



HOMELAND SECURITY POLICY PAPER #6

COVID-19 and the Preexisting Weaknesses and Tensions Within Our Emergency Management Regime

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Executive Summary

In the modern history of the United States' response to disasters, the COVID-19 pandemic stands out as uniquely deadly and widespread, posing an emergency simultaneously in all fifty states and killing Americans in each of them, while causing a tumultuous national economic downturn with job losses unseen since the Great Depression. To combat the virus, local, state and federal agencies launched a robust emergency response, unprecedented in its scale. Although unprecedented, these response efforts also revealed—indeed, magnified—many of the weaknesses and tensions extant within our emergency management regime.

This article identifies and analyzes several of those weaknesses and tensions. Overall, it concludes that while emergencies may be “locally executed, state managed, and federally supported,”¹ the federal government must play a central and catalytic role in harmonizing national policy across the federalist system, and ensuring that states cooperate rather than compete with one another. The article proposes policy changes that would improve the United States' approach to all threats and hazards while better integrating emergency management into the larger homeland security enterprise.

Background

On December 31, 2019, the World Health Organization's (WHO) China Country Office learned of 44 “cases of pneumonia [of] unknown etiology (unknown cause)” in Wuhan City, Hubei Province.² Seeking to uncover the pneumonia's cause, on January 7, Chinese authorities reported that they had isolated a “new type of coronavirus”: COVID-19.³

COVID-19 proved to be highly transmissible in humans. By January 20, the WHO had confirmed just 282 cases of COVID-19 spread across four East Asian countries.⁴ One week later, the number of confirmed cases had jumped to 2,798, most of them in China.⁵ By March 11, worldwide cases exceeded 100,000, prompting the WHO to declare it a global pandemic.⁶

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On that day, the total number of confirmed cases in the United States remained relatively low, at 279, but it quickly grew. Before the end of March, the United States' cases exceeded 100,000. By April 11, all fifty states were under a major disaster declaration for the first time in history.⁷ By the end of June, the United States has recorded more than 2 million reported cases of COVID-19, and 115,000 reported deaths, the most of any country.⁸

Although the pandemic remains ongoing at the time of this paper's publication, we can identify four themes that have characterized the United States' response. First, the federal government found itself largely in a crisis-driven, reactive mode from the outset. The U.S. Centers for Disease Control and Prevention (CDC) began to track the COVID-19 threat in early January and a White House-level task force began later that month. But Vice President Mike Pence was not appointed as its chair until late February⁹; and even then, the task force was plagued by confusion over whose direction counted most,¹⁰ hindering the "unity of command" that is essential to coordinating an interagency effort.

This fragmented, slow start precipitated immediate challenges. There were shortages of testing kits,¹¹ personal protective equipment (PPE),¹² hospital beds,¹³ ventilators,¹⁴ medical personnel,¹⁵ and sufficient means and methods of testing.¹⁶ Given these shortages, hospitals braced for the peak of the infection curve, when the sheer number of critical patients could exceed the resources necessary to treat them all.¹⁷ Instead of anticipating the pandemic's challenges, and developing strategies to meet them, the United States found itself on its heels, reacting to problems as they arose.

Second, the scarcity of supplies and lack of effective federal coordination gave rise to a free-for-all competition involving states, municipal governments, public and private hospitals, and other institutions.¹⁸ This competition drove prices steeply up. Overnight, N-95 masks that had cost a dollar before the pandemic were being sold for \$6 or even \$12.¹⁹ The competition also injected uncertainty into an already roiling market and disrupted supply chains. Supplies on offer one day often vanished by the next, leaving desperate buyers empty-handed and scrambling. Meanwhile, opportunists flooded the scene, promising equipment they did not actually possess, and to which they had dubious access.²⁰ In some well-publicized cases, institutional buyers prepared to cut nine-figure deals, only to pull back after realizing they were about to fall victim to a fraud.²¹

The unbridled competition stands in contrast to the traditional resource-coordinating role in a disaster. In a more "typical" disaster involving a limited number of jurisdictions, the Federal Emergency Management Agency (FEMA) and state governments administer systems of mutual aid, procuring and then distributing resources to those who need it most. The COVID-19 pandemic reduced the federal and state governments to an array of independently acting competitors among thousands in a cutthroat global market, unable to secure and allocate the resources they normally would command in a more orderly supply chain.[†]

