



Office of Inspector General
United States Department of State

AUD-MERO-21-22

Office of Audits

March 2021

(U) Information Report: Review of Department of State Preparations to Return Personnel to Federal Offices During the Global Coronavirus Pandemic

INFORMATION REPORT

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(U) Summary of Review

(U) On June 15, 2020, the Chairman of the U.S. House of Representatives Committee on Oversight and Government Reform, Subcommittee on Government Operations, requested that the Office of Inspector General (OIG) review Department of State (Department) plans and procedures for returning employees to offices during the Coronavirus Disease 2019 (COVID-19) pandemic. In response, OIG initiated this review to describe (a) the Department's plans and procedures for returning personnel to offices during the COVID-19 pandemic and (b) the methods outlined in those plans and procedures to ensure suitable safety and welfare considerations and precautions have been undertaken on behalf of Department personnel.

(U) On May 1, 2020, the Department announced its "Diplomacy Strong" framework, which is a conditions-based, three-phased plan for returning personnel to the workplace based on authoritative Federal guidelines. To determine whether domestic or overseas Department facilities should move from one reopening phase to another, OIG found that Department officials considered data specific to local conditions, such as healthcare availability, COVID-19 case counts, testing data, and shelter-in-place orders. Specifically, the Department's Coronavirus Data Analytics Team (CDAT) collected data from internal and external sources, such as Johns Hopkins University, to inform reopening decisions. In addition to the framework, Department bureaus issued augmenting guidance that incorporated Executive Office of the President (White House), Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), Office of Management and Budget (OMB), and U.S. Office of Personnel Management (OPM) practices and recommendations.

(U) OIG also found that the Department executed the framework to implement suitable safety and welfare considerations and precautions for personnel. Specifically, the Department assessed need and obtained critical resources to protect medical personnel at Department health units worldwide to safeguard personnel returning to worksites. These resources included hand sanitizer, disinfecting wipes, face coverings, personal protective equipment (PPE), and medical equipment and supplies. Furthermore, the Bureau of Medical Services (MED), Administration, and Overseas Buildings Operations (OBO) established protocols when personnel tested positive for COVID-19. These protocols included notifying the Department when an employee tested positive for COVID-19, isolating the infected employee, identifying and quarantining close contacts, and ensuring that facilities were properly disinfected.

(U) The Acting Under Secretary of State for Management's response to a draft of this report is reprinted in its entirety in Appendix E. The Acting Under Secretary noted the "extraordinary resilience" of the Department's workforce during the past year and provided general comments related to the report findings. A summary of the general comments and OIG's reply is presented in Appendix F.

(U) OBJECTIVE

(U) OIG conducted this review to describe (a) Department plans and procedures for returning personnel to offices during the COVID-19 pandemic and (b) the methods outlined in those plans and procedures to ensure suitable safety and welfare considerations and precautions have been undertaken on behalf of Department personnel. OIG initiated this review in response to a letter from the U.S. House of Representatives Committee on Oversight and Reform, Subcommittee on Government Operations, issued June 15, 2020.¹

(U) BACKGROUND

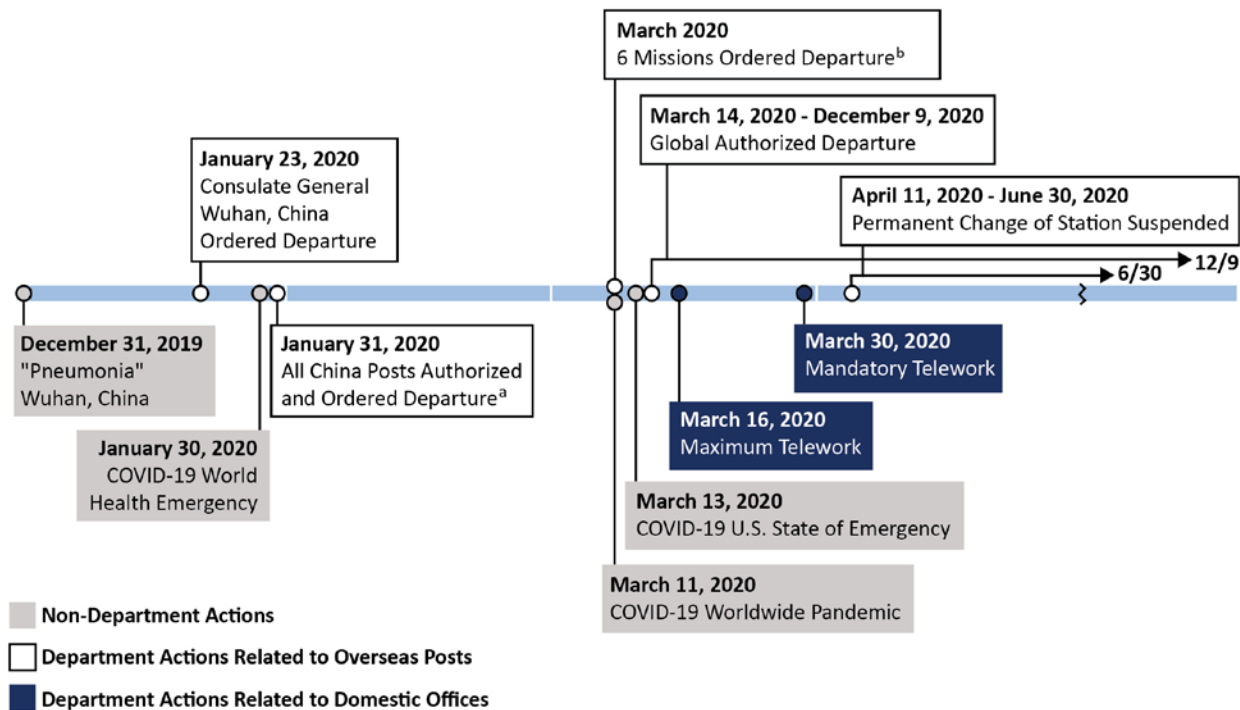
(U) On December 31, 2019, the People's Republic of China notified the World Health Organization of pneumonia cases of an unknown cause in Wuhan, China. Ultimately, the cause was identified as a novel form of the Severe Acute Respiratory Syndrome coronavirus, SARS-CoV-2, which causes COVID-19. On January 30, 2020, the World Health Organization declared the novel coronavirus outbreak a public health emergency of international concern and on March 11, 2020, it characterized the outbreak as a pandemic, citing "the alarming levels of spread and severity, and the alarming levels of inaction." On March 13, 2020, the President of the United States declared a national state of emergency due to the COVID-19 outbreak in the United States.

(U) In response to the COVID-19 crisis, the Department took steps to reduce risks to Department personnel of exposure and infection, including ordered and authorized departures, mandatory and maximum telework, and a temporary stop on permanent change of station (PCS) movements.² In addition, throughout March and April 2020, the Department issued a series of COVID-19-related guidance that addressed workforce posture, overseas post operations, domestic and international travel, and mitigation procedures. Figure 1 shows a timeline of initial actions taken by the Department and significant COVID-19 milestones.

¹ (U) The Subcommittee's letter is reprinted in its entirety in Appendix B. OIG did not review changes put in place subsequent to fieldwork completion in December 2020, such as President Biden's mask mandate for Federal facilities and employees or vaccine distribution. See Appendix A, Purpose, Scope, and Methodology, for additional details.

² (U) See Appendix G for definitions of relevant terms used in this report. Terms included in Appendix G have been underlined throughout this report.

(U) Figure 1: Timeline of Department Actions in Response to COVID-19



^a (U) Ordered departure for those under age 21.

^b (U) These ordered departures affected personnel at U.S. Missions in Central African Republic, Indonesia, Iraq, Lebanon, Mongolia, and Turkmenistan. Five of these six ordered departures were lifted by October 2020. Embassy Baghdad and the Baghdad Diplomatic Support Center remained on ordered departure status as of December 2020.

