

Lessons Learned from DHS' Employee COVID-19 Vaccination Initiative





OFFICE OF INSPECTOR GENERAL
Department of Homeland Security

Washington, DC 20528 / www.oig.dhs.gov

May 10, 2022

MEMORANDUM FOR: Alejandro N. Mayorkas
Secretary
Department of Homeland Security

FROM: Joseph V. Cuffari, Ph.D.
Inspector General

SUBJECT: *Lessons Learned from DHS' Employee COVID-19
Vaccination Initiative*

**JOSEPH V
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Date: 2022.05.10
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Attached for your information is our final report, *Lessons Learned from DHS' Employee COVID-19 Vaccination Initiative*. We incorporated the formal comments from DHS in the final report.

The report contains one recommendation to improve DHS' ability to identify essential employees, when necessary, in future operations. Your office concurred with the recommendation. Based on information provided in your response to the draft report, we consider the recommendation resolved and open. Once your office has fully implemented the recommendation, please submit a formal close out letter to us within 30 days so we may close the recommendation. The letter should be accompanied by evidence of completion of agreed upon corrective actions. Please send your response or closure requests to OIGISPFollowup@oig.dhs.gov.

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post the report on our website for public dissemination.

Please call me with any questions, or your staff may contact Thomas Kait, Deputy Inspector General for the Office of Inspections and Evaluations, at (202) 981-6000.

Attachment



DHS OIG HIGHLIGHTS

Lessons Learned from DHS' Employee COVID-19 Vaccination Initiative

May 10, 2022

Why We Did This Evaluation

On December 18, 2020, DHS partnered with the Veterans Health Administration to vaccinate certain eligible DHS employees against COVID-19. We evaluated how DHS determined employee status for placement into priority distribution groups for vaccination. Also, we examined how DHS planned to triage and distribute available vaccine inventory and how DHS executed its plan.

What We Recommend

We make one recommendation to improve DHS' ability to identify essential employees, when necessary, in future emergency situations.

For Further Information:

Contact our Office of Public Affairs at (202) 981-6000, or email us at DHS-OIG.OfficePublicAffairs@oig.dhs.gov

What We Found

In advance of Federal approval for emergency use of the Coronavirus Disease of 2019 (COVID-19) vaccine, DHS prepared to coordinate employee vaccinations by tasking its components to identify eligible personnel in health care and frontline occupations in accordance with Centers for Disease Control and Prevention guidelines. DHS acted swiftly to identify employees in vaccination priority groups, but provided minimal guidance to components, resulting in inconsistent responses across the Department as to which types of employees were deemed eligible. DHS only partially committed staff resources and delayed establishing a comprehensive, full-time task force to manage the effort. Also, at times, DHS' communications to its employees were inconsistent or unclear, causing confusion among some employees. DHS successfully vaccinated some employees, but missing and erroneous personnel data in DHS systems used to facilitate vaccinations contributed to DHS falling short of reaching its vaccination goals.

This report identifies areas of consideration for DHS to better prepare for future emergencies and pandemics. We make one recommendation to improve DHS' ability to identify essential employees, when necessary, in future emergency situations. Also, DHS should consider improving its preparedness by developing incident response protocols that include a plan for establishing and staffing an incident response team. To foster trust among its workforce, DHS should strive to communicate directly and consistently with personnel during future initiatives. Finally, DHS should consider devising and implementing a methodology for conducting oversight of employee data.

DHS Response

DHS concurred with the recommendation. We included a copy of DHS' response in Appendix B.



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Abbreviations

CBP	U.S. Customs and Border Protection
CDC	Centers for Disease Control and Prevention
CMO	Chief Medical Officer
COVID-19	Coronavirus Disease 2019
CWMD	Countering Weapons of Mass Destruction Office
EUA	Emergency Use Authorization
FEMA	Federal Emergency Management Agency



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GAO	Government Accountability Office
LOE	line of effort
MCO	mission critical occupation
MOU	memorandum of understanding
OCHCO	Office of the Chief Human Capital Officer
TSA	Transportation Security Administration
VOW	Vaccinate Our Workforce
VA	Veterans Affairs
VHA	Veterans Health Administration



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Background

On March 11, 2020, the World Health Organization declared the coronavirus disease 2019 (COVID-19) a pandemic due to the rapid spread and severity of the disease. The Centers for Disease Control and Prevention (CDC) collaborated with other Federal agencies to develop and implement a national vaccination program, with the interim version “playbook” issued on October 29, 2020.¹ This playbook established recommendations for determining population groups for initial COVID-19 vaccination distribution. Recommendations included placing health care personnel in vaccination priority group 1a, and placing non-health care, frontline, essential workers, such as those in law enforcement and national security roles, in priority group 1b. On December 11, 2020, the U.S. Food and Drug Administration (FDA) approved the use of the first COVID-19 vaccine (the vaccine), manufactured by Pfizer BioNTech, through its Emergency Use Authorization (EUA) authority,² with subsequent EUA approvals issued on December 18, 2020, and February 27, 2021, for the vaccine from two additional manufacturers.

Department of Homeland Security headquarters and some of its components employ first responder health care personnel and frontline essential workers, including those responsible for law enforcement and national security missions. For example, United States Coast Guard Office of Health Services and U.S. Immigration and Customs Enforcement (ICE) Health Service Corps employ health care personnel such as nurses and doctors, and U.S. Customs and Border Protection (CBP) and United States Secret Service employ frontline essential employees in the law enforcement field such as Border Patrol agents and special agents. Prior to the EUA, while the vaccine was still under development, DHS anticipated the need to coordinate vaccinations for some employees. To prepare for vaccinating these employees against COVID-19, DHS asked its components to use the CDC recommendations to determine which employees to place in priority groups 1a and 1b.

DHS did not directly receive an allocation of vaccine inventory for its employees. DHS partnered with the Veterans Health Administration (VHA), which has an established healthcare infrastructure, to make the vaccine available to DHS personnel in priority groups 1a and 1b. On December 18, 2020, citing DHS’ mission of securing the Homeland, DHS and VHA entered a memorandum of understanding (MOU) to offer the vaccine to eligible DHS

¹ Centers for Disease Control and Prevention, [*COVID-19 Vaccination Program Interim Operational Guidance Jurisdiction Operations*](#), Version 2.0, Oct. 29, 2020.