Third, public communication about COVID-19 was dissonant. At times, particularly early on, the federal government expressed confidence that the virus would rapidly disappear. At other times, key federal leaders called on Americans to maintain appropriate social distancing or stay at home altogether.²² Although a national emergency was declared by mid-March, the absence of clear federal cues led states to adopt divergent approaches to the pandemic. New York, California, and hard-hit coastal states implemented forceful physical distancing measures early, while others continued to downplay the threat. In one widely reported example, Florida allowed Spring Breakers to complete their holiday festivities unrestricted.²³ As those revelers returned home, they likely transmitted new COVID-19 infections across the country, thwarting other states'

[†] This intense competition was punctuated by fits of cooperation. Early in the pandemic, California leveraged its market power to lend 500 ventilators to other states with greater need, while some states entered into regional pacts on reopening their economies. Once the market for supplies began to stabilize, FEMA was able to distribute some PPE to states. In addition, FEMA played a significant role in setting up alternate care sites in anticipation of the need for excess hospital beds.

more careful planning.²⁴ The national discourse on how, and when, to reopen the economy has been similarly dissonant. Steps toward an economic restart correspondingly have been discordant and inconsistent.

Fourth and finally, COVID-19 has produced a disaster of extreme scale carrying with it heretofore unimaginably high costs. As tens of millions of Americans filed for unemployment insurance in a span of weeks, driving unemployment rates above 14%, Congress rolled out a series of relief packages amounting to trillions of dollars in spending.²⁵ Against the background of these emergency economic measures, the costs of emergency responses by the states—a large proportion of which are expected to be reimbursed by FEMA and U.S. Department of Health and Human Services (HHS)—are likely to run into the scores of billions, making the COVID-19 pandemic the costliest disaster in U.S. history.

Analysis

The pandemic has magnified preexisting weaknesses and tensions in our emergency management regime. Four key weaknesses and tensions merit discussion: (1) the reactive, crisis-driven nature of contemporary emergency management; (2) a threat landscape that is shifting faster than the homeland security enterprise has evolved to meet it; (3) the balance of competition and cooperation between and among states; and (4) the persistent need to protect society's most vulnerable and marginalized communities.

Emergency Management Policy Is Crisis-Driven and Reactive

Doctrinally, emergency managers regard their work as “all phases” in character. These phases are (1) preparedness (drafting emergency plans, exercises, training), (2) mitigation (enhancing the resiliency of public infrastructure to reduce the impacts of future disasters), (3) response (evacuating those in danger, putting out fires and setting up emergency shelters), and (4) recovery (rebuilding infrastructure and providing economic assistance to victim-survivors).

Albeit tidy as a concept, “all phases” is applied unevenly in practice, as our COVID-19 response has demonstrated painfully. Pandemics are a known threat. In January 2019, the Office of the Director of National Intelligence's Worldwide Threat Assessment (WTA) warned that “the world will remain vulnerable to the next flu pandemic or largescale outbreak of a contagious disease that could lead to massive rates of death and disability, [and] severely affect the world economy[.]”²⁶ The 2018 WTA, among other risk assessments and planning documents, contained similar warnings.

Nonetheless, the United States made inadequate investments to prepare for a global pandemic. Since the H1N1 outbreak in 2009, the United States has maintained an updated pandemic plan, and it has completed high-level pandemic exercises, including one now-notorious session during the 2016 presidential transition.²⁷ Yet the United States also dismantled a key pandemic early warning function within the National Security Council,²⁸ underinvested in public health infrastructure,²⁹ and undertook no systematic pandemic-related mitigation measures. Having failed to leverage the planning and mitigation phases against a known future threat, the nation boxed itself into a reactive, crisis mode. All of our national energy and resources were channeled into the response phase, and then transitioned massively toward recovery.

The United States' focus on the response phase has both historical roots and political explanations. Traditionally, the professionals who work in emergency management come from response-centric careers in law enforcement, fire and rescue,

and the military.³⁰ Consequently, today's senior emergency management leaders exhibit a bias toward response. Legislatures exhibit a similar bias for different reasons. Recency bias and political imperative lead lawmakers to prepare for the last disaster—quick to allocate funds in the wake of a headline-grabbing incident, but reluctant to fund (and quick to cut) ongoing threat preparedness and mitigation activities as memories fade.