(U) Source: OIG generated from Department data responding to COVID-19.

(U) Federal Guidance Related to COVID-19

(U) Several agencies developed guidance applicable to reopening Federal offices for onsite work during the COVID-19 pandemic, including the White House, CDC, OSHA, OMB, and OPM.

(U) White House Guidance

(U) On April 16, 2020, the White House issued its "Opening Up America Again" guidelines: a three-phased approach based on the advice of public health experts to "help state and local officials when reopening their economies, getting people back to work, and continuing to protect American lives."³ "Opening Up America Again" incorporates CDC and OSHA protocols in every phase and provides illustrations for how these protocols will ease over time as the pandemic subsides. The White House guidance used gating criteria to indicate what conditions should be met regarding COVID-19 trends and medical infrastructure to safely progress to the next reopening phase. "Opening Up America Again" also provided guidance on a variety of workplace health and safety protocols, including hygiene, employees who feel sick, vulnerable

³ (U) White House, "Opening Up America Again," (April 16, 2020).

individuals, social distancing, telework, and business travel. Lastly, White House guidance recommended a robust testing program for healthcare workers.⁴

(U) Office of Management and Budget and U.S. Office of Personnel Management Guidance

(U) Subsequently, on April 20, 2020, OMB and OPM issued a joint memorandum for aligning Federal agency operations with the national “Opening Up America Again” guidelines, which “establishes near- to mid-term processes to align Federal agency operations to the National guidelines and support the transition of Federal [G]overnment operations back to a normal state while maintaining practices which have proven successful in fighting the virus.”⁵ The guidance also “describes a process for agency heads and leaders to make decisions for their workforce operations while utilizing the different telework postures implemented during the outset of the COVID-19 response.”⁶ Furthermore, the memorandum recommended that agencies make operating status decisions based on local conditions, such as number of employees, office location, availability of PPE, capacity of adequate cleaning, statewide and countywide directives, mass transit availability, school and childcare status, and dependent care services.

(U) Additionally, OPM developed its “Returning to OPM Facilities Preparedness Guide,” which Department officials stated was a guide in developing the Diplomacy Strong framework.⁷ The OPM guide incorporated language from “Opening Up America Again” as criteria and in describing each phase. Additionally, OPM’s return to work guide included CDC guidance, such as post-travel isolation, facility cleaning, and use of face coverings. Lastly, the OPM guide included considerations for local conditions when determining operating status.

(U) Centers for Disease Control and Prevention and Occupational Health and Safety Administration Guidance

(U) CDC and OSHA issued several documents outlining guidance on maintaining employee health and safe working environments, such as cleaning, disinfecting, and reopening buildings after prolonged shutdowns or reduced operations. Although the CDC and OSHA documents recommend many of the same elements as the White House’s guidance, they also include a variety of suggested practices to create greater flexibility for workers and increase health and safety precautions. For example, CDC and OSHA guidance recommends:

- (U) Notifying supervisors when employees are well but have a sick family member at home with COVID-19 and following CDC recommended precautions.
- (U) Implementing flexible work hours.
- (U) Marking floors in 6-foot zones in key areas where people ordinarily congregate to encourage appropriate social distancing.

⁴ (U) Table C.1 in Appendix C of this report summarizes the criteria and description of health protocols in each phase of “Opening Up America Again.”

⁵ (U) OMB and OPM, “Aligning Federal Agencies with the National Guidelines for Opening Up America Again (M-20-23),” 2 (April 20, 2020).

⁶ (U) *Ibid.*

⁷ (U) OPM, “Returning to OPM Facilities Preparedness Guide,” (May 29, 2020).

(U) RESULTS

(U) Finding A: The Phased Approach for Returning Personnel to Onsite Work

(U) On May 1, 2020, the Department issued the “Diplomacy Strong” framework, which is a conditions-based, three-phased plan for returning personnel to the workplace based on White House, CDC, OSHA, OMB, and OPM guidance. To determine whether domestic or overseas Department facilities should move from one reopening phase to another, OIG found that Department officials considered data specific to local conditions, COVID-19 case counts, testing data, and shelter-in-place orders. Specifically, the Department’s Coronavirus Data Analytics Team (CDAT) collected data from internal and external sources to inform reopening decisions. In addition to the framework, Department bureaus issued augmenting guidance that incorporated CDC and OSHA practices.

(U) The Department’s Plans and Procedures To Return Personnel to Federal Offices

(U) The Under Secretary of State for Management described Diplomacy Strong as “a conditions based, phased plan to return to the workplace that follows [CDC] and White House guidance, considers local government’s response, and references public health data and key local conditions, such as availability of childcare and public transportation.”⁸ According to the Diplomacy Strong Overview, Department employees will return to domestic and overseas Federal offices in three phases. Each Diplomacy Strong reopening phase includes direction regarding expected onsite workforce levels, telework status, health and welfare considerations, and travel, among others. The initial phase of Diplomacy Strong is “Phase 0,” in which only mission-critical personnel are authorized to be physically in the workplace. According to Office of Management Strategy and Solutions officials, all other employees are on mandatory telework or weather and safety leave, if they are neither mission critical nor telework eligible. Table 1 summarizes the three Diplomacy Strong reopening phases for Department employees returning to domestic and overseas Federal offices.

(U) Table 1: Diplomacy Strong Reopening Phases

(U) Category	(U) Phase I	(U) Phase II	(U) Phase III
Onsite Workforce	0–40 percent	40–80 percent	80 percent or more
Eligible Employees	Non-vulnerable employees*	Non-vulnerable employees	All employees
Telework	Mandatory telework lifted. Maximum telework strongly encouraged.	Mandatory telework lifted. Encourage telework opportunities whenever possible within mission needs.	Operational optimization—bureaus have discretion to resume pre-pandemic onsite posture or may adopt new work arrangements.

⁸ (U) Under Secretary of State for Management email, “Diplomacy Strong – Phased Approach to Adjusting COVID Mitigation,” (May 1, 2020).

(U) Category	(U) Phase I	(U) Phase II	(U) Phase III
Social Distancing	Strict social distancing in common areas; no groups of more than 10 persons.	Distancing measures in place in common areas; socializing may resume in small groups.	Cautious resumption of normal flow and seating in common areas; socializing may resume in larger groups.
Face Coverings	Cloth face covering will be worn when social distancing is not feasible.	Cloth face covering will be worn when social distancing is not feasible.	Cloth face covering should be worn when social distancing is not feasible.
Hygiene	Continued good hygiene habits for hands and clean high-touch work surfaces.	Continued good hygiene habits for hands and clean high-touch work surfaces.	Continued good hygiene habits for hands and clean high-touch work surfaces.
Stay at Home	Stay at home when ill; anyone with a respiratory illness should remain at home until the criteria to discontinue home isolation are met.	Stay at home when ill; anyone with a respiratory illness should remain at home until the criteria to discontinue home isolation are met.	Stay at home when ill; anyone with a respiratory illness should remain at home until the criteria to discontinue home isolation are met.
Self-Monitoring	Encourage daily temperature monitoring prior to work.	Encourage daily temperature monitoring prior to work.	Not applicable
Travel	<u>Mission critical</u> only	Unrestricted essential and limited non-essential	Cautious resumption of normal travel patterns
Healthcare Providers	Healthcare providers who have patient contact will have access to appropriate COVID-19 testing.	Healthcare providers who have patient contact will have access to appropriate COVID-19 testing.	Healthcare providers who have patient contact will have access to appropriate COVID-19 testing.

* (U) Any employee who is not a vulnerable individual, as defined in Appendix G of this report, is considered “non-vulnerable” for the purposes of returning to onsite work.

