation flights from the Diamond Princess cruise ship, and its role in the HHS COVID-19 repatriation response concluded on February 20, 2020. On July 13, 2020, the statutory cap on spending for the U.S. Repatriation Program was raised to $10 million for fiscal year 2020, which ACF stated gave it the authority to expend additional funds for the approximately 100,000 Americans repatriated by State due to the COVID-19 pandemic. As of October 16, 2020, ACF reported providing 733 individuals temporary assistance under the program.

[29]CDC's activities included issuing the quarantine order for repatriates from both Wuhan, China, and the Diamond Princess cruise ship. In addition, the agency reported that it provided technical assistance and advice to ACF and ASPR related to public health screening procedures and risk assessments to prevent the introduction, transmission, and spread of communicable diseases, including COVID-19.

[30]Additionally, ASPR deployed responders from the National Disaster Medical System, including Disaster Medical Assistance Teams to assist State in the repatriation of U.S. citizens from the Diamond Princess cruise ship in Japan.

to ASPR. This contributed to component agencies being unprepared to receive repatriates upon their arrival at March Air Reserve Base. ACF officials stated that the agency, in conjunction with the State of California, began preparing for the arrival of repatriates on January 25, 2020.[31] However, ASPR took operational control of the mission on January 29, the day repatriates arrived at March Air Reserve Base. ASPR's Incident Management Team—which establishes unified command—was not mobilized until after the flight landed and did not deploy to the site until January 31.[32] HHS, DOD, and State officials noted there was confusion among HHS personnel leading the effort prior to ASPR mobilizing the Incident Management Team. While HHS noted that ASPR took control of the operation, ASPR's on-site personnel operated under the belief they were in a support role and that this was an ACF and CDC mission. However, ACF noted that while ASPR personnel may have believed they were in a support role, ASPR leadership provided direction to ACF leadership on more than one occasion. DOD officials similarly noted that HHS personnel were initially unprepared to manage the repatriation effort, noting that these personnel lacked an understanding of how to finance the effort, obtain

[31]ACF worked with the State of California starting on January 25, 2020, to prepare for the arrival of repatriates at Ontario International Airport. ACF officials noted that the State of California activated its State Emergency Repatriation Plan and the State of California coordinated the local response to identify lodging options near Ontario International Airport that included an airport hangar, convention center, and local hotels. On January 27, CDC determined that the State of California's plans for housing repatriates were inadequate because of the inability to safely separate a potentially contagious population. On January 28, HHS federalized the mission by opting, in conjunction with DOD, to use March Air Reserve Base, near Ontario, California, to quarantine repatriates. ACF noted that the decision to shift from the Ontario location deprived the mission of much-needed staff as most State of California personnel did not relocate to March Air Reserve Base.

[32]We previously reported deficiencies in ASPR's emergency response leadership. For example, we found that ASPR experienced delays in deploying staff in the U.S. Virgin Islands and Puerto Rico in response to Hurricanes Irma and Maria. Additionally, we found that ASPR did not sufficiently staff emergency operations centers, which adversely affected its ability to coordinate the hurricane response. GAO, *Disaster Response: HHS Should Address Deficiencies Highlighted by Recent Hurricanes in the U.S. Virgin Islands and Puerto Rico,* GAO-19-592 (Washington, D.C.: Sept. 20, 2019).

proper clearances, and manage the health and safety of the mission.[33]

Confusion over the component agency in charge and what plans to follow also led to challenges ensuring health and safety during the quarantine effort and put HHS personnel, repatriates, and communities near the quarantine locations at risk. Specific examples include the following:

- **Disagreement over responsibility for infection prevention and control.** HHS component agency officials disagreed on which agency was responsible for infection prevention and control and managing the use of PPE. ACF and ASPR personnel believed that CDC would be the lead for quarantine efforts, based on CDC's areas of authority and expertise and the Ebola section of the National Emergency Repatriation Plan, which suggests that CDC be the lead for establishing and operating a quarantine. However, CDC officials noted that the Ebola section is not applicable to other infectious diseases.[34] CDC officials further stated that the agency does not manage other agencies' personnel, noting that each agency was responsible for providing training, guidance, direction, and oversight regarding infection prevention and control to its respective staff, including the use of PPE.[35] According to HHS, CDC provided guidance and training to HHS component agencies after this was requested by the Incident Management Team.[36] HHS stated it is assessing whether CDC's role in repatriations with a quarantine needs to be expanded under a revised National Emergency Repatriation Plan or in similar guidance.