It does not need to be this way, as some important examples of mitigation can attest. The most important example is FEMA's Hazard Mitigation Grant (HMG) program, which funds state-run resiliency projects like earthquake retrofitting and levy construction to reduce the *future* risk to lives and property. The HMG program is substantial enough to have a real impact. Since 2007, the program has financed nearly \$10 billion in mitigation projects across the country.³¹ By focusing grant approval on projects with a positive benefit-cost ratio, the HMG program seeks to abate \$4 of future damage through every \$1 invested.³² The National Institute of Building Sciences suggests such mitigation programs might even avoid \$6 in future damage for every \$1 invested.³³

Another important example is California's Earthquake Early Warning program,³⁴ a system of sensors that can provide residents up to 40 seconds' warning that the earth is about to shake, allowing them to step out of elevators or hit the brakes on a train. This program, resulting from a federal-state partnership, is a rare instance of a preparedness project sustained outside the shadow of a recent disaster, implemented in the interregnum between the last big earthquake (Northridge, in 1994) and the next "Big One." The investment is wise, as there are few disasters more likely to occur in our lifetime than a catastrophic earthquake on the California coast.³⁵

While preparedness and mitigation are important, it is equally important not to overcorrect. The lesson of COVID-19 is *not* that we must just prepare better for pandemics, but instead that we must invest in the planning and resiliency measures that prevent and mitigate against *all* hazards, including the ones we least suspect.

History helps drive the point home. California's deadliest recorded disaster is not the Loma Prieta or Northridge earthquakes of 1984 and 1992, or even the 1906 quake and fire that leveled San Francisco. Rather, it was the 1861-62 flood, which wiped entire towns off the map and turned the Central Valley into a vast lake.³⁶ Yet few have ever heard of it. Similarly, the most energetic earthquake in recorded history did not strike Tokyo, Los Angeles, or Jakarta. In fact, it may have been the 1755 temblor that destroyed Lisbon, Portugal—hardly a city associated with substantial earthquake risk.³⁷ The teaching of these cases is not that California's currently drought-stricken farmers should prepare better for floods, or that Lisbon should lead the world in earthquake retrofitting. Rather, it is that societies must prepare for the unexpected by investing more in pre-disaster planning and mitigation for all hazards and threats. Moreover, risk management must inform and temper the political calculus in determining how best to allocate preparedness resources.

Emergency management in the United States must mature systematically beyond its response-centric focus. Absent that evolution, we will continue to be deprived of the full benefits of preparedness and mitigation and relegated to a reactive, crisis-driven disaster policy.

Climate Change, Population Growth, and the United States' Shifting Threat Profile

According to the 2019 WTA, we should expect more outbreaks of infectious diseases “because of rapid unplanned urbanization, prolonged humanitarian crises, human incursion into previously unsettled land, expansion of international travel and trade, and regional climate change.”³⁸ A more apt prologue to the story of COVID-19 could not have been written.

Yet these same factors—particularly climate change and population growth and mobility—worsen the impacts of all natural hazards, not just pandemics. As a result of climate change, the “hots are getting hotter, and the dries are getting drier, and the wets are getting wetter,”³⁹ leading to more extreme droughts, storms, floods, and fires.⁴⁰ As more humans populate the beaches of the eastern seaboard, or the west’s wildland-urban interface, the death and destruction caused by hurricanes, floods, and wildfires will increase. This trend will continue for the foreseeable future, as climate change is a long-term threat, and desirable living places are often in disaster-prone geographies.⁴¹

These combined factors, undeniably if gradually, are reshaping the United States’ threat profile. In the nearly two decades since 9/11, natural disasters have increased in their frequency, size, complexity, and impact. Once considered black swan events, truly nationwide disasters such as COVID-19 have become more probable. Consequently, the range of natural disasters compose an increasing share of our risk exposure as measured in lives lost and property destroyed. Yet our basic homeland security orientation remains unchanged, with a dominant and disproportionate focus on immigration enforcement and preventing international terrorist attacks on U.S. soil.

