Bob Fenton Testimony Senate Indian Affairs Committee Hearing

Release Date: Jul 1, 2020

STATEMENT

OF

ROBERT FENTON

REGION 9 ADMINISTRATOR

FEDERAL EMERGENCY MANAGEMENT AGENCY

U.S. DEPARTMENT OF HOMELAND SECURITY

BEFORE

THE

COMMITTEE ON INDIAN AFFAIRS

U.S. SENATE

WASHINGTON, D.C.

“Evaluating the Response and Mitigation to the COVID-19 Pandemic in Native Communities.”

Submitted

By

Federal Emergency Management Agency

500 C Street, S.W.

Washington, D.C. 20472

July 1, 2020

Good afternoon, Chairman Hoeven, Vice Chairman Udall, and distinguished Members of the
Committee. My name is Robert Fenton, and I am the Region Nine Administrator of the Federal
Emergency Management Agency (FEMA). Thank you for the opportunity to discuss FEMA's
response and the actions underway to protect tribal nations during the coronavirus (COVID-19)
pandemic.

I would like to begin today by acknowledging and providing my condolences to the families and
relatives of the 126,000 Americans who have lost their lives to COVID-19. My thoughts, and
those of the men and women of FEMA, are with you.

For the first time in the United States' history, there are 57 concurrent Major Disaster
Declarations encompassing every inch of our country and impacting all 574 federally recognized
Indian tribes: from the native villages of Alaska, to the pueblos of the Southwest and the tribal
communities of the Northern Plains, Mississippi Valley and Eastern Seaboard. The scale of this
historic event has required FEMA to adapt its response practices and workforce

posture in order
to both respond to COVID-19 and simultaneously maintain mission readiness for more common
disasters such as hurricanes, earthquakes, floods, or wildfires.

Regardless of the challenges that FEMA continues to confront, the bedrock of our mission
remains constant: helping people before, during, and after disasters. Although—and indeed
because—COVID-19 has changed our daily lives and the scope of its impact is unprecedented,
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. FEMA will continue to leverage the
Whole-of-Government response to serve all of America.

Engaging with sovereign tribal nations is a key component of this Whole-of-America response,
and overcoming the unique challenges confronting tribes has been a strategic prioritization for
FEMA from the beginning of the response to the pandemic. Many tribes are in locations with
limited transportation, medical, and communications infrastructure which can complicate
response efforts during any disaster. Within the context of COVID-19, social determinants of
health and disproportionate percentages of chronic illnesses combined with these infrastructural
limitations to create particular challenges for potentially at-risk tribes.

In direct reflection of the magnitude of this historic event, FEMA’s unprecedented support for
tribal governments is measured beyond financial support or the distribution of personal
protective equipment (PPE). FEMA’s response has served to stabilize lives in the most
fundamental ways. For example, when the shelves of grocery stores became

barren and members
of two tribes in New York were unable to purchase scarce supplies, FEMA's emergency food
distribution services were able to fill that critical void. This is one simple example of FEMA's
understanding that emergency management is about putting people first – both the disaster
survivors we serve and those who serve them.

FEMA Headquarters and FEMA Regional Offices have provided expanded services in support of
tribal governments across the country in response to the pandemic since the National Emergency
Declaration was declared on March 13, 2020. Each of the ten FEMA regional offices have
dedicated Tribal Liaisons within their workforces to coordinate with tribes located in that
respective region. Regional Tribal Liaisons and Regional Administrators serve as the primary
point of contact regarding FEMA assistance, and serve as the conduit to connect tribes with
FEMA leadership and program subject matter experts, as needed, for information sharing,
technical assistance and resource coordination. As part of these efforts, FEMA Regions, with the
support of our federal partners, have hosted weekly meetings and conference calls with tribal
leaders and tribal emergency managers to answer any of their questions during this pandemic
response. In Washington, D.C., FEMA has a dedicated, permanent National Tribal Advisor Desk
that further supports coordinated federal response efforts to support tribes during any major
disaster or emergency activation within FEMA's National Response Coordination Center (the
NRCC) – which is located in FEMA Headquarters. The NRCC has served as the fulcrum for

coordinating the federal interagency response to the COVID-19 pandemic. The NRCC Tribal
Desk, as is commonly referred to, was activated on March 15th and has been staffed every day to
support response and recovery efforts.