(U) Source: OIG generated from Under Secretary of State for Management May 1, 2020, “Diplomacy Strong: Phased Approach to Adjusting COVID Mitigation.”

(U) Metrics and Data Used To Support Reopening Considerations

(U) Diplomacy Strong outlines criteria and local indicators for consideration when moving forward from one reopening phase to the next.⁹ Although the framework does not specify metrics for regression to implement stricter health and safety guidelines, the Acting Under Secretary of State for Management stated that Department management continuously assesses current conditions against the Diplomacy Strong framework and makes decisions, as

⁹ (U) Department officials consider additional information, including local context, which may provide support for phase change requests. These considerations are discussed in the “Data-Supported Decision-Making Process” section of Finding A in this report.

needed.¹⁰ The reopening criteria range from tracking COVID-19 case counts and test results to medical infrastructure status and focus on local conditions for the Department's domestic facilities and overseas posts. The Department relies on a variety of sources to obtain data related to each criterion. Table 2 outlines the specific criteria for domestic facilities and overseas posts for moving from one reopening phase to the next, the phases to which the criteria apply, and the sources of the data collected to determine the status of each criterion.

(U) Table 2: Phase Progression Criteria and Data Sources

(U) Criterion	(U) Phases Applicable	(U) Domestic Data Source	(U) Overseas Data Source
Downward trajectory of documented COVID-19 cases reported within a 14-day period.	All phases	Johns Hopkins University's Coronavirus Resource Center	Johns Hopkins University's Coronavirus Resource Center
Downward trajectory of positive tests as a percentage of total tests within a 14-day period.	All phases	<i>The Atlantic's</i> COVID Tracking Project ^a	University of Oxford and Global Change Data Lab's <i>Our World in Data</i> ^b
No stay-at-home order in place, indicating that local public health authorities permit limited return for non-essential personnel.	All phases	Financial Industry Regulatory Authority	Criteria not applicable overseas
Local Public Health Requirements			
No measures required, or local public health officials require closing for some sectors or categories of workers.	0-1	Criteria not applicable domestically	University of Oxford's Coronavirus Government Response Tracker
No measures required, or local public health officials recommend workplace closing.	1-2		
Local public health officials recommend no measures on return-to-work.	2-3		

¹⁰ (U) For example, on December 21, 2020, the Under Secretary of State for Management announced that in continuing to follow the Diplomacy Strong framework and use of data to inform decisions, the Department was regressing from Phase 2 to Phase 1 in the National Capital Region (generally defined as the District of Columbia; Prince Georges and Montgomery counties in Maryland; and Arlington, Fairfax, Loudoun, and Prince William counties in Virginia) until January 18, 2021.

(U) Criterion	(U) Phases Applicable	(U) Domestic Data Source	(U) Overseas Data Source
Intensive Care Unit (ICU) bed availability		The Department of Health and Human Services	Criteria not applicable overseas
At least 10 percent of ICU beds are available.	0-1		
At least 20 percent of ICU beds are available.	1-2		
At least 30 percent of ICU beds are available.	2-3		
MED clinical assessments		Criteria not applicable domestically	Post-provided data from Coronavirus Data Analytic Team data calls
Department health units have at least 33 percent of their pre-COVID-19 abilities to treat patients in the ICU.	0-1		
Department health units have at least 66 percent of their pre-COVID-19 abilities to treat patients in the ICU.	1-2		
Department health units have 100 percent of their pre-COVID-19 abilities to treat patients in the ICU.	2-3		
Ability to perform <u>contact tracing</u> for Department personnel.	All phases	MED-determined	MED-determined
Post evacuation center and regional medical center capacity		Criteria not applicable domestically	MED-determined
At least one global medical evacuation center at full capability.	0-1		
At least one global medical evacuation center at full capability and post's regional center at least partially capable.	1-2		
Regional medical evacuation center at full capability.	2-3		

^a (U) *The Atlantic* is an online and print publication that covers current events, including news, politics, culture, technology, and health. The "COVID Tracking Project" is a volunteer organization that "is dedicated to collecting and publishing the data required to understand the COVID-19 outbreak in the United States."

^b (U) *Our World in Data* is a website (<https://ourworldindata.org/>) that shows how global living conditions and the earth's environment are changing. The publication is a collaborative effort between researchers at the University of Oxford, who are the scientific editors of the website content, and the non-profit organization Global Change Data Lab, whose purpose is to advance education in how global living conditions and the earth's environment are changing through the production and maintenance of public online resources and related products.

(U) Source: OIG generated from Department of State Diplomacy Strong Dashboards and Diplomacy Strong Dashboard source page.

(U) On April 3, 2020, the Office of Management Strategy and Solutions established the CDAT, which is responsible for collecting and sharing COVID-19-related data derived from internal and external sources. CDAT relied on MED, CDC, and White House guidance in formulating the criteria shown in Table 2, which are designed to measure overall trends associated with a particular facility or post.

(U) CDAT applies data visualization techniques to create Diplomacy Strong dashboards that depict COVID-19 data in several ways. For example, four dashboards—Domestic Overview, Overseas Overview, Domestic State View, and Overseas Country View—provide general information, such as maps, bar charts displaying COVID-19 case counts, and the number of confirmed and positive COVID-19 cases in the designated area. Two additional dashboards, Domestic Facility View and Overseas Post View, provide a detailed breakdown showing whether the facility or post has met the five or six applicable criteria for the domestic facility or overseas post to move to the next reopening phase.¹¹

(U) In addition to criteria, the Diplomacy Strong framework includes indicators that should be considered when moving from one reopening phase to another, such as the city or state posture, transportation availability, work environment, and supply chain for a domestic facility. Table 3 describes the indicators for domestic Department facilities.

(U) Table 3: Domestic Department Facility Indicators

(U) Category	(U) Indicator	(U) Phase I	(U) Phase II	(U) Phase III
City or State Posture	Stay-at-home orders lifted or modified	✓		
	Essential businesses open	✓		
	Nonessential business open		✓	
	School/daycare/elder care available		✓	
	Public places open			✓
	Large events permitted			✓
Transportation	Vehicle commute possible	✓		
	Bus/train availability	✓		
	No restrictions on domestic travel			✓
Work Environment	Facility meets CDC disinfection guidelines	✓		
	Offices allow social distancing	✓		
	Availability of food (cafeteria and local restaurants)	✓		
Supplies	Food and basic supplies available	✓		
	OTC and prescription medicine available	✓		
	Cleaning and sanitation supplies available	✓		

(U) Source: OIG generated from Under Secretary of State for Management May 1, 2020, “Diplomacy Strong: Phased Approach to Adjusting COVID Mitigation.”

¹¹ (U) Appendix D of this report includes a snapshot of one Diplomacy Strong Dashboard.

(U) Department management at overseas facilities evaluate a different set of local indicators in six broad categories—host country posture, advisories in effect, transportation, security, supply chain services, and work environment—when determining whether to enter a new phase. Table 4 describes the specific indicators for each category that overseas Department management should consider for each phase.

(U) Table 4: Department Overseas Facility Indicators

(U) Category	(U) Indicator	(U) Phase I	(U) Phase II	(U) Phase III
Host Country Posture	Essential business open	✓		
	Effective disease mitigation	✓		
	International schools and daycare open	✓		
	Integrity of local data	✓		
	Nonessential business open		✓	
	Public places open			✓
	Restrictions to large events [lifted]			✓
Advisories in Effect	Absence of host country advisories in effect	✓		
	Department travel advisory			✓
	CDC travel advisory			✓
Transportation	Commute feasibility	✓		
	Egress feasibility	✓		
	Roads and infrastructure quality	✓		
	Airport status		✓	
	Land border status			✓
Security	No electronic monitoring or personnel tracking	✓		
	No movement restrictions for U.S. Government personnel	✓		
	No mandatory testing for COVID-19 of U.S. Government personnel	✓		
	Host government security assured	✓		
	Local Guard Force Marine Security Guard (and Regional Security Officer availability)	✓		
	Critical technical systems functioning	✓		
Supply Chain Services	Utilities and fuel available	✓		
	Waste management available	✓		
	Pouch and Diplomatic Post Office availability		✓	
Work Environment	Facility meets CDC disinfection guidelines	✓		
	Offices allow for social distancing	✓		
	Availability of food (cafeteria and local restaurants)	✓		

(U) Source: OIG generated from Under Secretary of State for Management May 1, 2020, “Diplomacy Strong: Phased Approach to Adjusting COVID Mitigation.”