² During public health emergencies, the FDA can use its EUA authority to allow the use of unapproved medical products, or unapproved uses of approved medical products, to diagnose, treat, or prevent serious or life-threatening diseases when certain criteria are met, including that there are no adequate, approved, and available alternatives.



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employees on a voluntary basis. DHS Office of the Chief Human Capital Officer (OCHCO) guidance noted the frontline mission critical employees would receive the vaccine “as soon as possible after they are prioritized.”³ Pursuant to the MOU, VHA would vaccinate only eligible DHS employees in priority groups 1a and 1b, as it was not an agreement for a total workforce vaccination program. Also, the MOU was to remain in effect until the vaccine was widely available from health care providers and the Nation’s supply was “robust and stable.”⁴ On January 6, 2021, VHA began providing the vaccine to eligible DHS employees.⁵ DHS set goals to facilitate the first dose⁶ of the vaccine for 80 percent of eligible, opted-in employees by May 1, 2021, and the full vaccination⁷ of 80 percent of all DHS employees, regardless of priority group status, by August 31, 2021.⁸

We evaluated how DHS determined employee status for placement into vaccine distribution groups. Also, we examined how DHS planned to triage and distribute available vaccine inventory and evaluated how DHS executed its plan. The DHS-VHA MOU concluded on June 30, 2021, effectively ending the vaccination phase of the DHS employee vaccination initiative.⁹ The initiative then transitioned from actively coordinating vaccines to only collecting data to track employee vaccination status. This report presents lessons learned from DHS’ employee vaccination initiative and areas of consideration for DHS to better prepare for future pandemics. It also makes one recommendation to improve DHS’ ability to identify essential employees, when necessary, in future emergency situations.

Results of Inspection

In advance of the vaccine EUA, DHS prepared to coordinate employee vaccinations by tasking its components with identifying eligible health care and frontline, mission-essential personnel in accordance with CDC guidelines.

³ Email from OCHCO with subject line, “Update 17 (Limited COVID-19 Employee Vaccination Program) from the Chief Human Capital Officer,” to all DHS employees, Dec. 17, 2020.

⁴ *Memorandum of Understanding between the Veterans Health Administration, Department of Veterans Affairs and The Undersecretary for Management, Department of Homeland Security Regarding COVID-19 Priority Vaccination*, Dec. 18, 2020.

⁵ See Appendix C for a timeline of associated events and significant dates, preceding and during DHS employee vaccination efforts.

⁶ COVID-19 vaccines produced by Pfizer and Moderna require two doses, 21 and 28 days apart, respectively. The Johnson & Johnson vaccine is a one-dose vaccine.

⁷ An individual is considered fully vaccinated 2 weeks after receiving the second dose of the Pfizer or Moderna vaccine, or 2 weeks after receiving the Johnson & Johnson one-dose vaccine.

⁸ DHS Vaccination Task Force Weekly Meeting Notes, Mar. 2, 2021, and Mar. 16, 2021; provided by DHS.

⁹ On Apr. 19, 2021, the White House announced anyone age 16 or older was eligible to receive the COVID-19 vaccine. The easing of eligibility restrictions increased opportunities for all DHS employees to receive the vaccine from public providers.



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DHS acted swiftly to identify employees in vaccination priority groups, but did not rely on its existing policies and provided minimal guidance to components, resulting in inconsistent responses across the Department as to which types of employees were deemed eligible. DHS only partially committed staff resources and delayed establishing a comprehensive, full-time task force to manage the effort. Also, at times, DHS' communications to its employees were inconsistent or unclear, causing confusion among some employees. DHS successfully vaccinated some employees, but missing and erroneous personnel data in DHS systems used to facilitate vaccinations contributed to DHS falling short of reaching its goals.

This report highlights lessons learned from the DHS employee vaccination initiative that may inform future DHS preparedness efforts. We make one recommendation to improve DHS' ability to identify essential employees, when necessary, in future emergency situations. Also, DHS should consider improving its preparedness by developing incident response protocols that include a plan for establishing and staffing an incident response team. To foster trust among its workforce, DHS should strive to communicate directly and consistently with personnel during future initiatives. Finally, DHS should consider devising and implementing a methodology for conducting oversight of employee data.

DHS Acted Swiftly to Identify Eligible Employees, but Limited Guidance for Components Resulted in Inconsistencies

Anticipated limited availability of vaccine doses required DHS to identify and prioritize vaccination for mission critical employees. DHS planned a phased approach for vaccine distribution with the ability to adjust as vaccine doses became available, moving from targeted to broader populations. On October 1, 2020, more than 2 months prior to the first COVID-19 vaccine EUA issuance, DHS tasked components via email, informed by CDC recommendations, to identify their mission critical employees¹⁰ to plan for priority distribution of the vaccine.

DHS policy defines mission-critical personnel as essential employees occupying positions and performing functions maintained under all circumstances for the safety and security of the Nation and its citizens.¹¹ Mission-critical occupations (MCO) are those that most directly affect mission achievement, and priority MCOs are those with the greatest impact to the Department's goals and objectives. The critical nature of these positions is included in official position descriptions, and mission-critical employees report to duty regardless

¹⁰ The request for information excluded contractors.

¹¹ *DHS Directive 250-05*, Revision 00, signed as of Jul. 30, 2012.



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of emergency circumstances. DHS OCHCO maintains lists of series codes, by component, deemed mission-critical by component leaders and reviewed and approved by the OCHCO. Although DHS had existing definitions of mission-critical personnel, it did not use the definitions or provide standard criteria to help components determine which employees were eligible for the vaccine distribution priority groups. Specifically, DHS did not direct components to use the established and approved mission-critical series code list and did not supply guidance to components on how to identify eligible employees as part of the October 1 tasking. Instead, DHS asked components to provide information about employees considered “operational highest risk mission-critical location dependent,”¹² including:

- total number of “operational highest risk mission critical location dependent employees;”
- numerical breakdown of these employees by duty location ZIP code; and
- list of all occupational series appearing in the total.^{13 14}

DHS expected components to use their discretion to determine employee eligibility because they best understand their unique missions and needs. Further, DHS provided no oversight to ensure the 1a and 1b priority group lists were valid¹⁵ and relied solely on the components to ensure the employees met the priority list criteria.