Today's testimony will offer an overview of FEMA's response efforts and strategies for COVID-
19, the types of assistance we have provided, and the ways in which FEMA has augmented the
leading efforts of our federal partners at Health and Human Services (HHS), including the Indian
Health Service (IHS), to protect the lives of tribal citizens.

Overview of FEMA's Support for Tribal Partners

Public Assistance Category B

On March 13th, 2020, President Trump declared a nationwide emergency pursuant to section
501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).
As a result, FEMA's involvement in the federal response was vastly expanded. As part of this
unprecedented nationwide declaration, all state, local, tribal, and territorial (SLTT) partners
became immediately eligible for FEMA Public Assistance (PA) Category B, emergency
protective measures as authorized by section 403 of the Stafford Act and funded by the Disaster
Relief Fund. Such assistance includes, but is not limited to, funding for tribal medical centers,
Alternate Care Facilities, non-congregate sheltering, community-based testing sites, disaster
medical assistance teams, mobile hospitals, emergency medical care, and the transportation and
distribution of necessary supplies such as food, medicine, and personal protective

equipment
(PPE).

Subsequent to the President's emergency declaration, all 50 states, five territories, the District of
Columbia, and the Seminole Tribe of Florida have been approved for Major Disaster
Declarations. As a direct result of every single state receiving a Major Disaster Declaration,
every single tribal government in the country became covered by a Major Disaster Declaration.

To provide flexibility, tribal governments have parallel paths through which they can seek
assistance from FEMA. They can either request to be direct recipients under the nationwide
emergency declaration, or they can seek assistance as a direct recipient or subrecipient under a
State's Major Disaster Declaration. Tribal governments also have the option to request a specific
Major Disaster Declaration directly to the President through FEMA. Regardless of the way in
which tribal governments pursue FEMA assistance, FEMA Regional Offices and their Tribal
Liaisons are available to provide technical assistance.

In total, FEMA is working directly with 85 tribes under this framework including partners such
as the Hidatsa and Arikara Nations of North Dakota, the Choctaw Nation of Oklahoma, and the
Mashpee Wampanoag Tribe of Massachusetts. In keeping with the Stafford Act, FEMA allocates
funding to cover 75 percent of costs, and tribal governments are responsible for the remaining 25
percent.

Cost Share Adjustments for Public Assistance Category B

Many state and tribal governments have requested adjustments to the 75:25 cost-share ratio due to the economic hardship and loss of tax revenue associated with the COVID-19 pandemic. As of June 25th, 42 states and 28 tribes have requested a cost share waiver. The Stafford Act authorizes the President of the United States to make cost share if warranted.

Tribal government recipients may request cost share adjustments from the President through their FEMA Regional Administrator.

FEMA will then make a recommendation to the President regarding the request and the President has the authority to make final cost share adjustment determinations.

When federal obligations meet or exceed $149 per tribal member FEMA will recommend the President increase the federal cost share from 75% to not more than 90%. As part of this calculation, FEMA will use a tribal government's population on or near tribal lands, as reported by a tribal government, to determine per capita obligations for each tribal government that makes a request. FEMA also considers qualitative factors such as the historical context of recent disasters within the specified area.

CARES Act Funding for Cost-Share Considerations

To help tribal governments affected by COVID-19, the Department of Treasury recently announced that Coronavirus Relief Fund dollars, provided under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, may be used to pay for FEMA's cost share requirements under the Stafford Act. This is yet another example of increased flexibilities offered to tribal

governments to nimbly respond to and recover from COVID-19.

