



August 06, 2020

The Honorable Gerald E. Connolly
Chairman
Subcommittee on Government Operations
Committee on Oversight and Reform
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Connolly:

This letter provides information in response to your June 15, 2020, request to review USAID's plans and procedures for returning employees to Federal offices in the wake of the COVID-19 pandemic. Specifically, we reviewed plans and procedures outlined in "The Roadmap to Return of The U.S. Agency for International Development" (USAID Plan) to determine whether it incorporated key considerations laid out by the U.S. Government Accountability Office (GAO) for agencies returning employees to workplaces during pandemics.¹ Our point-in-time review focused on the design of the USAID Plan given its limited execution to date.² During the course of our review, we also made observations that provide reasonable assurance that the plans and procedures contained in the USAID Plan are being executed as stated.

The USAID Plan outlines the Agency's approach for returning to routine operations both domestically and overseas.³ We focused our review on USAID's approach for returning staff to domestic offices in the National Capital Region⁴ because USAID offices overseas are under the authority of the U.S. State Department and the USAID Plan for reopening overseas offices is nested within the State Department's Diplomacy Strong framework, which is subject to

¹ GAO, "Federal Workforce: Key Considerations for Agencies Returning Employees to Workplaces During Pandemics" (GAO-20-650T), June 25, 2020.

² USAID reported entering Phase I of its reopening plan on June 22, 2020.

³ USAID reported that the domestic and overseas sections of its plan follow the "Guidelines for Opening Up America Again" published by the White House Coronavirus Task Force and U.S. Department of Health and Human Services' Centers for Disease Control and Prevention. USAID also reported that the overseas section of the plan directly aligns with the U.S. State Department's Diplomacy Strong framework.

⁴ USAID's five office locations in the National Capital Region include four offices in Washington, DC—the Ronald Reagan Building at 1300 Pennsylvania Avenue, NW; the USAID Annex at 500 D Street, SW; the State Annex-44 at 301 4th Street, SW; and 1717 Penn at 1717 Pennsylvania Avenue, NW—and one office in Arlington, VA, the Washington Learning Center at 2231 Crystal Drive.

oversight by the State Department OIG. However, we provide a brief description at the end of this letter as to how the USAID Plan operates in relationship to the Diplomacy Strong framework.

We are making the following disclosure related to our reopening plan to ensure transparency and that the results of our work are viewed as objective and unbiased: OIG is an independent office that has independent authority from USAID, and as such, we make our own decisions regarding the management of our work, operations, and people. However, because we share the same physical space as the Agency, we have incorporated USAID's plan into our own and rely on USAID for meeting most of the physical space and safety needs of our staff.

The USAID Plan for Domestic Operations Has Followed Key Considerations for Safely Returning Staff to the Workplace

Our review of the USAID Plan design and implementation found that USAID has generally followed four key considerations that GAO laid out for agencies returning employees to the workplace during pandemics.⁵ Specifically, we found that the USAID Plan called for (1) making decisions about reentry based on local conditions, (2) communicating continuously with employees, (3) having appropriate measures in place to protect employees, and (4) implementing social distancing strategies.

Making Decisions Based on Local Conditions

GAO found that it is important for Federal agencies to factor in local conditions of the pandemic at each operating location in their determinations regarding workforce reentry. In addition, agencies should consider making decisions about reentry, including precautions and safeguards, based on the local prevalence of the pandemic at each site and share information and cooperate with other agencies located in the same area.

The USAID Plan to return employees to the workplace calls for a phased approach that is location-specific, conditions-based rather than time-based, and coordinated with efforts of the broader U.S. Government. USAID's approach uses three phases to incrementally return the Agency to routine operations that is stated to balance speed and risk and provide responsiveness to evolving data and information and guidance from applicable authorities.⁶ The plan states that USAID's decisions to move from one phase to another will depend on regional assessments of medical and health conditions, local considerations such as the availability of

⁵ GAO identified these key considerations from surveys conducted with the 24 agencies covered by the Chief Financial Officers Act of 1990 in 2012 and 2009. Those surveys provided an overview of Governmentwide influenza pandemic preparedness efforts. See "Influenza Pandemic: Agencies Report Progress in Plans To Protect Federal Workers but Oversight Could Be Improved" (GAO-12-748), July 25, 2012; and "Influenza Pandemic: Increased Agency Accountability Could Help Protect Federal Employees Serving the Public in the Event of a Pandemic" (GAO-09-404), June 12, 2009.