As a result, the component responses varied as to which job series were considered eligible for placement in priority groups. For example, three components¹⁶ and DHS Office of General Counsel included series code 0905 - Attorney in their 1b eligibility list, even though the DHS-established MCO list only specifies attorneys as mission-critical for ICE and CBP. In addition, the Federal Emergency Management Agency (FEMA), citing differences in type of

¹² In the Oct. 1, 2020 email tasking components to identify eligible employees, DHS defined “mission critical location dependent” as employees in positions who are unable to telework and are required to be physically present with greater exposure to those with possible COVID-19, and who have a nexus to national security. DHS also specified employees required for continuity of government should only be considered for priority groups if they were unable to telework.

¹³ The Oct. 1, 2020 DHS email to components included an attached spreadsheet template with instructions directing components to provide the information in this bulleted list.

¹⁴ On Nov. 24, 2020, DHS emailed components requesting additional information such as names and email addresses for those employees included in the total number and included a template for components to provide identifying information for DHS employees in health care positions.

¹⁵ DHS OCHCO cross-referenced submitted data against National Finance Center personnel records to ensure submissions were Federal employees and validated submitted email addresses for accuracy, then requested that components correct any discrepancies.

¹⁶ Cybersecurity & Infrastructure Security Agency, ICE, and Federal Law Enforcement Training Centers.



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employee deployed per disaster, was unable to fully satisfy the request for information because it could not submit series codes for more than 22,000 employees in priority groups 1a and 1b. After providing an initial list of eligible employees, some components later submitted email justifications for adding contractors, students, and other DHS employees. DHS and its components identified more than 166,000 (or 69 percent, an approximate total of DHS employees)¹⁷ eligible employees in priority groups 1a and 1b.¹⁸ One vaccination initiative staff member stated that too many employees were in the priority groups and noted it was because no one in DHS wanted to say no to including employees. To avoid these inconsistencies, DHS could have relied on the already established MCO and priority MCO lists for guidance when tasking components to provide names of eligible employees.

DHS Was Slow to Establish a Comprehensive Task Force to Manage Vaccinations for Eligible Employees

Although DHS understood it would be a large-scale effort to coordinate vaccinations for the more than 166,000 eligible employees identified, DHS initially dedicated limited staff to the initiative. Between October and December 2020, DHS employee vaccination efforts relied primarily on DHS headquarters and Countering Weapons of Mass Destruction Office (CWMD) employees. Realizing the need to accelerate the vaccination program, DHS engaged FEMA to recruit and activate a full-time team to ensure success of ensuing vaccination efforts. On January 25, 2021, then-Acting DHS Secretary, David Pekoske, introduced a new vaccination task force, Operation Vaccinate Our Workforce (VOW), led by the DHS Chief Medical Officer (CMO).¹⁹ DHS' goals for the vaccine initiative included:

- 80 percent of eligible DHS employees opt-in or -out via ServiceNow²⁰ by March 8, 2021;
- 80 percent of eligible, opted-in DHS employees receive their first vaccine dose by May 1, 2021; and

¹⁷ DHS employs approximately 240,000 people.

¹⁸ During the DHS employee vaccine initiative, eligible employees could opt out of receiving the vaccine from VHA. On September 9, 2021, after the DHS employee vaccination initiative ended, Executive Order 14043 mandated all Federal employees be fully vaccinated by Nov. 22, 2021, unless they received an exemption for religious or medical reasons. However, on Jan. 21, 2022, a Texas Federal judge issued a nationwide injunction halting the requirement.

¹⁹ Email from Office of the Secretary with subject line, "Message from Acting Secretary David Pekoske on DHS Workforce Vaccinations" to all DHS employees, Jan. 25, 2021.

²⁰ DHS headquarters and components use ServiceNow, a software platform, for tasks such as creating service requests, reporting technical issues, managing agency taskers, tracking and automating business processes, and generating reports. Operation VOW used ServiceNow to communicate with eligible employees, allowing them to opt in or out of receiving a vaccination through VHA and to record vaccination status.



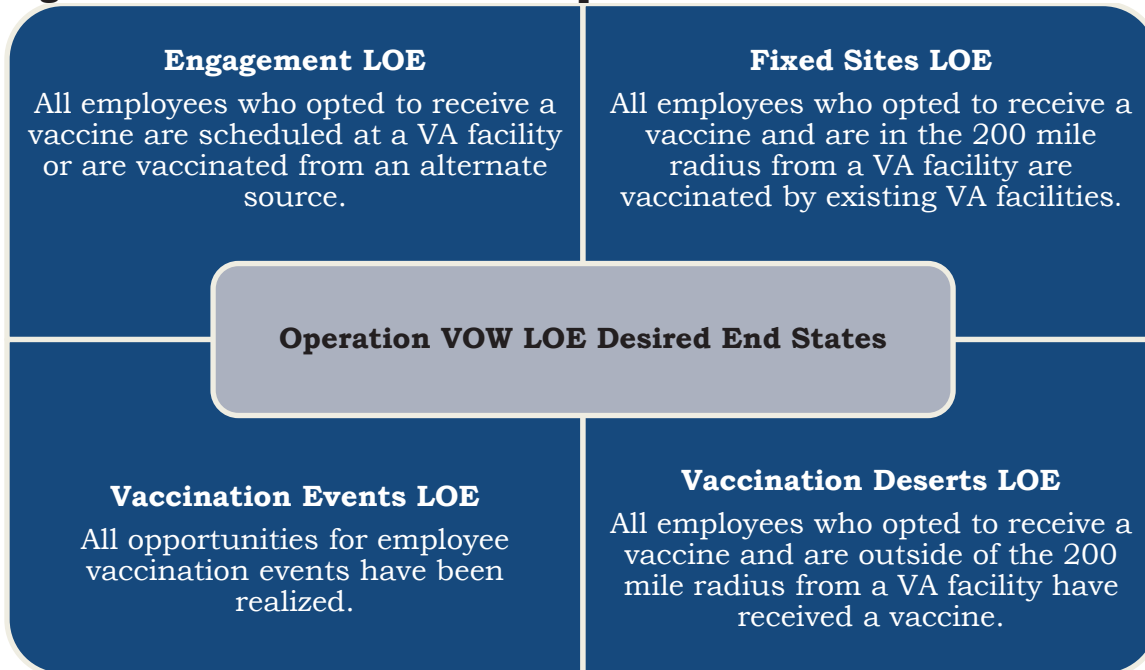
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- 80 percent of approximately 240,000 DHS employees, regardless of 1a/1b status, be fully vaccinated by August 31, 2021.