[33]State reported confusion between ACF and CDC when determining which agency would be responsible for financing domestic repatriation-related flights. CDC informed State it would assume financial authority for the mission following a request from State as to whether ACF would exercise its repatriation authority or CDC would exercise its quarantine authority.

[34]The HHS Office of the General Counsel noted that although specific to Ebola, it would be reasonable to assume that CDC would be the lead for quarantine efforts whenever needed during a repatriation effort.

[35]CDC deployed personnel also reported they did not believe they were responsible for providing infection prevention and control training and guidelines.

[36]According to HHS, CDC leadership does not believe it was CDC's responsibility to provide infection prevention and control guidance to personnel deployed by other HHS component agencies until formally assigned that role by the Incident Management Team.

- **Inconsistent PPE use.** PPE use was inconsistent among HHS component agency personnel at the March Air Reserve Base quarantine facility.[37] According to HHS, neither ASPR nor ACF provided COVID-19 health and safety training to their deploying personnel while CDC stated it provided training to its deploying personnel. According to HHS, CDC personnel on the ground provided inconsistent and informal infection prevention and control guidance for the first 3 days of the mission because of a lack of clear roles. HHS personnel were frustrated with the inconsistent infection prevention and control guidance, which resulted in differing use of PPE for personnel performing the same tasks, according to the ASPR draft after-action report for the COVID-19 response.[38] At one point, an ACF official directed HHS personnel to remove PPE at a meeting with repatriates to avoid "bad optics," according to the HHS Office of the General Counsel report.[39] DOD officials also observed that there appeared to be a lack of sanitization stations and inconsistent use of PPE among HHS personnel during the first 2 days at March Air Reserve Base.
- **Delayed federal quarantine order.** HHS component agencies had difficulty preventing repatriates from leaving March Air Reserve Base because they did not issue a federal quarantine order for the first couple of days of the repatriation response. CDC did not issue the federal quarantine order until 2 days after repatriates first arrived at March Air Reserve Base, during which time a repatriate with the potential to spread COVID-19 attempted to leave the base. CDC initially requested that repatriates voluntarily quarantine themselves

[37]The HHS Office of the General Counsel report noted that the health and safety issues were largely isolated to HHS quarantine facilities at March Air Reserve Base and those identified at HHS quarantine facilities established at Travis Air Force Base were largely a result of individual mistakes rather than a lack of appropriate guidance. In contrast, an ACF whistleblower alleged that issues similar to those at March Reserve Base occurred at Travis Air Force Base, such as ACF officials being unnecessarily exposed to COVID-19 and that deployed staff received inconsistent PPE training. DOD officials similarly noted an instance where HHS prematurely released a Wuhan, China, repatriate from the Lackland Air Force Base quarantine facility on account of a delayed COVID-19 positive test result, but reported no other health and safety issues from their perspective.

[38]According to CDC, some of the reported instances of inconsistent PPE use could have resulted from its personnel following different infection prevention and control guidance based on their job description.

[39]While ACF acknowledged that one of its personnel instructed staff to remove PPE, ACF noted that none of the individuals from the first flight from Wuhan, China, tested positive for COVID-19. ACF noted that no staff members operating on behalf of ACF and the U.S. Repatriation Program were suspected of being symptomatic or diagnosed with COVID-19.

for 72 hours, which HHS reported was based on precautions taken to isolate and screen repatriates for symptoms prior to their departure from Wuhan, China.[40] However, CDC officials stated that one repatriate left the designated area for repatriates and attempted to leave the base. This led to the Riverside County government—where the base is located—issuing an order to quarantine the individual. In response, DOD requested that HHS issue a federal quarantine order to enforce the quarantine and secure the facility.[41] HHS then requested that CDC issue the quarantine order, which it issued on January 31, 2020—2 days after repatriates arrived.