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(b) (5)

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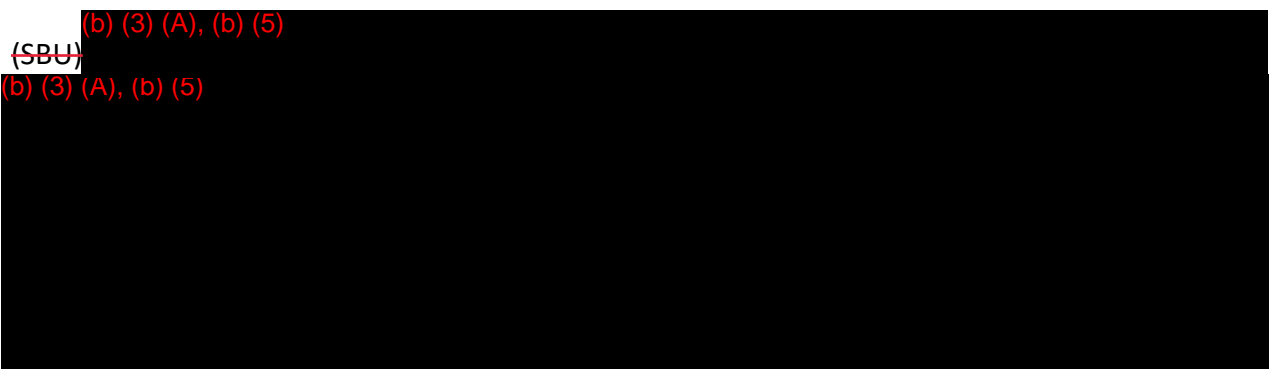
(b) (5)



(U) Data-Supported Decision-Making Process


(U) When domestic facilities appear to meet the criteria and indicators to move to the next reopening phase, the relevant bureau or facility management makes a request and presents relevant data for phase progression to the Domestic Diplomacy Strong Council (the Council). According to Office of Management Strategy and Solutions officials, the Council was formed in late May 2020 and consists of senior-level officials from all bureaus that maintain domestic facilities. The Council is responsible for reviewing bureau or facility requests to move from one reopening phase to another and votes on whether to recommend the proposed phase change. The Council submits its recommendations to the Under Secretary of State for Management for consideration and approval.

(b) (3) (A), (b) (5)
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(b) (3) (A), (b) (5)



(U) CDAT officials stated that Diplomacy Strong dashboard data serve as the first step in considering moving from one reopening phase to another. According to Department officials, a facility or post may not meet all criteria or indicators for the requested phase change; however, additional inputs, including local context, may provide support for phase change requests. In addition, Department officials stated that criteria or indicators associated with a particular post or facility may not be met on a particular day due to missing or delayed data and that local context can provide clarity regarding incomplete data. For example, on July 9, 2020, the Domestic Diplomacy Strong Council recommended that the Passport Agency in St. Albans, VT, move from Phase 1 to Phase 2. According to the Diplomacy Strong dashboards, the Passport Agency met four of five criteria for domestic facilities to progress to the next reopening phase; however, it did not meet the “downward trajectory of documented COVID-19 cases reported within a 14-day period” criterion. Passport Agency documentation demonstrated that, according to Johns Hopkins University data, Franklin County, VT, where the facility is located, had no new COVID-19 cases in the previous 5-day consecutive period. Additionally, Passport Agency documentation stated that the facility had “adequate PPE supplies on-hand with replenishment orders on-going.” The Council considered established

¹² (SBU) (b) (5)



criteria, external data sources, and local context provided by Passport Agency management in recommending that the facility move to Phase 2. The Under Secretary of State for Management approved the Council's recommendation.

(b) (5), (b) (3) (A)

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(b) (5), (b) (3) (A)

(U) Additional Data Collected to Inform Decisions

(U) Overseas posts, MED, and the Bureau of Global Talent Management collect and analyze information related to returning employees to onsite work that is not always included in Diplomacy Strong dashboards. For example, to inform and support decision-making, Embassy Baghdad formed a working group that collects and disseminates information from the Iraq Ministries of Health and Foreign Affairs, the Prime Minister's National Information Center, and the embassy's Economic section. Similarly, Embassy Kabul's medical unit maintains personnel health records and collects statistical information on COVID-19 cases at post. An Embassy Kabul official stated that post personnel had access to United Nations, U.S. Agency for International Development, and nongovernmental organizations reporting related to COVID-19 in Afghanistan, which provided a clearer picture of the local COVID-19 case count than host government data. Moreover, a Consulate General Frankfurt official stated that the Consulate's Political section and health unit monitor intensive care unit bed availability in Frankfurt, and the Regional Security Office obtains data on the number of COVID-19 cases. Consulate General Frankfurt also initiated a telework tracker that displays the number of personnel teleworking, on leave, and on global authorized departure.

(U) In March 2020, MED began collecting data on the number of domestic and overseas Department personnel who tested positive for COVID-19. MED continues to track this data via an internal database that identifies general trends, fluctuations over time, and the number of cases in each Department domestic facility or overseas post. In analyzing the number of COVID-19 cases within the Department, MED also tracks daily the number of new cases, current cases, recovered cases, deaths, hospitalizations, and medical evacuations. Furthermore, MED categorizes the types of personnel—U.S. direct hires, eligible family members, or locally employed staff—who were infected, hospitalized, or have died. These detailed dashboards are only accessible to MED personnel to protect privacy; however, Department personnel may view a simplified version that does not contain personally identifiable information.

(U) According to the Acting Under Secretary of State for Management, CDAT, at the direction of the Under Secretary of State for Management at that time, created a telework tracker to

ascertain whether domestic employees are working onsite, teleworking, or taking weather and safety leave. The tracker details information from April 2, 2020, to the present and provides breakdowns of each bureau's employee work status, as well as Department-level and bureau-level trends. The data is used to determine whether the Department is within approved staffing levels based on current Diplomacy Strong reopening phases. The Bureau of Global Talent Management relies on bureaus to self-report employee work status information each week. All bureau representatives responsible for uploading data were instructed to consider an individual who spends any amount of time during a given week onsite as working onsite for the entire week. Using this methodology, an employee who worked onsite 40 hours in 1 week, and an employee who worked onsite for 1 hour of 1 day and teleworked or took leave for the remaining 39 hours of the week, were both considered as working onsite for that week. OIG reviewed telework tracker data for the week of December 9, 2020, and found that 69 percent of domestic Department personnel teleworked, 25 percent worked onsite, 3 percent were on weather and safety leave, and 2 percent were on other types of leave (e.g., sick leave, annual leave, etc.).¹³ However, OIG noted that several bureaus did not update the tracker in accordance with guidance. Specifically, OIG found that, as of December 9, 2020, seven bureaus and offices were 1 month or more behind in reporting:

- (U) Office of the Secretary—last updated October 24, 2020.
- (U) U.S. Mission to the United Nations—last updated October 16, 2020.
- (U) Bureau of International Organizations Affairs—last updated October 16, 2020.
- (U) Bureau of European and Eurasian Affairs—last updated October 16, 2020.
- (U) Bureau of Medical Services—last updated October 14, 2020.
- (U) Bureau of Overseas Buildings Operations—last updated September 10, 2020.
- (U) Office to Monitor and Combat Trafficking in Persons—last updated June 4, 2020.