Operation VOW consisted of four “lines of effort” (LOE),²¹ each with a role designed to advance DHS’ vaccination goals. Figure 1 lists the desired outcome for each LOE.

Figure 1. Desired End States for Operation VOW LOEs



Source: DHS OIG analysis of DHS-provided information

Operation VOW staff we interviewed described the vaccine initiative as a dynamic situation, with one noting “there appeared to be no plan” and stating “DHS was flying the airplane and building it at the same time.” DHS provided us with a draft of the Operation VOW Integrated Strategic Plan but did not provide a finalized version.

Although the COVID-19 vaccine rollout was a dynamic situation, DHS knew in October 2020 of its intent to vaccinate some employees, yet waited until January 2021 to enlist FEMA, the DHS component best-equipped to respond to the demand for a rapid response infrastructure. Operation VOW staff shared the frustration that the vaccination efforts would have been more successful had DHS established a comprehensive task force as soon as leaders knew the Department would be coordinating vaccines for some employees. By developing emergency response protocols, including guidelines for establishing

²¹ Operation VOW Incident Command Structure Form 207, *Organizational Chart Command and General Staff*; current as of Mar. 3, 2021.



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and staffing an incident response team, DHS may avoid delays in future initiatives like Operation VOW.

Area of Consideration: DHS Should Strengthen Its Ability to Manage Initiatives Related to Health and Safety of Employees

Multiple staff members described how DHS needed to develop a plan and be prepared to enact it before the next emergency or pandemic occurs. DHS should consider outlining policy and procedures for a public health and medical working group poised to coordinate large-scale, multi-component efforts like the employee vaccination initiative. As one staffer told us, DHS should have a plan on the shelf, ready to dust off and implement at a moment's notice. DHS OIG issued a similar recommendation in a December 2020 report²² that states DHS should assign responsibility and delegate authority to an office or individual for oversight and management of DHS and component pandemic plans, including review, approval, and updating of those plans. Although that recommendation, when closed, will ensure continued oversight of department-wide pandemic planning, DHS should further consider advancing preparedness by establishing the staffing plan for an emergency response force before it is needed. DHS appeared to recognize the need to increase preparedness in its Operation VOW after-action report, by identifying a centralized working group to provide coordination on cross-component workforce efforts as a future consideration.²³

DHS Communications to the Workforce Were Misleading and Unclear

At times, DHS communications, both to the entire workforce and to those in the priority eligibility groups were misleading and unclear. As a result of unclear guidance from DHS, components experienced communication challenges when coordinating with VHA. Also, unclear directions to components and incomplete communications to VA points of contact may have caused some eligible employees to miss vaccination opportunities.

DHS Made Misleading Statements about Who Would Receive the Vaccine

The DHS-VHA MOU stated the agreement was not intended as a program to vaccinate the entire DHS workforce. Moreover, multiple Operation VOW staff members told us they clearly understood Operation VOW was only to facilitate

²² *Ineffective Implementation of Corrective Actions Diminishes DHS' Oversight of Its Pandemic Planning*, OIG 21-14, Dec. 21, 2020. DHS concurred with Recommendation 3 of the report noted above, and the recommendation remains open and resolved.

²³ See Appendix D for a comparison of DHS OIG areas of consideration and Operation VOW executive summary areas for future consideration.



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vaccines for employees in priority groups 1a and 1b. Regardless, throughout the employee vaccination initiative, DHS emails and videos contained misleading statements about which employees would receive vaccinations. On numerous occasions, DHS leadership directly stated or suggested Operation VOW would first facilitate vaccines for 1a and 1b priority group employees and would later facilitate vaccines for other employees.²⁴ Messages to the DHS workforce containing misleading statements included:

- A January 25, 2021 email to the DHS workforce from then-Acting DHS Secretary announced the newly established Operation VOW and outlined a plan to accelerate the administration of vaccines across the DHS workforce. The communication conveyed Operation VOW would make COVID-19 vaccines available to DHS employees more quickly and stated “all DHS personnel who want a vaccine will be in the pipeline to receive one” although the priority was the 1a and 1b employee populations.
- In a February 8, 2021 video message, the DHS CMO introduced Operation VOW and stated, “For those that fall outside of the phase 1a/1b designation, know that as we continue to work our way through these phases, we're not forgetting about you.” The CMO went on to describe how vaccines may be accessible at a local pharmacy or vaccination hub “by the time DHS gets to you.”
- During the March 25, 2021 virtual Town Hall meeting, the moderator asked the DHS Secretary a question submitted by a DHS employee regarding whether there were plans to offer the vaccine to the entire workforce and not just frontline employees. The DHS Secretary replied, “Yes. The goal is to vaccinate the entire workforce. We'll focus on our frontline personnel. A lot of frontline personnel interact with the American public. They work in congress [sic] settings. The public health imperative prioritizes them, and we will cascade from there.”

According to an Operation VOW staff member, the use of phrases such as “all DHS personnel who want a vaccination” and “we're not forgetting about you” were used in messages to the workforce to ensure ineligible employees would not question, “What about me?” An Operation VOW official described how DHS would eventually strategize about facilitating vaccines for the 1c DHS employee population, but increased vaccine eligibility and availability supplanted the

²⁴ Operation VOW officials noted that “facilitating vaccines” could also refer to other activities, such as encouraging employees to get vaccinated on their own, assisting employees in overcoming vaccine hesitancy, and educating employees on how to find vaccines through VaccineFinder.org and the Federal Retail Pharmacy Program.