Managing Critical Shortages: FEMA Resource Distributions to Tribal Partners

On March 19th, FEMA's role in the pandemic response changed. Under the direction of the
White House Coronavirus Task Force, FEMA moved from playing a supporting role in assisting
the U.S Department of Health and Human Services (HHS), which was designated as the initial
lead federal agency for the COVID-19 pandemic response, to leading the Whole-of-Government
response to the COVID-19 pandemic.

From the outset, a key element of FEMA's response has been managing shortages of medical
supplies needed to combat the pandemic, such as PPE, ventilators, swabs, and the chemical
reagents required for testing. This effort alone has presented a historic challenge for FEMA and
its federal partners such as IHS and HHS. COVID-19 has been a global crisis—leaders across
over 150 countries have simultaneously been competing for the exact same medical supplies.
We have been further challenged as most of the manufacturing for PPE occurs in Asia, where the
virus significantly slowed down private sector production capabilities.

Concurrently, American medical professionals on the front lines of the pandemic have required
an exponentially greater volume of PPE and other medical supplies. On average, the United
States began consuming a year's worth of PPE in a matter of weeks. FEMA worked closely with
HHS to ensure that locations in danger of running out of supplies within 72 hours received
lifesaving equipment from the Federal government's reserve within the Strategic

National
Stockpile (SNS), as administered by HHS.

Many of the earliest shipments to tribal governments and IHS originated from HHS's SNS. From
the beginning, FEMA and HHS understood and acknowledged that the SNS alone could not
fulfill all our Nation's requirements. The SNS was never designed or intended to fully supply
every state, territory, tribe and locality in the United States concurrently, and cannot be relied
upon as the single solution for pandemic preparedness. It was principally designed as a short-
term stopgap buffer to supplement state and local supplies during an emergency.

Expedited international shipments within Project Airbridge facilitated by FEMA's Supply Chain
Stabilization Task Force helped to supplement IHS and tribal nations' PPE or medical needs
until global supply chains could begin to stabilize. Once flown in via the Air Bridge, 50 percent
of the supplies on each plane were sent by distributors to customers in areas of greatest need,
such as hotspots within the Navajo Nation.

Although FEMA was never intended to be the primary source of supplies for any entity, our
Agency was able to augment the vast donations and supplies distributed through our partners at
HHS and IHS. In addition to our federal partner donations, FEMA facilitated the distribution to
tribal governments of 19,400 boot covers. 13,755 coveralls. 65,204 face shields. 1,276,800
gloves. 32,000 goggles. 15,000 KN90 masks. 139,670 KN95 Respirators. 397,030 N95
Respirators. 107, 911 gowns. 1,825 Powered Air Purifying Respirators. 1,506 surgical gowns.
120,450 surgical masks and 1,200 Tevek headcovers.

In addition, FEMA distributed more than 26,880 meals and 17,136 bottles of water to tribal communities and constructed five Alternate Care Facilities, in partnership with the U.S. Army Corps of Engineers, to assist the San Carlos Apache Tribe, Hualapai Tribe, and Navajo Nation.

An Example: FEMA Support for the Navajo Nation

I do not need to remind the Members of this Committee that the breadth of challenges facing Indian tribes and Alaska Native Villages are as diverse as the United States itself. For example, certain tribes within the Yukon territory of Alaska must deal with the difficulties of being entirely inaccessible by roads and overcome the consequential challenges of receiving medical aid by small boats or aircraft. Conversely, other tribes in the continental United States must adapt to the difficulties of being directly accessible by major highways, and the exponentially increased risk of exposure to COVID-19 brought by international travel. To best exemplify the ways in which FEMA has been able to assist tribal governments and their wide variety of needs, I would like to share our experiences in supporting one of most impacted tribal nations within my jurisdiction: the Navajo Nation.