- **Repatriation flight safety concerns.** ASPR made the determination to repatriate COVID-19-positive individuals from the Diamond Princess cruise ship, which contravened CDC guidance regarding who should be allowed on repatriation flights. While repatriates were being bused to Tokyo to board repatriation flights back to the United States, ASPR and State learned that some of the asymptomatic repatriates on these buses had tested positive for COVID-19. CDC guidance stated that, given the risk of transmission to others, COVID-19- symptomatic individuals and individuals with positive COVID-19 tests should not board repatriation flights with non-COVID-19-positive repatriates. As such, CDC officials stated that they did not approve of the inclusion of COVID-19 positive repatriates on the flight. In addition, ASPR's draft after-action report for the COVID-19 response noted that ASPR field personnel in Japan warned that it would be "unsafe and dangerous" to move these individuals to domestic quarantine sites. However, both the ASPR report and State officials noted ASPR leadership approved the repatriation of these COVID-19-

[40]HHS noted that, at the time of repatriation operations, very little was known about COVID-19, including contagiousness, primary modes of transmission, and level of asymptomatic spread. HHS also noted that there were relatively few cases of COVID-19 in the Hubei Provence at the time of departure (761 cases out of 58.5 million people). Many of the repatriates on the first flight had also been held in a secure zone at the Wuhan, China, airport for multiple days prior to departure, where they were subject to multiple rounds of temperature and symptom screenings.

[41]HHS also reported that the U.S. Marshal Service, which was deployed to help HHS secure the March Air Reserve Base quarantine facility, requested the federal quarantine order be put in place.

positive repatriates on airplanes back to the United States with those who had not tested positive.[42]

The National Response Framework notes that national emergency responses require agencies to have an understanding of their respective roles and responsibilities during a given situation and notes that plans are fundamental to national preparedness. Until HHS develops repatriation plans that clarify agency roles and responsibilities, including those for an evacuation and quarantine during a pandemic, HHS component agencies will likely continue to operate under contradictory assumptions about their roles and responsibilities, have difficulty coordinating their efforts, and face health and safety challenges. As a part of this effort, it will be important to resolve ASPR's role in repatriation events given the lack of agreement with ACF over ASPR's role and responsibility.

HHS Did Not Include Repatriation in Its Pandemic Planning Exercises, Leading to Coordination Issues and Confusion among HHS and Other Government Agencies

HHS was not prepared for a repatriation event in response to a pandemic, because the department and component agencies had not exercised this scenario. HHS carried out several exercises designed to test federal coordination and agency plans in the event of a highly infectious disease, but none of the exercises from 2005 through 2019 that we obtained and reviewed included repatriation.[43] For example, repatriation was not included in ASPR's 2019 Crimson Contagion exercise, which was a multi-state, whole-of-government exercise based on the spread of a novel influenza virus starting in China. In addition, in response to concerns about the need to develop procedures for evacuating multiple highly-infectious disease patients, State and ASPR conducted three exercises focused on moving infectious disease patients from abroad to domestic

[42]State officials said ASPR and CDC leadership both approved the inclusion of COVID-19-positive repatriates on the flight, and that any disagreement about the decision was internal to HHS. State officials also noted that precautionary measures were taken to isolate and protect repatriates from the COVID-19-positive individuals on the repatriation flight.

[43]ACF developed an after-action report following Hurricanes Irma and Maria in 2017, but this did not include a pandemic. Following the COVID-19 repatriation response, ASPR developed a draft after-action report that identified areas for improvement, including the need for improved clarity regarding agency roles and coordination. In addition, due to COVID-19, ACF noted it postponed a repatriation exercise planned for March 2020.

facilities that did not include ACF or the U.S. Repatriation Program.[44] According to ASPR and ACF documents, both agencies should include repatriation in government-wide exercises.[45] The Federal Emergency Management Agency notes that exercises can be used to test and validate plans, clarify roles and responsibilities, improve interagency coordination, and identify opportunities for improvement.

ASPR's draft after-action report for the COVID-19 repatriation response stated that HHS component agencies lacked experience deploying together, noting that the U.S. Public Health Service Commissioned Corps officers—deployed through ACF—were unfamiliar with working with National Disaster Medical System personnel—deployed through ASPR—which led to confusion around roles and responsibilities. ACF noted this confusion arose when ASPR tasked ACF-deployed personnel with activities outside of their deployed mission. Conducting exercises to test repatriation processes and procedures during a pandemic would have provided opportunities for the agencies to establish plans and responsibilities and identify management and coordination problems before they occurred in real life events.[46] State and DOD officials agreed that such exercises would be helpful in responding to future repatriation events.