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need to do so. Regardless, every staff member we asked told us Operation VOW was never intended to facilitate vaccines for any DHS employees other than those in the 1a and 1b.

Communication Issues Persisted throughout the DHS Employee Vaccination Initiative

Operation VOW staff members discussed experiencing communication challenges “from the top, down” and described how the communication issues caused problems in various areas of the DHS employee vaccination initiative. We identified examples of poor communication from the early stages of the initiative, when components were identifying eligible employees, as well as later in the process when the VA facility representatives attempted to schedule appointments with eligible DHS employees.

On December 23, 2020, DHS began using ServiceNow to send DHS priority group 1a employees email invitations to register for the DHS vaccination program. By January 4, 2021, 20,000 employees from group 1a opted-in, 1,000 opted out, and the invitation was extended to 38,000 group 1b employees. Although the VHA began vaccinations for DHS employees on January 6, 2021, at that time components were still attempting to provide details and account for approximately 140,000 employees to ensure only national security, mission critical, and frontline personnel were included. One staff member described these early communication efforts as “absolute chaos.”

Eligible employees had trouble registering through ServiceNow and scheduling vaccine appointments with the VA. We reviewed multiple emails in which users informed staff of problems such as no link or broken links to access the site for opting in to receive a vaccination. We also reviewed instances in which employees questioned why they were waiting long periods of time for VA to schedule their vaccination. Conversely, VA facility representatives may have had difficulty reaching DHS employees. Operation VOW meeting minutes from January 2021 describe how components were to inform employees the VA facility representatives would not leave a voicemail when attempting to schedule vaccine appointments. Employees were required to answer the phone and, if applicable, update settings to allow unknown callers.²⁵ This information was shared with component representatives responsible for communicating it to employees, but not directly with employees, which may have caused some employees to miss the opportunity to schedule a vaccination appointment with their nearest VA facility. Operation VOW stood up a helpdesk as part of the vaccination initiative and, as of March 7, 2021, had answered 2,071 calls and responded to 3,755 emails from employees

²⁵ Some phones have settings allowing the user to automatically ignore calls from unknown numbers or send those calls directly to voicemail.



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requesting assistance.

Another example highlighting confusing communication was a February 2021 email thread between a Transportation Security Administration (TSA) representative and a VA point of contact describing TSA's uncertainty about an upcoming vaccination event. DHS provided the date, times, and instructions for an upcoming vaccination event at a local VA facility, but only to a subset of eligible TSA employees in that area. A TSA representative discovered the mistake, realizing some eligible employees had not received the notification. The TSA representative inquired with the VA point of contact who noted she had previously received and answered multiple inquiries regarding this same issue. The TSA representative confirmed the VA location representative had, indeed, contacted every name on the list provided to the VA by DHS but did not determine why some eligible employees were not notified of the event by DHS. The correspondence exemplified what Operation VOW staff described as issues with DHS communications to employees about eligibility for vaccination events. By not clearly communicating with both employees and VA location points of contact, DHS may have caused some employees to miss vaccination opportunities.

Finally, DHS did not clearly explain that eligible employees who opted in were expected to update their vaccination status in ServiceNow after becoming fully vaccinated. None of the policy documents associated with the vaccination initiative specified it was the follow-on responsibility of eligible employees, after receiving their second dose, to update their vaccination status in ServiceNow. It was not until the Addendum to Policy Directive 066-14, *Expansion of the COVID-19 Emergency Use Authorization Vaccine Plan*, was issued on February 16, 2021, that the additional information requirement was implied in the sentence, "Operation VOW will also develop an electronic means to collect vaccination status for all DHS employees." At that time, Operation VOW relaunched ServiceNow to enable a streamlined interface to better capture and use data provided by priority group employees. After the March 26, 2021 deadline for DHS eligible employee registration in ServiceNow, messaging shifted from an operational focus of getting "shots in arms" to an engagement focus of getting employees to update their vaccination status.²⁶

²⁶ Two examples of the messaging shift include a March 26 announcement from the CMO on DHS Connect informing employees that, beginning on March 27, they would only be able to access ServiceNow to update vaccination status and a March 31 message from DHS leadership on DHS Connect asking 1a and 1b employees to please continue to update vaccination status in ServiceNow.



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Area of Consideration: DHS Should Ensure Its Communications to the Workforce during Emergency Situations Are Clear and Consistent

When managing an emergency response effort like the employee vaccination initiative, DHS should ensure it has a robust communication strategy. One staff member suggested DHS should have stated clear expectations early to help mitigate communication issues and prevent the loss of trust and apprehension to tell the truth among components. Although some communication hiccups could be expected in a dynamic situation such as this, communication missteps like those described risk harming relationships with partners and losing employee trust and buy-in. In the future, DHS should consider dedicating the resources necessary to ensure consistent, accurate communications with employees and partners. DHS may have recognized this area as needing improvement, as it included “build a structured communication strategy for DHS-wide health and safety” in its after-action report as a future consideration.

Missing and Erroneous Personnel Data in DHS Systems Hampered DHS’ Ability to Meet Its Employee Vaccination Goal

Operation VOW set a goal to facilitate the first dose of the vaccine for 80 percent of opted-in, eligible employees by May 1, 2021, but only about 29 percent reported receiving the first dose at a VA medical center by that date.²⁷ Challenges in gathering employee data and achieving data accuracy once they obtained the information complicated DHS’ vaccination efforts. After tasking components to gather data to inform the total number of vaccines needed for VHA to administer to DHS eligible employees, it was determined in several instances that components sent data with missing or erroneous information, resulting in scheduling delays in ServiceNow.

Within DHS, components use different systems to manage personnel data, such as names, email addresses, and home addresses. As described in a 2016 Government Accountability Office (GAO) report, oversight and governance of this employee data has been a longstanding challenge for DHS.²⁸ Specifically, GAO found that DHS made little progress implementing Human Resources Investment Technology, a multi-year effort intended to consolidate and modernize more than 200 payroll and personnel systems used across the Department.

²⁷ As of May 1, 73,239 employees had opted in through ServiceNow and 28,140 (29% of DHS’ 80% target goal) reported having received the first dose through VOW.