(U) Ordered and Authorized Departure Returns and Permanent Change of Station Travel

(U) The Department also established protocols for personnel returning to overseas posts following ordered and global authorized departures, as well as those traveling to posts on PCS orders. Department personnel returning to an overseas post or facility that was under ordered departure were required to complete a travel waiver approved by the applicable regional bureau Executive Director, the Bureau of Diplomatic Security, and the Under Secretary of State for Management, in accordance with the Foreign Affairs Manual (FAM).¹⁴ On June 30, 2020, the Under Secretary issued guidelines for Department personnel returning to overseas posts following the global authorized departure.¹⁵ Specifically, if the overseas post is in Phase 0 or Phase 1, returning personnel, including eligible family members, from all agencies must obtain approval from the Under Secretary. If the post is in Phase 2, the Chief of Mission may authorize personnel returns if: (1) an individual requests to return to post, (2) health unit medical staff concur, (3) no host nation institutional quarantine or testing requirements are in place, and (4) return travel is available via commercial flights. Phase 2 returns that do not meet

¹³ (U) Percentages rounded to the nearest whole number.

¹⁴ (U) 3 FAM 3776(c), "Waivers of Travel Prohibitions."

¹⁵ (U) Cable 20 STATE 61096, "Diplomacy Strong Update: Post Transitions to Phase 3 and Returns from Global Authorized Departure," (June 30, 2020).

these conditions require Under Secretary approval. Finally, for posts in Phase 3, U.S. direct hire personnel may return to post without prior authorization, and the Chief of Mission may authorize eligible family member returns if Phase 2 conditions are met.

(U) The Department also adopted a phased approach for authorizing travel for personnel changing duty stations to or from overseas locations.¹⁶ On June 3, 2020, the Under Secretary approved a conditions-based phased approach for PCS travel based on Diplomacy Strong reopening phases. The approach included a blanket waiver that allowed PCS travel for employees departing from or traveling to special incentive posts and allowed personnel at special incentive posts to remain there until travel to an onward post was available and approved. Moreover, the Department encouraged all personnel to quarantine for 14 days after international travel, during which personnel are expected to telework or take weather and safety leave. According to Consulate General Frankfurt, Embassy Baghdad, and Embassy Kabul officials, personnel must quarantine for 14 days upon arrival at the respective posts.¹⁷

(U) Diplomacy Strong Framework and Guidance Issued by Specific Bureaus To Augment the Framework Incorporated Federal Guidance

(U) Department officials stated that White House, CDC, OSHA, OMB, and OPM guidance informed Diplomacy Strong development. Guidance documents issued by these organizations often refer to other Federal guidance and provide similar decision-making approaches and health and safety protocols for individuals and employers returning to work. OIG reviewed Diplomacy Strong and found that it incorporated elements of White House, CDC, OSHA, OMB, and OPM guidance¹⁸ tailored specifically to the Department's mission and operations. For example, like "Opening Up America Again," Diplomacy Strong is a three-phased reopening plan that considers specific criteria, such as COVID-19 case counts and medical infrastructure, when deciding to change phases. In addition, for both domestic and overseas facilities, Diplomacy Strong considers local factors like those recommended by OMB and OPM, including statewide directives and school, childcare, eldercare, and mass transit status. However, the framework considers additional factors, such as essential and nonessential business status; ability to use public space and hold large events; domestic travel restrictions; whether facilities meet CDC disinfection guidelines; socially distanced office layouts; and food, prescription drug, and cleaning supply availability. Diplomacy Strong also incorporates CDC and OSHA health and safety protocols in every phase, such as telework, face coverings, and social distancing.

(U) CDC and OSHA guidance also informed Department guidance that was developed to augment the Diplomacy Strong framework. For example, the Department's "Best Practices Guide to Social Distancing for Domestic Department of State Facilities" states that, consistent with CDC guidance, anyone who is ill, is at-risk or vulnerable to illness, or is caring for someone

¹⁶ (U) On April 11, 2020, the Under Secretary of State for Management suspended all PCS travel worldwide through May 31, 2020, and subsequently extended the suspension through June 30, 2020.

¹⁷ (U) See Appendix A, Purpose, Scope, and Methodology, for details regarding selection of posts.

¹⁸ (U) Details of White House, OMB, OPM, CDC, and OSHA guidance are described in the Background section and Appendix C, Executive Office of the President Phased Reopening Guidance, of this report.

who is ill or vulnerable to illness, should stay home.¹⁹ Additionally, consistent with OSHA guidance, a Department notice allows for greater flexibility for employees' duty hours by encouraging domestic bureaus and offices to expand core hours to the 12-hour period from 6:00 a.m. to 6:00 p.m. and removing the requirement for core hours to be completed consecutively.

(U) In addition, MED created more than 25 guidance documents related to returning employees to Department facilities and maintaining healthy communities at domestic offices and overseas posts that are based on CDC and OSHA guidance. For example, in a September 2020 document, MED addressed the critical nature of the Marine Security Guards' duties, stating that "[w]orkplace exclusion of [Marine Security Guards] for contact with a [COVID-19] case, or after traveling to post, may affect mission security."²⁰ The document also discusses the communal nature of Marine Security Guard living quarters at posts, providing guidance to health units about how they should handle a positive COVID-19 case in the Marine Security Guard community and whether those in close contact with an infected individual should continue to perform duties. Specifically, the document cites CDC guidance for critical infrastructure workers, stating they "may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community."²¹ MED officials also stated that they used OSHA guidance to determine when COVID-19 patients with pre-existing medical conditions should return to onsite work and that OSHA provided training to MED staff on cleaning and disinfecting workplaces.

(U) Finally, the Bureau of Administration, Office of Operations (A/OPR), which oversees domestic facilities, and OBO Office of Safety, Health, and Environmental Management, which provides technical support for health and safety procedures at overseas posts, developed standard operating procedures and best practices that incorporate CDC guidance for COVID-19 disinfection and social distancing in Department facilities. A/OPR developed its "Best Practices Guide for Social Distancing for Domestic Department Facilities," which is a "living document" designed to clarify guidance on common areas for domestic facilities and provide suggestions for bureaus on practical applications of social distancing in workspaces.²² In addition, OBO developed its "COVID-19 Mitigation at Overseas Posts Toolkit," which contains guidance for building ventilation and disinfection; maintaining and cleaning frequently used common areas, such as elevators and cafeterias; use of non-office facilities, such as bars and gyms; PPE and cloth face coverings; and social distancing. Both guides incorporate CDC guidance; for example, CDC guidance states that employers should "routinely clean all frequently touched surfaces in the workplace."²³ A/OPR guidance states that custodians are disinfecting commonly touched surfaces in common areas, such as doorknobs, handrails, and elevator

¹⁹ (U) Bureau of Administration, Office of Operations, "Best Practices Guide to Social Distancing for Domestic Department of State Facilities," 4.

²⁰ (U) MED, "COVID-19 Guidance for Marine Security Guards (ISO 6698)," 1 (September 4, 2020).

²¹ (U) *Ibid*, at 2.

²² (U) A/OPR, "Best Practices Guide to Social Distancing for Domestic Department of State Facilities," 2.