A prime example of this post-9/11 perspective is our national network of fusion centers. Recommended by the 9/11 Commission, fusion centers were intended to convene federal, state, and local partners in a joint effort to share information—“connect the dots”—to stop terrorist attacks. Today, the fusion centers continue to fulfill this important intelligence integration role. However, as the relative threat of international terrorism has diminished, the centers have reverted to more traditional law enforcement activities, supporting casework on everything from narcotics investigations to welfare fraud and burglaries—hardly the threats that kept us awake on the night of September 11. In other words, fusion centers largely have failed to adapt to changing circumstances and the emergence of new threats

Similarly, FEMA has not sufficiently adapted to the frequency, size, complexity, and impact of the natural disasters we face. Operationally, FEMA assumes that disasters are local occurrences that happen sporadically, and only occasionally overlap in time. Its staffing levels assume it will face no more than two extraordinary events simultaneously.⁴² Further, when FEMA activates its considerable resources, it is to “support[.]” response efforts that are “state managed, and locally executed.”⁴³ This has left FEMA flat-footed in the face of the most significant disasters that overwhelm state and local authorities, from hurricanes to COVID-19. Like the fusion centers, FEMA must adapt to a new normal.

Competition Versus Cooperation in Emergency Management

In battling COVID-19, states found themselves alternately competing and cooperating. The competition for delivery of PPE was particularly counterproductive, driving up prices, creating uncertainty in the supply chain, and disrupting the federal and state governments’ ability to allocate scarce resources effectively. In the midst of bidding against one another, however, states also found ways to cooperate, sharing ventilators and creating regional pacts on when, and how, to reopen. Although these

precise circumstances were unique to COVID-19, the underlying tension of competition versus cooperation—and the federal government’s role in prompting one or the other—is a familiar theme in emergency management.

There are many examples of this tension, but the most consequential is the set of rules governing the activation of major disaster aid programs. When a President issues a major disaster declaration for a state (formally at a Governor’s request and on FEMA’s recommendation), it unlocks a range of powerful disaster aid programs. These aid programs can fund the rebuilding of homes, the restoration of public infrastructure, and the previously mentioned HMG program.⁴⁴

To determine whether a given disaster merits a presidential declaration, and whether particular grant programs should apply, FEMA evaluates a list of criteria.⁴⁵ Among them, FEMA has long evaluated the disaster’s “per capita” impact to the state,⁴⁶ its local impact, existing insurance coverage, and recent impacts from previous disasters.⁴⁷ Most agree these are neutral, handy metrics that signal a disaster’s impact and measure the state’s need for assistance.

In 2019, however, FEMA introduced additional factors that set a higher bar for states with greater “fiscal capacity and resource availability,” “total taxable resources,” “gross domestic product,” and “per capita personal income.”⁴⁸ According to FEMA, these new factors frame a more “objective” method for determining whether “an event was of the severity and magnitude to be beyond State and local capability.”⁴⁹ But there are reasons to question this reasoning, two of which merit discussion. First, the new factors—more akin to macroeconomic indicators—are attenuated from the on-the-ground impacts of a disaster and the state’s actual capacity to respond. As a result, it is doubtful whether these new factors impart any more objectivity or insight than did the existing factors. Second, although FEMA cites objectivity as a basis for the change, it also maintains that its decisions are discretionary, and that “[n]o single data point or factor will singularly affect FEMA’s recommendation.”⁵⁰ In doing so, FEMA ensures that its agency discretion, rather than straightforward application of the supposedly objective factors, will serve as ultimate arbiter of who receives disaster aid.

Setting aside FEMA’s stated reasoning for these new factors, it is not hard to see how they tip the balance in practice. Large, populous, economically robust states with significant infrastructure and wealthier residents (i.e. New York, New Jersey, California, and to a lesser extent Florida) must show higher levels of death and destruction compared to states with smaller populations and less wealth (those of the south and midwest). By introducing these tendentious elements into the equation, that have the effect of politicizing the process, FEMA sends the message that their discretionary judgments, rather than the needs of victim-survivors, will drive the placement of disaster aid. This message, in turn, prompts states to view disaster relief as a zero-sum game—a reason to compete with each other rather than cooperate.

This example of competitive disaster aid, coupled with the federal government’s failure to marshal states into a unified PPE procurement campaign during the COVID-19 response, calls into question FEMA’s vision, strategy, and role in times of national crisis. According to FEMA’s Strategic Plan, the United States maintains a tiered system of disaster response that is “[f]ederally supported, state managed, and locally executed.”⁵¹ This is a fine statement, but it falls short of articulating the harmonizing role that FEMA must play in emergency management policy. As noted above, particularly when the disaster is national in scope rather than limited and localized, the federal government cannot play a mere passive “support” role. Instead, it must lean forward and lead at all times, continually prompting cooperation between states, and ensuring consistency in disaster policy at the local and state levels.