²⁸ [*Oversight of Neglected Human Resources Information Technology Investment Is Needed*](#), GAO-16-253, Feb. 2016.



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One TSA employee described manually researching more than 600 missing email addresses to ensure TSA was submitting data that was as complete and accurate as possible. Based on our discussions with Operation VOW staff, it is unlikely that other components took the same steps as TSA to ensure the 1a and 1b personnel data was complete and accurate. Operation VOW staff described the data provided by the components as fraught with errors such as missing information and incorrect email addresses. Initially, DHS staff worked with components to obtain accurate data, but eventually Operation VOW established a team solely dedicated to manually fixing data errors, a process one staff member described as time consuming and cumbersome.

Staff we interviewed also described how erroneous data caused the VHA to open vaccination sites slowly. One staff member told us that VHA had complete authority on which sites to open and when, and DHS could only request that a site be made available to DHS employees. Data errors delayed these openings in some instances as VHA relied on the Department's ability to provide accurate employee data and was hesitant to open sites to vaccinate DHS employees. An Operation VOW staff member stated, "if OVOW had NOT experienced these communication issues, they would have been able to achieve goals and executed programs sooner, more timely and efficiently."

Of the 166,145 employees in priority groups 1a and 1b, 96,367 (58 percent) opted in through ServiceNow to receive the vaccine. DHS set a goal to facilitate administration of the first dose of the vaccine to 80 percent (77,094) of 1a and 1b, opted-in employees by May 1, 2021. DHS fell short of its goal when only 37 percent (28,140) of the priority group 1a and 1b, opted-in employees had received their first dose by May 1. DHS had also set a goal to fully vaccinate 80 percent of all DHS employees by August 31, 2021, but the DHS-VHA MOU concluded on June 30, 2021. By this point, anyone age 16 or older was eligible to receive the vaccine and could do so through public providers. The initiative then transitioned from facilitating vaccine administration to tracking employee vaccination status.

Area of Consideration: DHS Should Exercise Oversight of Employee Data and Provide Components with Guidelines for Establishing Consistent Data

DHS should consider, devise, and implement a methodology for conducting oversight of employee data. At a minimum, DHS should provide components with guidance on formatting certain fields, such as email address, to maintain consistency across the Department. DHS recognized the need to mature the



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DHS workforce data in the after-action report. It is critical to capitalize on this lesson learned from Operation VOW to succeed in future, similar operations.

Conclusion

OIG recognizes DHS efforts to vaccinate its priority group 1a and 1b employee populations. Officials described how Operation VOW staff overcame challenges such as managing data from multiple systems and varying levels of commitment from detailed staff. Although Operation VOW has ended, there are lessons to be learned from this effort as DHS will undoubtedly face situations again in which it needs to act quickly and decisively to identify and interact with certain groups of employees across its components. DHS should establish reliable emergency protocols and should strive to communicate directly and consistently with all members of the workforce during emergency response. The Department must also be able to rely on its components to provide accurate and consistent employee data, but to do so, DHS should develop criteria for that data.

Recommendation

We recommend the DHS OCHCO designate, direct, and oversee component representatives to maintain rosters of essential employees in each category defined by existing DHS policy.

Management Comments and OIG Analysis

DHS concurred with the recommendation and described corrective actions. Appendix B contains DHS' management comments in their entirety. We also received technical comments on the draft report and revised the report as appropriate. We consider the recommendation resolved and open.

A summary of DHS' response and our analysis follows.

Recommendation: We recommend the DHS OCHCO designate, direct, and oversee component representatives to maintain rosters of essential employees in each category defined by existing DHS policy.

DHS Response to Recommendation: Concur. The Department currently has a policy in place that addresses the intent of the recommendation. Specifically, DHS Directive 250-05, "*Designation of Essential and Exempt Personnel*," dated July 11, 2012, establishes the policy for (1) designating essential personnel to ensure continuity of DHS operations and services and (2) component identification of essential personnel and notification of said designation and its



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requirements. Accordingly, components can generate rosters of employees in these categories depending on the nature of the incident and resulting operational priority.

The COVID-19 emergency use authorization vaccination initiative was unique. DHS was not seeking to vaccinate all mission critical or essential personnel, or personnel in any of the listed, defined categories. Instead, DHS sought to vaccinate essential personnel who, because of their duties, would interact with the public and thus require protection. The DHS Chief Human Capital Officer will consider whether additional guidance is necessary based on the further review of findings in this report. Estimated Completion Date: September 30, 2022.

OIG Analysis of DHS Comments

We consider these actions responsive to the recommendation, which is resolved and open. We will close it when we receive documentation showing DHS has designated, directed, and is conducting oversight of component representatives to maintain rosters of essential employees in each category defined by existing DHS policy.



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Appendix A **Objective, Scope, and Methodology**

The DHS Office of Inspector General was established by the *Homeland Security Act of 2002* (Public Law 107-296) by amendment to the *Inspector General Act of 1978*.

We conducted this review to:

- evaluate how DHS determined employee status for placement into vaccine distribution priority groups;
- determine how DHS, in conjunction with VHA, planned to triage and distribute available vaccine inventory and vaccinate frontline, mission-critical DHS staff; and
- evaluate how DHS executed its plan.

To achieve our objectives, we conducted interviews with Operation VOW staff members from various components, and we reviewed and analyzed meeting minutes, relevant emails, employee vaccination statistics, and multimedia messaging directed to the DHS workforce via the intranet, DHS Connect.

We also reviewed relevant background information, including directives, guidance, policies, and written communications related the COVID-19 vaccine, vaccination plan, determination of prioritized employees, and vaccine administration by the VHA. Given the inherent risks associated with on-site inspection during the COVID-19 pandemic, we performed our work remotely.

We conducted this review between February and July 2021 under the authority of the *Inspector General Act of 1978*, as amended, and according to the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.