²³ (U) CDC, "Interim Guidance for Business and Employers Responding to Coronavirus Disease 2019 (COVID-19)," 8 (May 2020).

buttons and the OBO toolkit states that posts should conduct routine sanitation and disinfection of buildings with focus on high-touch surfaces, which may kill viral material on surfaces left by pre- or asymptomatic occupants. Additionally, CDC recommends that employers “encourage workers to wear a cloth face covering at work.”²⁴ A/OPR guidance states that personnel should properly wear cloth face coverings in domestic facility common areas. Similarly, the OBO toolkit recommends that overseas posts “distribute and encourage use of cloth face coverings”²⁵ and incorporates CDC guidance on the proper way to wear a cloth face covering.²⁶

(U) Finding B: Welfare and Safety Considerations

(U) OIG found that the Department’s Diplomacy Strong framework considered welfare and safety considerations and precautions for personnel. Specifically, the Department assessed need and obtained critical resources, such as PPE, disinfectant supplies, and face coverings to protect medical personnel at Department health units worldwide and to safeguard personnel returning to worksites. In addition, MED, the Bureau of Administration, and OBO developed protocols to safeguard employee health and safety and disinfect Department facilities when an employee tested positive for COVID-19. These protocols include notifying the Department when an employee tested positive for COVID-19, isolating the infected employee, identifying and quarantining close contacts, and ensuring that facilities are properly disinfected.

(U) The Department Identified and Obtained Critical Resources

(U) The Department identified two general types of critical resources needed to respond to the pandemic: (1) those needed to safeguard personnel returning to onsite work at Department facilities, safely disinfect facilities in which potentially infected employees were present, and help staff protect against viral transmission, and (2) those needed to identify and treat COVID-19 cases and protect medical personnel at Department health units around the world. The Department used various methods to assess need and obtain critical resources, including leveraging existing contracts and awarding new contracts to acquire the appropriate volume of critical resources.

(U) Department Personnel Received Critical Resources from Various Sources

(U) Availability of cleaning and sanitation supplies is one of the domestic local condition indicators in Diplomacy Strong. A/OPR officials, in collaboration with the bureau’s Domestic Environmental and Safety Division, identified the types and amounts of fundamental cleaning and sanitation supplies personnel would need when returning to onsite work at all domestic Department facilities. According to A/OPR, an employee onsite full-time would use 1/8 gallon of hand sanitizer per month, one pair of gloves per week, and two disinfectant wipes daily for

²⁴ (U) *Ibid*, at 3.

²⁵ (U) OBO, “COVID-19 Mitigation at Overseas Posts Toolkit, PPE and Cloth Face Coverings,” 5 (June 11, 2020).

²⁶ (U) CDC, “How to Safely Wear and Take Off a Mask,” (January 12, 2021).

their workstations. Using the Department's Safety and Accountability for Everyone²⁷ list counts, A/OPR multiplied the number of personnel by the amount of each resource an employee needed to determine the total amount of each supply that would be required on a daily, weekly, or monthly basis. Based on these determinations, A/OPR prepared "Welcome Back Kits" for each domestic Department employee. Each kit included a 60-day supply of hand sanitizer, gloves, and disinfectant wipes to clean workspaces to engage employees in preventing person-to-person transmission. A/OPR officials said they also obtained supplies, such as eyeglasses, gloves, and visors, to protect cleaning crews responsible for cleaning and disinfecting Department facilities, especially when an employee had been present in a facility just prior to testing positive for COVID-19.

(U) Although A/OPR manages operations for domestic Department facilities, each bureau's Executive Office is responsible for acquiring necessary supplies. However, as the Department contemplated returning staff to onsite work, A/OPR centralized and managed the procurement process for items in the Welcome Back Kits to be distributed to all Executive Offices. A/OPR officials stated that a centralized approach helped individual bureaus acquire hard-to-obtain supplies and ensured they met minimum health and quality standards, such as ensuring hand sanitizers purchased and distributed contained at least 60 percent alcohol, as recommended by the CDC. A/OPR leveraged an existing Bureau of Diplomatic Security contract with General Dynamics Information Technology to acquire various resources, such as more than \$900,000 worth of disinfecting wipes and gloves.²⁸ When delivery of disinfecting wipes was delayed, A/OPR awarded a firm fixed-price contract to Cotton & Reed for sanitizer that could be used on both surfaces and hands, valued at approximately \$79,000.²⁹

(U) In June 2020, A/OPR provided Welcome Back Kits to bureaus throughout the National Capital Region,³⁰ which, according to A/OPR documentation, included more than 6,800 gallons of hand sanitizer, more than 3,400 bottles of disinfecting spray, and more than 436,000 gloves. According to the Bureau of Administration, disinfectant wipes, which were unavailable until June 2020, represented the largest procurement challenge. Prior to that time, the Department provided individuals with disinfecting spray and shop towels. A/OPR ultimately obtained and distributed more than 2 million disinfectant wipes. A/OPR also distributed critical resources to other locations in the continental United States, such as passport centers and the Department's finance center in Charleston, SC. Overseas posts may obtain supplies needed to support their missions through local resources or through the Department.

²⁷ (U) Safety and Accountability for Everyone is the Department's emergency notification and accountability system. Personnel counts included 35,000 domestic personnel and approximately 105,000 personnel overseas.

²⁸ (U) Contract 19AQMM18C0185, September 5, 2018.

²⁹ (U) Contract 19AQMM20P0886, May 29, 2020.

³⁰ (U) The National Capital Region is generally defined as the District of Columbia; Prince Georges and Montgomery counties in Maryland; and Arlington, Fairfax, Loudoun, and Prince William counties in Virginia. As a domestic bureau in the National Capital Region, OIG received Welcome Back Kits from the Department for each domestic employee.

(U) Face Coverings Obtained and Distributed Around the World

(U) The Department obtained and provided reusable, washable cotton face coverings for all domestic and overseas Department personnel. The Bureau of Administration, Office of Emergency Management estimated that the Department would need 500,000 face coverings based on an assessed need of three per person for 140,000 personnel worldwide and anticipated personnel joining the Department after the assessment, contractors not captured by the Safety and Accountability for Everyone system, and a limited supply for visitors to Department facilities.³¹

(U) The Department of Health and Human Services provided 500,000 face coverings to the Department on April 21, 2020; the face coverings were distributed to domestic facilities and overseas posts beginning in early May 2020.³² On May 1, 2020, the Department issued a Department-wide cable stating that, pursuant to CDC guidance, face coverings should be worn when social distancing of 6 feet or more was difficult to maintain. The cable also stated that cloth face coverings were “for use by all [U.S. direct hire employees], (including employees of other agencies who are under Chief of Mission authority), Locally Employed (LE) staff, Eligible Family Members and Members of Household, and contractors in the workplace for reducing the spread of COVID-19.”³³ According to the Acting Under Secretary of State for Management, on June 1, 2020, the Department of Health and Human Services provided the Department with an additional 302,000 face coverings, which were distributed to domestic facilities and posts abroad. Officials at Consulate General Frankfurt, Embassy Baghdad, and Embassy Kabul confirmed that they received Department-issued face coverings. Consulate General Frankfurt officials stated that they initially received enough face coverings to provide approximately 1.8 per person within the consulate community. Consulate management subsequently acquired additional face coverings to meet the assessed need of three per person.

(U) Supplies To Protect Healthcare Workers and Identify COVID-19 Cases

(U) MED is responsible for ensuring Department health units have sufficient inventories of medical equipment and supplies. MED officials stated they initially relied on existing medical supply inventories obtained in response to the 2014 Ebola outbreak in West Africa as health unit staff began addressing the global COVID-19 pandemic. The officials also stated that beginning in 2014, MED began planning for, developing, and distributing PPE kits for the pandemic response that included varying sizes of disposable gloves, individual packets of antimicrobial hand sanitizer, and N-95 particulate masks. Recognizing the need to ensure that health unit personnel could identify and treat COVID-19 cases and protect Department medical personnel while doing so, MED provided kits directly to overseas health units from existing inventories in February and March 2020 as part of the bureau’s initial response to the COVID-19 pandemic, ultimately providing more than 10,400 kits. Additionally, in March 2020, MED requested that each domestic and overseas health unit assess the amounts of critical

³¹ (U) For this review, OIG did not validate the personnel count the Department used.