⁶ The USAID Plan states that for the National Capital Region, Phase 1 permits the initial and limited return of USAID staff to facilities; Phase 2 permits the return of most staff in rotational teams, while continuing to encourage telework whenever possible and feasible with business operations; and Phase 3 permits the unrestricted return of staff to facilities.

childcare and transit and the status of schools, and operational capacity to accommodate social distancing and sanitization.

Per the USAID Plan, the USAID COVID-19 Task Force (Task Force) was created and charged with continuously reviewing available data and information and reporting to the USAID Administrator every 14 days.⁷ The Task Force also utilized information from state and local governments in the National Capital Region to provide briefings to Agency action officers charged with implementing different aspects of the USAID Plan. The Administrator has the authority to make decisions based on the information, including the option to return the Agency to any previous phase.

Based on our observations, we confirmed that the Agency was making decisions based on local conditions outlined in the USAID Plan. We observed that assessments of medical and health conditions across the National Capital Region met conditions for the Agency's decision to move into Phase I on June 22, 2020. Specifically, we observed that before USAID entered Phase I, the following conditions for Virginia, Maryland, and the District of Columbia were met:

- A 14-day downward trend in the report of influenza-like illnesses and COVID-19-like symptoms.
- A 14-day downward trend in documented COVID-19 cases.
- Adequate capacity in local hospitals to treat all patients without crisis care, and robust testing program or plan in place for healthcare workers.

Communicating Continuously With Employees

GAO found that continuous communication with employees and their representatives will help agencies provide real-time information as conditions evolve and help them understand the policies and requirements of their agencies and alternatives, such as telework, that may be available to them. In particular, GAO found that agencies should identify employee concerns and communicate human capital guidance such as pay, leave, staffing, and flexibilities to help ensure continuity of agency operations and mission-essential functions.

The USAID Plan cites clear and timely communication as a guiding principle for the Agency's phased approach to resuming operations and outlines the following responsibilities for communicating information:

- USAID's Task Force is responsible for leading the Agency's efforts in communicating reopening information to USAID bureaus and independent offices.
- USAID's Office of Human Capital and Talent Management is responsible for providing guidance to bureaus and independent offices on telework and workforce flexibilities.
- Leadership of each bureau and independent office is responsible for communicating guidance to their managers, supervisors, and staff.

⁷ Former USAID Administrator Mark Green established an Administrator's Crisis Action Team on January 31, 2020, and later converted this team into the USAID COVID-19 Task Force on March 3, 2020. The goal of the Task Force is to coordinate and align the Agency's efforts with those of the broader U.S. Government.

The USAID Plan also outlined some types of communications to staff. For example, early Task Force advisories provided USAID staff with relevant risk and safety information and frequent reminders of the availability of support services from Staff Care.⁸ Throughout the second half of March 2020, USAID communicated mandatory telework and greater workforce flexibilities to slow the spread of the virus, which included the use of excused absences, flexible work schedules, and a temporary waiver of the documentation requirement to justify sick leave. USAID plans to use Agency Notices and policy guidance to provide information to staff regarding authorized departures, permanent changes of station, and other official travel. As the Agency enters Phases I and 2, the USAID Plan states that the Office of Human Capital and Talent Management will communicate self-monitoring guidance to staff, such as information reminding employees to take their temperatures before coming to the workplace and staying home if they have a fever or feel ill. In Phase 3, communications to employees are to continue emphasizing healthy practices in the workplace, such as availability and use of hand sanitizer and disinfectant wipes, and considerations for employees who self-identify as members of vulnerable populations or live with, or care for, members of vulnerable populations. The USAID Plan also emphasizes the capacity to respond quickly to reported cases, including notifying staff of potential exposure in a timely manner.

Based on our observations, the Agency was maintaining communications with management and staff as outlined in the USAID Plan. For example, members of our senior leadership observed biweekly Task Force meetings with USAID senior leadership and mission directors. The Task Force also held regular meetings with staff involved in the continuity of operations and provided regular email communications to and held town hall meetings with USAID staff. In addition, the Agency developed a comprehensive internal website with updated information on the status of its reopening plan.