[44]In addition, State and ASPR conducted a fourth exercise that focused on transporting patients domestically.

[45]See the Statement of Organization, Functions, and Delegations of Authority for ACF, as published in 83 Fed. Reg. 40,517, 40,518 (Aug. 15, 2018) (stating that the Division of Emergency Policy and Planning, within ACF's Office of Human Services Emergency Preparedness and Response, "ensures human service impacts from disasters are addressed in HHS-wide and government-wide emergency planning and policymaking"), and ASPR's March 2020 draft Strategic Plan for FY2020-2023. The latter notes that ASPR is responsible for planning and executing periodic multi-level repatriation exercises and conducting after action reporting. In September 2018, the State of California conducted an exercise of its State Emergency Repatriation Plan and several federal entities attended, including ACF. ACF stated it held several interagency meetings in 2019 that included a walkthrough of the National Emergency Repatriation Plan during a repatriation scenario so each agency could confirm its roles and responsibilities accordingly.

[46]We have reported that exercises can play an instrumental role in preparing organizations to respond to an incident by providing opportunities to test response plans, evaluate response capabilities, assess the clarity of established roles and responsibilities, and improve proficiency in a simulated, risk-free environment. Short of performance in actual operations, exercises provide the best means to assess the effectiveness of organizations in achieving mission preparedness. Exercises provide an ideal opportunity to collect, develop, implement, and disseminate lessons learned and to verify corrective action taken to resolve previously identified issues. See GAO-19-592.

Until HHS component agencies conduct repatriation exercises involving a pandemic with relevant stakeholders—including federal partners and state, local, and territorial governments—and create plans or update their relevant plans based on lessons learned from these exercises, HHS cannot ensure there will be clear assignment of responsibilities and coordination among its component agencies during future emergency repatriation efforts.

Conclusions

The emergence of COVID-19 in China led to HHS's first repatriation in response to a pandemic, confronting HHS component agencies and their federal partners with the task of returning U.S. citizens home from abroad while controlling the spread of COVID-19. During the COVID-19 repatriation response, HHS component agencies experienced serious fundamental coordination challenges, including disagreement over whether to designate the effort as an evacuation or repatriation, which has implications for which plans and guidance should be followed and knowing who was in charge. Until HHS revises or develops new plans that clarify agency roles and responsibilities during a repatriation in response to a pandemic, confusion during events similar to the HHS COVID-19 repatriation response will persist, and the risks to health and safety—including the spread of a potentially deadly infectious disease—will remain. In addition, until HHS plans and conducts regular exercises to test these new plans to provide important lessons to both identify areas for improvement and further clarify agency roles and responsibilities, HHS cannot ensure the orderly and safe repatriation of individuals in response to a pandemic.

Recommendations for Executive Action

We are making the following two recommendations to HHS:

The Secretary of Health and Human Services should revise or develop new emergency repatriation response plans that clarify agency roles and responsibilities, including those for an evacuation and quarantine, during a pandemic. (Recommendation 1)

The Secretary of Health and Human Services should plan and conduct regular exercises with relevant stakeholders—including federal partners, state, local, and territorial governments—to test repatriation plans in

response to a pandemic and update relevant plans based on lessons learned. (Recommendation 2)

Agency Comments

We requested comments on a draft of this report from HHS, State, and DOD. HHS's comments are reprinted in appendix I.

HHS responded that it agreed with our recommendations. In response to our first recommendation, that HHS should revise or develop new emergency repatriation response plans that clarify agency roles and responsibilities, HHS stated that ACF will be the lead for repatriation planning and provision of temporary assistance as outlined in 42 U.S.C. 1313(b). The agency also noted that ACF is updating national emergency repatriation documents, including a unified plan, and has engaged partner agencies to confirm roles, responsibilities, and sequence of service delivery consistent with each agency's scope of authority. In response to the issues raised in the report, HHS stated that ACF will work with ASPR and CDC to outline roles and responsibilities for an evacuation and repatriation incident during a pandemic. As part of this, in December 2020, ACF rescinded the previous versions of memoranda of agreement with ASPR for repatriation. Additionally, ACF has engaged CDC to develop an annex to the national repatriation documents to address incidents involving highly infectious diseases that may require quarantine. HHS noted that this will allow for evacuation and quarantine incidents involving infectious diseases prior to a "pandemic" declaration, as was the situation for COVID-19.