³² (U) All OIG employees received face masks.

³³ (U) Cable 20 STATE 43178, “Guidance on Cloth Face Coverings,” 1 (May 1, 2020).

medical resources on hand, including N-95, surgical, and elastomeric respirator masks and associated filters; vinyl and nitrile gloves; goggles; and exam and isolation gowns.

(U) MED identified equipment and supplies needed to test Department personnel for COVID-19 and, after surveying Department health units, assessed the need to order additional medical resources. For example, to provide health units with the ability to confirm COVID-19 cases and other respiratory illnesses, MED awarded a contract to BioFire Defense, LLC,³⁴ to purchase COVID-19 test kits and related supplies that were valued at more than \$11.8 million as of October 9, 2020. As of the same date, the Department had distributed 74 BioFire testing machines to overseas posts. MED also awarded 32 additional contracts or task orders to 22 vendors to purchase additional critical medical resources valued at approximately \$4.5 million. Although MED distributed most supplies to overseas posts, it retained a small amount for use at health units in Washington, DC. These supplies included 30,700 isolation gowns and approximately 118,000 Tyvek suits to protect healthcare providers caring for COVID-19 patients in clinical settings and performing COVID-19 testing, and 900,000 non-surgical face coverings to prevent viral transmission. MED distributed additional resources to health units around the world, including 1,740 pairs of protective eyewear, 1,508 boxes of thermometers, and 2,500 pulse oximeters, among other items.³⁵

(U) The Department Established Protocols To Respond to Instances in Which Employees Test Positive for COVID-19

(U) MED, the Bureau of Administration, and OBO developed protocols for when an employee tests positive for COVID-19. Specifically, MED provided guidance to employees on notifying the Department if they become infected with COVID-19, isolation procedures following infection, and quarantine procedures for close contacts of a confirmed case. The Bureau of Administration prepared guidance on disinfection procedures for workplaces after a confirmed case occurs in a domestic Department facility. Lastly, OBO prepared guidance on disinfection procedures for overseas facilities.

(U) Confirmed Case Notification, Quarantine, and Isolation Protocols

(U) MED issued two guides related to confirmed COVID-19 case notification, isolation, and quarantine: “Employee Guidance for COVID-19 in the Workplace”³⁶ and “Isolation and Quarantine Guidance for COVID-19 Cases and Close Contacts.”³⁷ The guides recommend:

- (U) Employees who develop COVID-19 symptoms should consult MED officials, who will provide guidance regarding employee concerns and testing.

³⁴ (U) Contract 19AQMM20D0029, March 18, 2020.

³⁵ (U) Subsequent to OIG fieldwork completion, the Department received a limited supply of COVID-19 vaccines to inoculate Department personnel, prioritizing frontline medical personnel, among others. Therefore, OIG did not include vaccine distribution in this report. OIG also did not review additional changes put in place subsequent to fieldwork completion, such as President Biden’s mask mandate for Federal facilities and employees.

³⁶ (U) MED, “Employee Guidance for COVID-19 in the Workplace (ISO 6883),” (July 23, 2020).

³⁷ (U) MED, “Isolation and Quarantine Guidance for COVID-19 Cases and Close Contacts (ISO 6701),” (September 15, 2020).

- (U) Employees isolate for a minimum of 10 days if the employee tests positive for COVID-19.
- (U) MED identifies and notifies employees who may have had close contact with an individual who tests positive for COVID-19 and encourages them to get tested.
- (U) Employees quarantine for 14 days if identified as a close contact, regardless of COVID-19 testing outcomes.

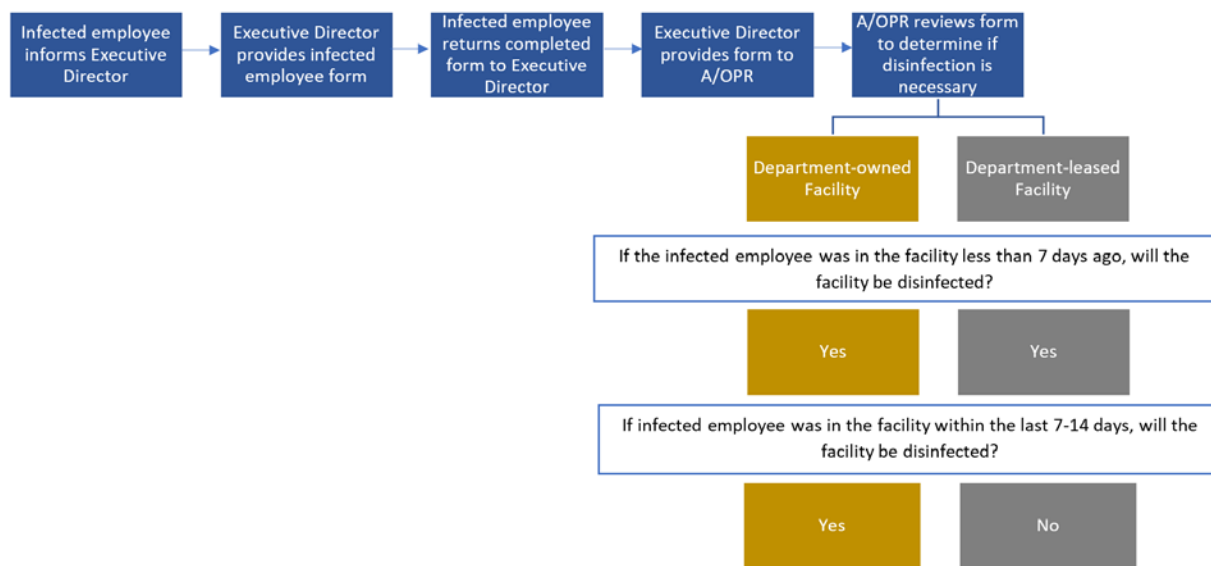
(U) In addition, the Acting Under Secretary of State for Management stated that MED's Health Alert Response Team (HART) has been pivotal in creating a safer workplace. MED HART is a collaborative medical unit designed to provide real-time monitoring and identification of health risks to Department employees and families, as well as other agencies under Chief of Mission authority. On March 16, 2020, MED HART expanded to a 24-hours a day, 7-days a week command center and began serving as the repository for medical data, providing world-wide support and daily leadership briefings. Any domestic or overseas employee and overseas family members may call the MED HART center with questions, concerns, or potential COVID-19 symptoms. According to the Acting Under Secretary, MED HART receives an average of 7,000 emails and 2,500 phone calls each month. If necessary, employees and their family members can obtain rapid COVID-19 testing at the MED clinic in Washington, DC, and at overseas posts' health units. In addition, the Acting Under Secretary stated that very few locations in the United States had access to rapid testing capabilities during the early stages of the pandemic; the quick results allow MED to confirm positive cases, conduct contact tracing, and ultimately remove individuals who may be at risk of infection in the workplace.

(U) Disinfection Protocols for Domestic Facilities

(U) A/OPR prepared two guidance documents on protocols for domestic facilities after an employee tests positive for COVID-19. First, A/OPR's section of Diplomacy Strong's Frequently Asked Questions³⁸ explains how infected employees can notify A/OPR of their condition and outlines the documentation that needs to be completed. A/OPR reviews the provided documentation, in conjunction with its second guidance document, "Standard Operating Procedures for Determining COVID-19 Disinfection Procedures," to determine whether a facility requires disinfection. The procedures for disinfection vary based on the type of facility (Department-owned versus leased) as well as the length of time that has elapsed since the employee was onsite. The level of cleaning or disinfection that is conducted also varies. For example, if an employee tests positive for COVID-19 and was present in a domestic, Department-owned facility less than 7 days prior to testing positive, A/OPR posts signage in the affected area to close it and employs a contractor to disinfect the workplace. However, if the employee was last onsite 7-14 days prior to testing positive, custodial staff and facilities management services operations and maintenance contractors perform only "peace of mind" wipe downs using Environmental Protection Agency-approved disinfectants. Figure 2 outlines the process for notification, evaluation, and facility disinfection, if necessary.

