

How lessons from past emergencies could improve the pandemic response

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The lack of accountability, poor communication and insufficient planning plaguing the government's response to the COVID-19 pandemic—especially in its early months—have roots in how the nation

responded to 9/11, Hurricane Katrina and the H1N1 swine flu, a new study involving the University of Washington found.

Focusing on the way government agencies assemble and allocate resources—the procurement system—researchers said the successes and shortcomings of responses to other large-scale crises show that a more centralized approach can achieve goals faster and more effectively.

"In the moment of disasters, we prioritize saving lives, but if we also want to achieve other goals, like equity, we need to establish processes and relationships in advance," said Ben Brunjes, an assistant professor of public policy at the UW and co-author of the study, published April 14 in the *Journal of Emergency Management*.

In theory, government procurement aims to acquire goods and provide services efficiently, equitably and at the lowest possible cost to the taxpayer. When seeking bids and proposals, agencies are supposed to prioritize spending with businesses owned by women and people of color. During an emergency, however, governments suspend many timelines and rules in the interest of speed.

The government's approach to the pandemic, especially in the early months when personal protective equipment and medical supplies equipment were the priority, has been criticized as fragmented and politicized. States were generally left to compete on the open market for N95 masks and ventilators; a lack of information and, ultimately, supplies, plagued the Strategic National Stockpile; and even today, the rollout of COVID-19 vaccines has been inconsistent across states.

The highly infectious nature of the coronavirus, and the impact not only on the health care sector but also on most other areas of society, made the pandemic an almost unprecedented emergency for which few countries were prepared, the researchers point out. The United States,

with a mostly privatized health care system and three levels of government (local, state and federal) involved in emergency response functions, faced a massive task in protecting the population.

But the Trump administration's hands-off approach, researchers said, essentially pitted states against each other. Some states had too little and others too much or simply poor-quality supplies, and that opened the door to fraud in the contracting process.

These problems could have been avoided, Brunjes said, if the federal government had recognized and mitigated some of the issues that arose during past crises:

- During 9/11, [the lack of interagency radio capability thwarted rescue efforts](#). Emergency responders from different agencies were unable to communicate with each other throughout the 2001 disaster, which led to an effort among law enforcement and other aid agencies nationwide to improve radio systems over the next several years. In the years that followed, new emergency management policies and innovative technologies helped avoid similar problems in subsequent disasters.
- The evacuation of millions of people during Hurricane Katrina in 2005 prompted the need for emergency shelters and other services, fast. Several federal agencies purchased temporary beds, trailers and portable school buildings that went unused or were overpriced. [The U.S. Government Accountability Office criticized the overall response as vulnerable to "fraud, waste and abuse."](#) In the aftermath, new laws were passed to make emergency procurement more accountable.
- The case most similar to the current pandemic—the H1N1 swine flu in 2009-2010—showed how the response to COVID-19 might have been different if government had taken the issue seriously and acted quickly. As the H1N1 crisis continued,

[resources wore thin](#) and coordination across states was stymied. In response, the federal government developed a dashboard to track and share information about critical supplies, aiding in the rapid distribution of vaccines.

In addition to the lessons of better communication and contracting accountability from Hurricane Katrina and 9/11, the government's experience with H1N1, a smaller-scale pandemic than COVID-19, shows the importance of interagency planning and procurement throughout. That includes the use of existing, issue-specific resources, such as the pandemic guidebook and organizational structure that the federal government developed during H1N1.

"If the previous administration had retained human capital and not gotten rid of the pandemic team, this would have been a lot smoother. There was a lot of knowledge about how to go through this process," said Brunjes, a former emergency policy analyst for the Department of Homeland Security's research institute.

The new study was written early in the COVID-19 [pandemic](#), he added, but nothing in the course of events would have changed the researchers' recommendations. The Biden team has seen the need to take a more central role in communication and management of the response, Brunjes said, and though the administration acted quickly in rolling out a vaccine program, there remain significant equity concerns over who has received the shots. With vaccines alone—all the first and second doses still to be administered, not to mention any booster doses in the future—there should be an even more transparent supply chain and system for determining what agencies need, how much and when.

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