In response to our second recommendation, that HHS should plan and conduct regular exercises with relevant stakeholders to test repatriation plans in response to a pandemic and update relevant plans based on lessons learned, HHS stated that the agency did not have dedicated funding for planning, training, and exercises with states. With fiscal year 2021 funding allocations, ACF intends to work with selected states to develop plans, train personnel, and exercise planning assumptions to develop fully integrated, robust state and national repatriation plans that will be in accordance with national emergency management doctrine.

In addition, DOD provided technical comments, which we incorporated as appropriate. State responded by email that it had no comments.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Health and Human Services, the Secretary of Defense, and the Secretary of State. In addition, the report is available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions about this report, please contact Mary Denigan-Macauley at 202-512-7114 or deniganmacauleym@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix II.

Mary Denigan-Macauley
Director, Health Care

List of Addressees

The Honorable Patrick Leahy
Chairman
The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate
The Honorable Ron Wyden
Chairman
The Honorable Michael Crapo
Ranking Member
Committee on Finance
United States Senate
The Honorable Robert Menendez
Chairman
Committee on Foreign Relations
United States Senate
The Honorable Patty Murray
Chair
The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate
The Honorable Gary C. Peters
Chair
The Honorable Rob Portman
Ranking Member
Committee on Homeland Security and Governmental Affairs
United States Senate
The Honorable Kyrsten Sinema
Chair
The Honorable James Lankford
Ranking Member
Subcommittee on Government Operations and Border Management
Committee on Homeland Security and Governmental Affairs
United States Senate
The Honorable Rosa L. DeLauro
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The Honorable Kay Granger
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Committee on Appropriations
House of Representatives

The Honorable Frank Pallone, Jr.
Chairman
The Honorable Cathy McMorris Rodgers
Republican Leader
Committee on Energy and Commerce
House of Representatives
The Honorable Gregory W. Meeks
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The Honorable Michael T. McCaul
Ranking Member
Committee on Foreign Affairs
House of Representatives
The Honorable Bennie G. Thompson
Chair
The Honorable John Katko
Ranking Member
Committee on Homeland Security
House of Representatives
The Honorable Carolyn B. Maloney
Chairwoman
The Honorable James Comer
Ranking Member
Committee on Oversight and Reform
House of Representatives
The Honorable Richard E. Neal
Chairman
The Honorable Kevin Brady
Republican Leader
Committee on Ways and Means
House of Representatives
The Honorable Jimmy Gomez
House of Representatives
The Honorable Norma J. Torres
House of Representatives

Appendix I: Comments from the Department of Health and Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES — OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

March 31, 2021

Mary Denigan-Macauley
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Denigan-Macauley:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, *"COVID-19: HHS Should Clarify Agency Roles for Emergency Return of U.S. Citizens During a Pandemic"* (Job code 104221/GAO-21-334).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Anne S. Tatem -S
Digitally signed by Anne S. Tatem -S
Date: 2021.03.30 14:53:34 -04'00'

Anne S. Tatem
Acting Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — COVID-19: HHS SHOULD CLARIFY AGENCY ROLES FOR EMERGENCY RETURN OF U.S. CITIZENS DURING A PANDEMIC (GAO-21-334)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report. HHS concurs with the two recommendations identified by GAO.

Recommendation #1
The Secretary of Health and Human Services should revise or develop new emergency repatriation response plans that clarify agency roles and responsibilities, including those for an evacuation and quarantine, during a pandemic.

HHS Response
Concur. As the report has noted, there was confusion amongst HHS components about roles and responsibilities during the HHS COVID-19 repatriation response. Moving forward, ACF is the lead for repatriation planning and provision of temporary assistance as outlined in 42 U.S.C. 1313(b) and delegated to ACF. Currently, ACF is updating national emergency repatriation documents (including a unified plan) and has engaged partner agencies to confirm roles, responsibilities, and sequence of service delivery; and identify appropriate operational command and personnel and material assets consistent with each agency's scope of authority.

As an example of successful interagency coordination during a pandemic, in February 2021, DOS advised ACF of a potential repatriation from Myanmar due to the military coup and civil unrest. ACF led interagency coordination efforts through the Federal Interagency Emergency Repatriation Work Group, leading to the successful repatriation of 127 individuals (U.S. personnel, private U.S. citizens, and foreign nationals) from Myanmar to the United States. ACF also stood up a Unified Planning Cell, with membership from key partners, including DOS, CDC, and ASPR, to develop concept of operations documents outlining the plans for the repatriation and provision of temporary assistance for COVID-19 negative (and potential COVID-19 positive) passenger flights.