We also observed that the Agency continued communications with staff upon moving to Phase I of its reopening plans. USAID entered Phase I on June 22, 2020, which calls for employees returning to work on a voluntary basis, not to exceed 20 percent operating capacity. On June 4, 2020, we observed a meeting with the Task Force and USAID staff that discussed operating guidance for Phase I and provided a forum for staff to ask questions. We have also observed several email communications from the Office of Human Capital and Talent Management to USAID staff on telework guidance and workforce flexibilities. On July 8, USAID administered a survey to all staff approved to return to the workplace in Phase I. According to USAID, of those that responded, over 95 percent were satisfied with entering the building, using the elevators, walking the hallways, working at their desk, and leaving at the end of the day.⁹

Having Protection Measures In Place

GAO found that to protect employees as they reenter the workplace, agencies should have appropriate protection measures in place, by exposure risk level. For example, agencies could make changes to the work environment to reduce workplace hazards, such as by installing

⁸ The Staff Care Program provides resources for coping with pandemic conditions and services such as supportive care and counseling.

⁹ According to USAID, the survey was distributed to 183 employees approved to return to the workplace in Phase I, and 76 responded.

sneeze guards as a barrier between employees who must have frequent contact with other employees or the public and providing personal protective equipment (PPE), such as surgical masks and gloves, to help prevent some exposures. Further, GAO found that agencies should have an adequate supply of hygiene supplies, such as hand sanitizers, and a plan for distributing those supplies and implementing basic hygiene precautions, such as encouraging employees to wash their hands or use a hand sanitizer after they cough, sneeze, or blow their noses. Finally, agencies should provide supplemental cleaning programs for common areas.

The USAID Plan describes protection measures and the availability of PPE as criteria for determining whether to progress in reopening facilities and notes that the following conditions must be present for success in Phase I:

- Above-standard cleaning of common areas and the capacity to clean areas exposed to COVID-19.
- Acquisition of sufficient PPE, including hand sanitizer and disinfectant wipes.
- Ability to respond quickly to reported cases.

The USAID Plan charges the Bureau for Management's Office of Management Services to ensure the proper cleaning of facilities and procure cleaning supplies, hand sanitizer, and sanitizing wipes. USAID's Office of Security is responsible for providing contact tracing support and leading coordination of local safety and security measures.

Based on our observations, USAID had protection measures in place for staff returning to the workplace. During Phase I, we entered the Ronald Reagan Building and observed requirements for staff to review and certify their health status at the time the guard checks staff badges before entry into USAID office space. We walked through USAID offices at the Ronald Reagan Building and found there to be ample masks and hand sanitizer. We also noted that USAID had engaged with a service to provide above-standard cleaning to sanitize spaces that had been occupied by staff who may have been exposed to the virus.

Implementing Social Distancing Strategies

GAO found that agencies can implement various social distancing strategies to avoid situations that increase workers' risk of exposure to a pandemic virus. For example, agencies may consider maximizing the use of telework for those functions that can be performed remotely. Other strategies for consideration include avoiding unnecessary travel, restricting in-person meetings and gatherings, and allowing flexible schedules to reduce the number of employees in the building at the same time. Agencies should also consider workplace reconfiguration (such as building walls or partitions between workstations), office-specific protocols (such as limiting personal contacts among staff), and making decisions about reopening office fitness and childcare centers as part of separate risk-based decision processes.

The USAID Plan includes a social distancing strategy at each phase. The phased approach is stated to provide an opportunity for the Agency to learn and make adjustments before

progressing to the next phase. Phase I implements several strategies to reduce the risk of exposure:

- Only those employees who cannot optimally perform their duties while on telework and who do not belong to a vulnerable population can return to the office.
- The number of personnel who can return to the office is capped at 20 percent of the building's workforce.
- Staggered work schedules are required.
- USAID has published protocols for social distancing, including guidance on how to maintain social distancing on elevators and in restrooms.
- Staff are required to view a safety video on social distance practices and sign a rule of behavior before returning.
- Conference rooms will be closed.
- Staff are to avoid gatherings greater than 10 persons.
- Travel is suspended unless mission critical and approved by the Office of the Administrator.

Based on our observations, USAID had implemented social distancing strategies outlined in its reopening plan. During Phase I, we walked around the Ronald Reagan Building and observed that few USAID staff were at the workplace, and that the staff who were present maintained social distancing practices. We also observed placement of guidance on how to maintain social distancing in elevators, hallways, and restrooms.