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Appendix B
DHS Comments to the Draft Report

U.S. Department of Homeland Security
Washington, DC 20528



**Homeland
Security**

April 15, 2022

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.
Inspector General

FROM: Jim H. Crumpacker, CIA, CFE JIM H
Director CRUMPACKER
Departmental GAO-OIG Liaison Office

Digitally signed by
JIM H CRUMPACKER
Date: 2022.04.15
13:23:36 -04'00'

SUBJECT: DHS Management Response to Draft Report: "Lessons
Learned from DHS' Employee COVID-19 Vaccination
Initiative" (Project No. 21-020-SRE-DHS)

Thank you for the opportunity to comment on this draft report. The U.S. Department of Homeland Security (DHS or the Department) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this report.

The Department is pleased to note the OIG's recognition that on October 1, 2020, more than two months prior to Food and Drug Administration's issuance of the first COVID-19 vaccine Emergency Use Authorization, DHS informed by recommendations from the Centers for Disease Control and Prevention (CDC), tasked Components to identify their mission-critical employees to plan for priority distribution of the vaccine. DHS also notes the OIG's acknowledgement that, on December 18, 2020, the Department partnered with the Veterans Health Administration (VHA) to make the vaccine available to DHS personnel in priority groups 1a and 1b, which are frontline essential workers categorized as follows:

- **Priority Group 1a** – Healthcare Delivery professionals prioritized due to their nexus to professional health care delivery in DHS. Examples of this role include, but are not limited to, the following: Emergency Medical Technicians (EMT), Paramedics, law enforcement officers that have collateral EMT/Paramedic duties, Nurses, Physician Assistant, etc. Of note DHS includes in the category professionals responding to workforce injuries for immediate treatment and stabilization.



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- **Priority Group 1b** – Mission Critical professionals that are “location dependent” and who occupy Component-prioritized positions that are essential for the protection of national security, taking into account whether incumbents of those positions may be at risk for COVID-19 exposure, pursuant to DHS Policy Directive 066-14, COVID-19 Emergency Use Authorization 1A/1B Initial Vaccine Plan, dated January 11, 2021.

These category assignments of health-care personnel and frontline essential workers aligns with the CDC “COVID-19 Vaccination Program Interim Operational Guidance Jurisdiction Operations,” dated October 29, 2020. Accordingly, on January 6, 2021, VHA began providing the vaccine to eligible DHS employees.

DHS remains committed to enhanced preparedness for future emergency situations, to include potential pandemics, by identifying essential employees, as well as providing consistent and clear communications to employees.

The draft report contained one recommendation with which the Department concurs. Enclosed, please find our detailed response to the recommendation. DHS previously submitted technical comments addressing several accuracy, contextual, and other issues under a separate cover for OIG’s consideration.

Again, thank you for the opportunity to review and comment on this draft report. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Enclosure



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Enclosure: Management Response to Recommendation Contained in Project No. 21-020-SRE-DHS

OIG recommended that the DHS Office of the Chief Human Capital Officer:

Recommendation 1: Designate, direct, and oversee component representatives to maintain rosters of essential employees in each category defined by existing DHS policy.

Response: Concur. The Department currently has a policy in place that addresses the intent of the recommendation. Specifically, DHS Directive 250-05, "Designation of Essential and Exempt Personnel," dated July 11, 2012, establishes the policy for: (1) designating essential personnel to ensure continuity of DHS operations and services, and (2) Component identification of essential personnel and notification of said designation and its requirements. Accordingly, Components can generate rosters of employees in these categories depending on the nature of the incident and resulting operational priority.

The COVID 19 emergency use authorization vaccination initiative was unique. DHS was not seeking to vaccinate all mission critical or essential personnel, or personnel in any of the listed, defined categories. Instead, DHS sought to vaccinate essential personnel who, because of their duties, would interact with the public and thus require protection.

The DHS Chief Human Capital Officer will consider whether additional guidance is necessary based on the further review of findings in this report. Estimated Completion Date: September 30, 2022.