Protecting Society's Most Vulnerable

Historically, society's most vulnerable have been excluded from the emergency management planning process. This marginalization resulted in significant planning gaps, particularly related to those with "access and functional needs" (AFN), a category that identifies groups with physical and developmental disabilities, and/or economic and social disadvantages including the elderly, the disabled, many children, and impoverished families.⁵² As Hurricanes Katrina and Rita demonstrated, these gaps are surely reflected in human suffering and lives lost during a time of disaster.⁵³ Real tragedy in this vein has engendered mistrust of emergency managers, particularly on the part of communities of color and among the disabled.

The COVID-19 pandemic has reinforced the lesson that emergency managers must specially address the needs of society's most vulnerable. By a significant margin, COVID-19 mortality rates are greatest among Americans 65 and older, particularly those affected by other co-morbidities.⁵⁴ For those managing the state and local response, elderly congregate living centers posed a particular challenge, as did obvious disparities in communities' access to regular health care. The data suggest that communities of color faced disparate adverse impacts attributable to many of these factors and the social and economic inequalities underlying them.⁵⁵

Today's emergency management community has a high level of awareness of this phenomenon. In the past two decades, emergency managers increasingly have incorporated diverse perspectives into the planning process to better address the needs of all Americans. FEMA developed an Office of Disability Integration and Coordination, and many states and large cities have similar offices, programs, or advisory positions. Emergency plans are more likely to account for AFN considerations. Other innovations, such as GIS heat maps of demographic data, promise to make it easier to address the needs of vulnerable communities during response operations.

While this new spirit of inclusiveness is laudable, it remains to be seen whether and how well these organizational, planning, and technological efforts translate into lives saved and families protected from catastrophe. The early results from the COVID-19 pandemic leave no doubt that there remains much room for improvement.

Recommendations

Recommendation #1: Congress should invest substantially more funds in the HMG program to spur a shift in emergency management from crisis-driven response activities to preparedness and mitigation.

In the past 50 years, the United States' emergency management regime has focused on response. This crisis-driven approach has not always served us well, notably during the country's flat-footed response to COVID-19, but also during previous catastrophes such as Hurricane Katrina.⁵⁶ As the emergency management profession matures, the United States should continue to shift its focus to the phases of preparedness and mitigation.

To anchor this new focus, Congress should expand the HMG and Building Resilient Infrastructure and Communities (BRIC) programs.⁵⁷ This will achieve two effects. First, it will allow state and local governments to invest in the retrofitting, hardening, and other resiliency projects whose utility will be measured not just in the multiples of response and recovery costs that we avoid (by some measures, \$6 for every \$1 invested⁵⁸), but in the numbers of lives saved.

Second, because hazard mitigation projects typically represent large capital investments, the HMG and BRIC programs will spur the economy, including in some of the nation's more impoverished, rural communities that hunger for investment. In increasing the size of these programs, FEMA should incentivize states to broaden their proposed projects beyond the traditional focus on hurricane, flood, earthquake, and wildfire resiliency to encompass emerging threats like pandemics, cyberattacks, mass shootings, and especially climate change.

Recommendation #2: Enhance FEMA's role in coordinating disasters with regional and national impacts, and affirm the federal government's role in harmonizing the emergency management policy at the local, state, tribal, and federal levels.

As the United States' imperfect response to the COVID-19 pandemic demonstrates, the federal government plays a critical role in coordinating states' management of their response activities. Outside of disasters, the federal government plays an equally critical role as harmonizer of national policy, prompting states to cooperate rather than compete. To ensure the federal government serves this role, two things are necessary.

First, FEMA must revise its strategic plan. According to the plan, disaster response is "locally executed, state managed, and federally supported."⁵⁹ Occasionally misused as a basis for passivity, this language should be supplemented to more forcefully affirm the federal government's forward-leaning role in helping to coordinate regional and national operations. As part of this shift, FEMA should embrace its role in prompting interstate cooperation over competition, and in harmonizing the disaster policies of local, state and tribal governments. Further, the White House should focus on improving FEMA's working relationship with HHS, whose cooperation is critical to an effective disaster response.