The USAID Plan for Overseas Operations Has Followed State Department Direction for Returning Staff to the Workplace

The USAID Plan states that the Agency's approach for returning staff to overseas offices directly aligns with State Department's Diplomacy Strong framework, which also uses a phased approach following criteria based on evolving local conditions. One notable difference is that decision making at each overseas post is driven by the Chief of Mission¹⁰ with support from the Emergency Action Committee¹¹ and others, in partnership with the State Department's Bureau for Management.

The primary drivers for post-specific decision making are stated to be medical and health conditions at each post followed by local conditions, such as the posture of the host-country government, security, and the availability of necessary supplies and healthcare, as well as policy and operational considerations such as janitorial services, building access, and parking. In

¹⁰ The Chief of Mission is the principal officer in charge of a diplomatic mission of the United States or of a U.S. office abroad. Presidential directives and U.S. law give the Chief of Mission the authority to direct, supervise, and coordinate all U.S. Government executive branch employees in the Chief of Mission's country or area of responsibility.

¹¹ An Emergency Action Committee is established by the Chief of Mission at each overseas post and represents all sections and agencies to assist with planning and preparing for crises with support from State Department offices in Washington, DC. The USAID Plan states that Emergency Action Committees at U.S. Embassies will provide Chiefs of Mission with recommendations based on local conditions and guidance from the State Department, the White House Coronavirus Task Force, Department of Health and Human Services' Centers for Disease Control and Prevention, the Office of Management and Budget, and the Office of Personnel Management.

addition, the safety and health for all employees, especially the most vulnerable, are stated to be the priority, and post-specific decisions will evolve as more information becomes available.

Within USAID, the Office of Human Capital and Talent Management, the Management Bureau, and the Office of Security will coordinate the implementation of post-specific decisions with USAID Mission Directors and Executive Officers. Mission leadership responsibilities include engaging their State Department counterparts to ensure the inclusion of USAID's interests when Chiefs of Mission and Emergency Action Committees make post-specific decisions.

Concluding Remarks

We appreciate your continuing interest in oversight of U.S. Government programs and operations. We will continue to monitor the Agency's reopening plan and remain committed to provide effective oversight of USAID's COVID-19 response. To date, we have:

- Had substantial engagement with our oversight and accountability partners to share information and plans.
- Prepared an initial oversight strategy for USAID's COVID-19 response efforts.
- Revamped our [website](#) to highlight our approach to oversight and clearly establish how USAID staff and implementers can act on their responsibility to report COVID-19-related fraud, waste, and abuse.

We have also coordinated domestically and overseas to address COVID-19-related fraud allegations and management challenges. Specifically, we have:

- Joined the Metropolitan Area COVID-19 Anti-Fraud Task Force, linking up with 27 other law enforcement organizations.
- Coordinated with host country law enforcement to respond to COVID-19-related allegations.
- Issued four [quarterly reports](#) that reflect insights into the impact of COVID-19 in overseas contingency operation settings.
- Released an [advisory notice](#) based on past lessons learned that poses key questions for the Agency to consider in its response effort.
- Participated in the Pandemic Response Accountability Committee which issued a [report](#) highlighting anticipated top challenges facing Federal agencies in their COVID-19 emergency relief and response efforts.¹²

¹² The Pandemic Response Accountability Committee is a committee of the Council of the Inspectors General on Integrity and Efficiency to promote transparency and conduct oversight to ensure that funds intended to support individuals, workers, healthcare professionals, businesses, and others affected by the pandemic are used efficiently, effectively, and in accordance with the law. As part of its oversight responsibilities, the committee is tasked with supporting efforts to prevent and detect fraud, waste, abuse, and mismanagement and mitigate major risks that cut across program and agency boundaries.

If you have any questions concerning this letter, please contact our Director of Congressional and Public Affairs, Andrew Schmidt, at 202-712-1150.

Sincerely,

/s/

Ann Calvaresi Barr
Inspector General

cc: The Honorable Jody B. Hice
Ranking Member
Subcommittee on Government Operations
House Committee on Oversight and Reform

Bonnie Glick, USAID Deputy Administrator
Dr. William R. Steiger, USAID Chief of Staff
Chris Milligan, Agency Counselor
Dr. Kenneth Staley, Executive Director, USAID COVID-19 Task Force