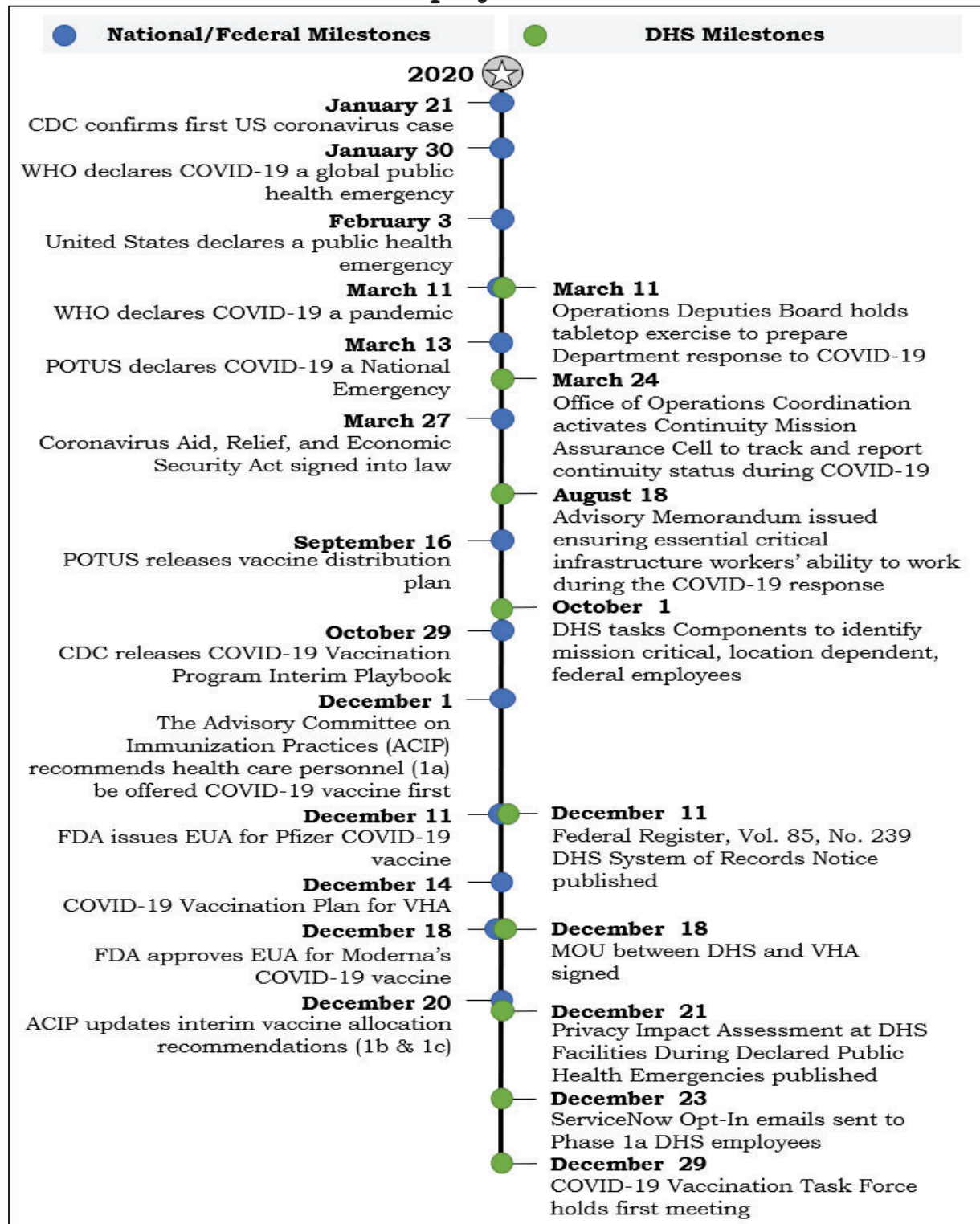


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Appendix C

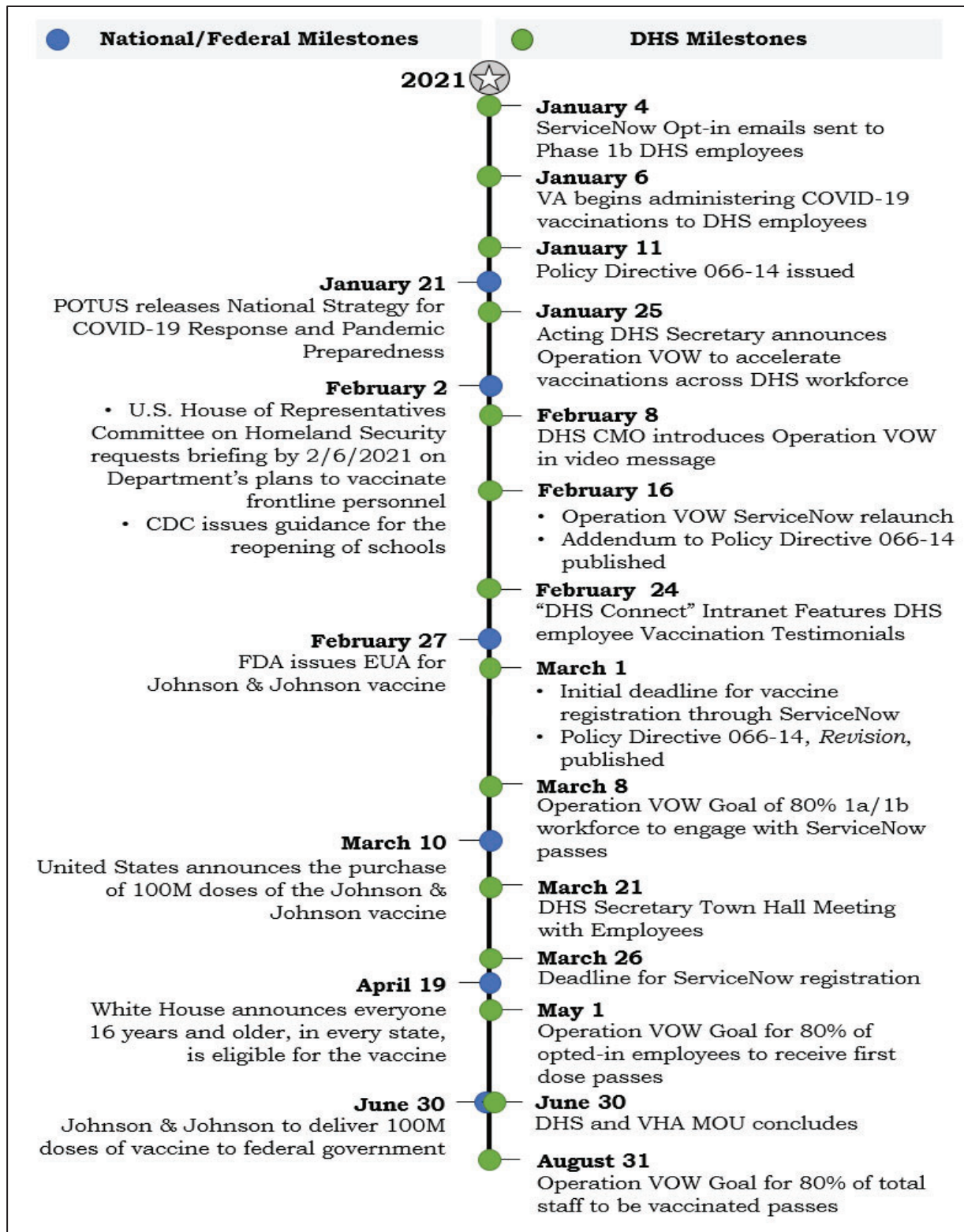
Event Timeline for DHS Employee Vaccination Initiative





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Source: DHS OIG analysis of publicly available and DHS-provided information



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Appendix D

Comparison of DHS OIG Areas of Consideration and Operation VOW After-Action Report Key Findings

Comparison Table		
Areas of Consideration for DHS to Address the Findings in this Report		Key Findings for Future Considerations from the DHS OVOW Executive Summary
1	Develop incident response protocols that include a plan for establishing and staffing an incident response team.	Build a centralized working group to provide coordination on cross-component workforce efforts.
2	Strive to communicate directly and consistently with personnel during future initiatives.	Build a structured communication strategy for DHS-wide health and safety.
3	Consider, devise, and implement a methodology for conducting oversight of employee data.	Developing a strategy for maturing the DHS workforce data infrastructure.



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Appendix E

Inspections and Evaluations Major Contributors to This Report

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