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NATIONAL PREPAREDNESS

DHS and HHS Can Further Strengthen Coordination for Chemical, Biological, Radiological, and Nuclear Risk Assessments

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Highlights

Highlights of GAO-11-606, a report to the Committee on Homeland Security and Governmental Affairs, U.S. Senate

Why GAO Did This Study

The anthrax attacks of 2001 and more recent national reports have raised concerns that the United States is vulnerable to attacks with chemical, biological, radiological, and nuclear (CBRN) agents. Because of the potential consequences of such attacks, members of Congress have expressed the need for the Departments of Homeland Security (DHS) and Health and Human Services (HHS) to coordinate in assessing risks posed by CBRN agents. GAO was asked to examine how DHS and HHS coordinate on the development of CBRN risk assessments and the extent to which they have institutionalized such efforts. GAO examined relevant laws, presidential directives, collaboration best practices, and internal control standards; analyzed DHS and HHS CBRN risk assessments; and interviewed DHS and HHS officials.

What GAO Recommends

GAO recommends that DHS establish time frames and milestones to better ensure timely development and interagency agreement on written procedures for development of DHS's CBRN risk assessments and that HHS develop written procedures for obtaining and incorporating interagency input into its modeling reports and determine whether to renew its interagency agreement. DHS and HHS generally agreed. HHS expressed concern that the report implied it does not vet its products through its interagency partners, but GAO believes that it appropriately credited HHS with having a process to do so in the report.

View GAO-11-606 or key components. For more information, contact William O. Jenkins, Jr. at (202) 512-8777 or jenkinswo@gao.gov or Marcia Crosse at (202) 512-7114 or crossem@gao.gov.

What GAO Found

DHS and HHS have coordinated with each other and with other federal departments to develop CBRN risk assessments, but neither department has written procedures for developing these assessments. GAO's best practices for interagency collaboration and federal standards for internal control indicate that agencies can best enhance and sustain coordination by adopting key practices, such as defining desired common outcomes, agreeing on roles and responsibilities, and developing written policies and procedures to help ensure that management directives are enforced. Such practices and standards could help DHS and HHS institutionalize their agreements on these sensitive and technical issues to better ensure coordination, collaboration, and continuity beyond the tenure of any given official or individual office.

- DHS develops two types of CBRN risk assessments—terrorism risk assessments (TRA) and material threat assessments (MTA). TRAs assess the relative risks posed by multiple CBRN agents based on variable threats, vulnerabilities, and consequences. MTAs assess the threat posed by given CBRN agents or classes of agents and potential human exposures in plausible, high-consequence scenarios. DHS develops TRAs through interagency workgroups and has developed some MTAs in this way, which allow partners, such as HHS and the Department of Defense, to assess risk models and review and comment on the assessments. However, DHS does not have interagency agreements or written procedures for TRA and MTA development. In addition, DHS's processes and coordination with HHS for MTA development have varied, and HHS officials would like to be more involved. DHS officials told GAO they intend to develop procedures through interagency agreements with federal partners by June 2012 but have not yet established interim time frames or milestones for doing so. By establishing interim time frames and milestones for developing and obtaining interagency agreement on its CBRN risk assessments, DHS could better ensure that it completes its plans in the intended time frame.
- HHS develops one type of CBRN risk assessment—modeling the public health consequences of attacks using information from DHS MTAs—through an interagency body that includes DHS and other departments, such as the Departments of Defense and Veterans Affairs. HHS signed an interagency agreement and charters with these partners, consistent with interagency coordination best practices. However, HHS does not have written procedures detailing the processes for developing the modeling reports, such as when and how its partners are to provide input and review and comment on the overall report. Written procedures for development and review of the modeling reports could provide HHS with standardized direction for obtaining, evaluating, and incorporating interagency input. In addition, the interagency agreement expires in June 2011, and HHS officials were not certain whether they would renew it based on ongoing revisions to the interagency charters. Renewing the interagency agreement or determining if the revised charters sufficiently outline key practices for working across agency boundaries could help ensure participating departments' commitment to work collaboratively.