Specific to the issues raised in the report, ACF will work with ASPR and CDC to outline roles and responsibilities for an evacuation and repatriation incident during a pandemic. To promote alignment with new planning processes and coordination structures, ACF rescinded previous versions of memoranda of agreement with ASPR for repatriation in December 2020 and, consistent with current processes for all interagency partners, requested a point of contact for planning discussions to develop a new agreement. Additionally, ACF has engaged CDC to develop an annex to the national repatriation documents to address incidents involving highly infectious diseases that may require quarantine. Note, this will allow for evacuation and quarantine incidents involving infectious diseases prior to a "pandemic" declaration, as was the situation for COVID-19.

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — COVID-19: HHS SHOULD CLARIFY AGENCY ROLES FOR EMERGENCY RETURN OF U.S. CITIZENS DURING A PANDEMIC (GAO-21-334)

Recommendation #2

The Secretary of Health and Human Services should plan and conduct regular exercises with relevant stakeholders—including federal partners, state, local, and territorial governments—to test repatriation plans in response to a pandemic and update relevant plans based on lessons learned.

HHS Response

Concur. The HHS U.S. Repatriation Program authorities and appropriations do not include funding for federal full-time employees, consequently constraining ACF's ability to dedicate federal personnel for repatriation activities. This created an inherent weakness in the national capability to successfully execute and manage an emergency repatriation mission. Until FY 2021, dedicated annual financial support did not exist for state planning, training and exercises. To date, there are 16 states with plans previously approved by ACF, only three of which have conducted an exercise to validate their planning assumptions and socialize their plans with federal, state, local, and non-governmental partners.

With FY 2021 allocations, ACF intends to support national technical assistance centers to assist pre-selected states develop plans, train personnel, and exercise planning assumptions. Pending ongoing resource availability, the expected outcome is consistent provision of training and technical assistance to develop fully integrated, robust state and national repatriation plans developed in accordance with national emergency management doctrine; create a community of practice for jurisdictions to collaborate with and through their jurisdictional and emergency management points of contact; and provide a hub for rigorous examination of plans and repository for real-world and exercise response scenarios and operations.

Text of Appendix I: Comments from the Department of Health and Human Services

Page 1

March 31, 2021

Mary Denigan-Macauley Director, Health Care

U.S. Government Accountability Of-fice 441 G Street NW

Washington, DC 20548

Dear Ms. Denigan-Macauley:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "COVID-19: HHS Should Clarify Agency Roles for Emergency Return of U.S. Citizens During a Pandemic" (Job code 104221/GAO-21-334).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Anne S. Tatem

Acting Assistant Secretary for Legislation

Attachment

Page 2

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SER-VICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — COVID-19: HHS SHOULD CLARIFY AGENCY ROLES FOR EMER-GENCY RETURN OF U.S. CITIZENS DURING A PANDEMIC (GAO-21-334)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report. HHS concurs with the two recommendations identified by GAO.

Recommendation #1

The Secretary of Health and Human Services should revise or develop new emergency repatria-tion response plans that clarify agency roles and responsibilities, including those for an evacua-tion and quarantine, during a pandemic.

HHS Response

Concur. As the report has noted, there was confusion amongst HHS components about roles and responsibilities during the HHS COVID-19 repatriation response. Moving forward, ACF is the lead for repatriation planning and provision of temporary assistance as outlined in 42 U.S.C. 1313(b) and delegated to ACF. Currently, ACF is updating national emergency repatriation documents (including a unified plan) and has engaged partner agencies to confirm roles, re-sponsibilities, and sequence of service delivery; and identify appropriate operational command and personnel and material assets consistent with each agency's scope of authority.

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Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Mary Denigan-Macauley, 202-512-7114, deniganmacauleym@gao.gov

Staff Acknowledgments

In addition to the contact name above Thomas Conahan (Assistant Director), Emily Bippus, William Crafton (Analyst-in-Charge), Kaitlin Farquharson, Sandra George, and Laurie Pachter made key contributions to this report. Other staff contributing include Vikki Porter and Giselle Hicks.

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