Similar to the challenges faced by other tribal nations across the country, limited medical infrastructure and high rates of chronic illnesses combined to create a vulnerable demographic amongst the Navajo Nation. To further complicate matters, the Navajo Nation is spread out across Arizona, New Mexico, and Utah. Consistent with other aspects of the COVID-19

response, a key component of FEMA's efforts to protect the lives of the Navajo Nation was close coordination with our federal and state partners as part of the Whole-of-Government response.

To address the immediate shortages of PPE needed to support medical workers on the front line in the Navajo Nation, FEMA and HHS worked together to deliver critical PPE such as 159,000 N95 masks, 111,000 gloves, 30,000 face shields and 18,000 Tyvek suits. As part of the Whole-of-America response, FEMA and HHS were able to further augment these shipments to the Navajo Nation by facilitating donations of 102,967 gowns and an additional 30,500 gloves. To address ventilator shortages, FEMA and HHS also facilitated the delivery of 50 ventilators to Navajo Area IHS and 100 ventilators to the State of Arizona, to be available to tribal nations, as needed.

Experience has demonstrated that emergency management is most effective when federally supported, state or tribe managed, and locally executed. As such, FEMA and Arizona State Health mission sent a Disaster Medical Task Force to Tuba City Regional Health Care, which provided subject matter expertise and other assistance. Furthermore, FEMA has deployed an incident management assistance team to support the Navajo Nation led response through joint planning, operations and logistics at the Navajo Nation Health Command Operations Center.

Testing is also an important aspect of the strategy to combat COVID-19 within the Navajo Nation. In keeping with lessons learned elsewhere in the country, FEMA supported HHS efforts

to prioritize rapid testing for at-risk populations within the Navajo Nation. Prioritizing the limited number of rapid tests for populations with underlying health considerations was key to facilitating a rapid response and the strategic distribution of scarce supplies. COVID-19 diagnostic platforms with longer turnaround times were found to be more appropriate in situations with lower risk of rapid spread and escalation. Rapid testing, as supported by HHS, IHS, and FEMA, has allowed for increased diagnostic screenings above the national average.

In addition to FEMA's traditional role, we worked in nontraditional ways as well. Through our relationship with the Department of Homeland Security HQ, we deployed a "Tactical Technical Assistance Strike Team" into the Navajo Nation during the peak of the crisis there. This team not only helped with the traditional response, but also vectored nontraditional NGO partners like The World Central Kitchen and Community Organized Relief Effort into the Navajo Nation.

Lastly, understanding that emergency management practices must put people first, FEMA deployed a six-person Incident Support Base (ISB) team to support staged commodities, if needed or requested by the Navajo Nation. FEMA staged four 52-foot trailers with cots, blankets, water, and meals.

I commend our partners at HHS and IHS for working with the Navajo Nation and using this experience to prepare for future emergencies. For example, IHS is working with the Centers for Disease Control and Prevention, also within HHS, and the Navajo Nation to

recommend
solutions, identify resources and begin implementing plans to expand water access on the Navajo
Nation. These actions will potentially assist in reducing the spread of the illness and lessen the
burden on the Navajo Nation’s health care delivery infrastructure.

Conclusion

As the Regional Administrator of an area that serves 157 tribal governments, including the
Navajo Nation, I am acutely aware of how critical FEMA’s work is to the lives of Indian tribes,
and I, and the entire FEMA team, am committed to ensuring we address the critical needs of
tribal members during this challenging time.

Finally, I would also like to recognize the men and women of FEMA, as well as our partner
departments and agencies for their adaptability, hard work, and endurance during this
unprecedented response and express our appreciation to Congress and the President for providing
FEMA with the necessary resources to meet very complex mission requirements and conditions.

This historic and unprecedented response will continue to require a Whole-of-America effort,
and FEMA looks forward to closely coordinating with Congress as we work, together, to protect
the health and safety of the American people during the COVID-19 pandemic.

Thank you for this opportunity to testify. I look forward to answering any questions that you
may have.