Second, FEMA should reinforce the ethos of interstate cooperation by scrubbing its various grant programs of criteria that assess the attributes of states as political units. This includes the disaster aid programs, which should no longer consider states' "fiscal capacity and resource availability," "total taxable resources," "gross domestic product," and "per capita personal income."⁶⁰ Instead, FEMA should revert to a regime and formula based on criteria tied to the impacts experienced by

individual victim-survivors. This will help reduce politicized competition between and among states, and unify the entire country in supporting all victim-survivors, regardless of the state in which they reside.

Recommendation #3: Adapt the country’s domestic homeland security infrastructure to address the United States’ shifting threat profile.

The United States has a different threat profile today than it did on September 12, 2001. While international terrorism remains a serious concern, natural disasters have increased in their frequency, size, complexity, and impacts, and account for a steadily increasing share of the nation’s aggregate adverse risk. Despite this, our basic homeland security infrastructure and apparatus remains unchanged, with a disproportionate focus on immigration enforcement and preventing terrorist attacks on U.S. soil.

To better adapt to this new threat profile, the U.S. Department of Homeland Security should seek two major policy changes relative to state and local governments. First, it should reconfigure the \$1B Homeland Security Grant Program, administered by FEMA, which is the main source of federal homeland security funds allocated to states and large cities. In particular, FEMA should set aside 50% (or more) of each state and urban area’s allocation to address natural hazards and other non-terrorist threats. This will allow states and urban areas to prepare for and mitigate the threats that are most relevant today.

Second, FEMA should provide clear, unequivocal grant guidance obligating the nation’s network of fusion centers to embrace an all-hazards approach. Tailored to local needs, each fusion center should employ fire and rescue, medical, meteorological, cyber, and other disciplines beyond law enforcement and intelligence, to remain alert to the full range of threats and hazards, whether they are natural disasters, mass shooters, other human-caused threats, or viruses. Although DHS and the fusion center community have long discussed potential “all-crimes” and “all-hazards” frameworks,⁶¹ FEMA has never incorporated such guidance into the annual Notice of Funding Opportunity, where it would attain the weight necessary to effect change within fusion center operations. While legacy programs and vested interests can be expected to resist such changes, the shift is long overdue.

Recommendation #4: Better integrate intelligence into emergency management to drive short- and medium-term priorities.

Emergency management agencies should integrate forward-leaning all-source intelligence reports into their operations. These intelligence reports should occur on a daily or weekly tempo, and should assess not just the weather (which emergency managers are accustomed to following) but also geopolitical, climate, market, epidemiological, and supply chain trends.

By understanding this broader intelligence landscape, emergency managers can lean forward into emerging incidents—on the balls of their feet, not their heels—and subtly shift planning and logistics efforts in response to information not traditionally available to them. For instance, if intelligence suggests both geopolitical tensions with China and a bad flu season, emergency managers might consider working with hospital stakeholders to augment and diversify the supply chains for PPE.

As others have suggested, the National Security Council should reinstitute its directorate for Global Health Security to coordinate among the intelligence, health, and emergency management communities. This represents one pandemic-focused way of integrating intelligence into emergency management, but the most effective reform is broader than this. FEMA and

state emergency management agencies must develop better ties to the intelligence community, and incorporate all-source intelligence into the short- and medium-term decision-making to abate all hazards, both natural and man-made. Consistent with Recommendation #3, state and local emergency management agencies can enlist already existing fusion centers in this effort.

Recommendation #5: Promote the hiring of individuals with a disability, or access or functional need, into generalist emergency management positions at all levels of government.

The emergency management profession has made great strides in incorporating AFN into its planning processes, but it is not enough. The needs of society's most vulnerable cannot become a segregated "special topic" in the emergency management realm. Instead, emergency management agencies should integrate AFN awareness in every initiative, during every phase of emergency management.

To accomplish this, we must hire talented and experienced individuals with a disability, or access or functional need—not into token positions managing AFN issues, but into generalist positions throughout DHS and FEMA, as well as in state and local emergency management agencies. Only then will the necessary awareness become part of the DNA of our homeland security enterprise. While enhanced diversity across government is always positive as a matter of equity, ensuring diversity in the emergency management field is necessary to achieving its operational objectives.

Endnotes

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