³⁸ (U) A/OPR, "Diplomacy Strong Frequently Asked Questions," 4 (July 7, 2020).

(U) Figure 2: Bureau of Administration Guidance for When an Employee Tests Positive for COVID-19



(U) Source: OIG generated from Department of State, Diplomacy Strong Frequently Asked Questions, July 7, 2020, and Bureau of Administration, Standard Operating Procedures for Determining COVID-19 Disinfection Procedures.

(U) Disinfection Protocols for Overseas Posts

(U) OBO's Office of Safety, Health, Environmental Management issued "Disinfecting Overseas Posts Facilities in Response to Coronavirus/COVID-19."³⁹ The document provides the following guidance for responding to a positive COVID-19 case:

- (U) Follow CDC's "Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019."⁴⁰
- (U) Report the confirmed case to the Post Occupational Safety and Health Officer.
- (U) Individual's supervisor and the Post Occupational Safety and Health Officer identify the individual's workstation and common areas, including restrooms, water fountains, and lunch areas. If the workstation is a private office, close the door and mark it off limits. If the workstation is a cubicle, vacate the cubicles within 6 feet.
- (U) Post Occupational Safety and Health Officer completes an assessment for disinfection needs to identify locations that potentially need to be disinfected. Disinfection is not needed if the individual has not been present in the building for 7 or more days or if the affected space can be isolated for 7 days.
- (U) If the Post Occupational Safety and Health Officer determines that disinfection is necessary, janitorial staff disinfect the affected areas in the building. Employees can return to the office within a day of disinfection.

³⁹ (U) OBO, "Disinfecting Overseas Post Facilities in Response to Coronavirus/COVID-19," (May 12, 2020).

⁴⁰ (U) CDC, "Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19)," (September 10, 2020).

(U) CONCLUSION

(U) OIG conducted this review to describe Department plans and procedures for returning employees to offices during the COVID-19 pandemic, as well as the methods outlined to ensure suitable safety and welfare considerations and precautions were undertaken on behalf of Department personnel. Therefore, OIG is not making any recommendations to the Department.

(U) OIG found that the Department took initial steps to reduce the risk of COVID-19 by mandating telework for non-essential domestic employees and implementing authorized and ordered departures for employees and families residing at overseas posts. Subsequently, the Department adapted White House, CDC, OSHA, and other Federal agency guidance to develop a three-phased approach to return personnel to onsite work that considers many factors when moving from one phase to another. The Department also developed metrics and collected data to help bureau, facility, and post management determine whether moving from one reopening phase to another should be considered. In addition, OIG found that the Department considered welfare and safety precautions in returning Department personnel to onsite work; obtained and provided cleaning supplies and PPE to domestic and overseas personnel to reduce the spread of COVID-19; and established protocols that met or exceeded CDC guidance.

(U) In response to a draft of this report, the Acting Under Secretary of State for Management noted the “extraordinary resilience” Department personnel have shown over the past year and stated that “COVID-19 has changed the way the Department operates, but even in this unusual environment, the Department’s work to advance U.S. foreign policy has continued.”

(U) APPENDIX A: PURPOSE, SCOPE, AND METHODOLOGY

(U) The Office of Audits within the Office of Inspector General (OIG) conducted this review to describe (a) the Department of State's (Department) plans and procedures for returning personnel to offices during the COVID-19 pandemic and (b) the methods outlined in those plans and procedures to ensure suitable safety and welfare considerations and precautions have been undertaken on behalf of Department personnel.

(U) The Office of Audits conducted this review from September to December 2020 in accordance with the Council of the Inspectors General for Integrity and Efficiency's Quality Standards for Inspection and Evaluation. These standards require that OIG plan and perform the review to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the review objective. OIG believes that the evidence obtained provides a reasonable basis for the findings and conclusions based on the review objective. This report relates to Overseas Contingency Operations Freedom's Sentinel and Inherent Resolve and was completed in accordance with OIG's oversight responsibilities describes in Section 8L of the Inspector General Act of 1978, as amended.

(U) The scope of this review was the Department's response to the global COVID-19 pandemic and its plans and procedures for returning employees to offices. As part of this review, OIG did not evaluate whether the Department's implementation of its plans and procedures effectively safeguarded Department personnel health and safety. In addition, OIG did not include the Department's COVID-19 vaccine distribution or new policies, such as President Biden's executive order on required mask wearing, as these occurred subsequent to fieldwork completion. OIG completed this review in Washington, DC, and virtually with officials from U.S. Embassy Baghdad, Iraq; U.S. Embassy Kabul, Afghanistan; and Consulate General Frankfurt, Germany. These posts were selected due to OIG's onsite presence at each post, as well as the varying local responses to the global COVID-19 pandemic, which influenced how the Department's reopening plans were executed by post management.

(U) On June 15, 2020, the U.S. House of Representatives Committee on Oversight and Reform, Subcommittee on Government Operations, issued a letter to OIG requesting that it review the Department's plans and procedures for returning employees to offices. The Subcommittee requested that OIG "review whether [the Department] and its managers are employing best practices and existing guidance when deciding whether or when to require Federal employees and contractors to return to federal office buildings."¹ Specifically, the Subcommittee asked OIG "to review agreed-upon best practices for safe, healthy, and effective office re-openings from both governmental and non-governmental experts," and to use these resources to develop an assessment plan to review the Department's office reopening efforts.

¹ (U) OIG was 1 of 24 Inspectors General that received the same letter that tasked each with providing critical oversight "to protect the health and safety of . . . [the] federal workforce." The Subcommittee's letter is reprinted in its entirety in Appendix B.

(U) To respond to the Subcommittee's request, OIG developed the review objective and determined that it would incorporate the following researchable areas:

- (U) Describe the methodology the Department employed to assess when employees are advised or required to return to Federal offices based on evidence and research, best practices, and guidance.
- (U) Ascertain whether the Department established baseline metrics, including important indicators such as the number of employees who have contracted COVID-19, to inform future examinations of Department reopening plans, such as in a phased approach.
- (U) Describe how the Department collaborated with the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) to ensure reopening plans were consistent with public health and worker safety guidelines.
- (U) Depict how the Department assessed need and obtained the appropriate volume of critical resources, including COVID-19 tests, personal protective equipment (PPE), hand sanitizer, and disinfectant.
- (U) Explain Department protocols for when an employee tests positive for COVID-19.

(U) To describe the Department's reopening plans, OIG obtained and analyzed relevant documentation, including the Department's Diplomacy Strong² framework for returning personnel to onsite work; augmenting guidance issued by various Department bureaus; Executive Office of the President (White House), CDC, OSHA, and other Federal agencies' guidance; and domestic and overseas data related to COVID-19 that the Department collected and measured to inform its reopening plans. OIG conducted 20 interviews with Department representatives from the Under Secretary of State for Management's office, the Bureaus of Administration, Overseas Buildings Operations, Global Talent Management, Medical Services, and the Office of Management Strategy and Solutions, and with officials from Embassies Baghdad and Kabul and Consulate General Frankfurt. Such interviews were conducted to determine how the Department developed and executed its reopening plans, sought to ensure consistency with existing health and safety guidelines, and identified sources and data the Department collects to support decisions for facilities to move between reopening phases.

(U) To describe how the Department executed its reopening plans, OIG conducted fieldwork to determine how the Department assessed need and obtained the appropriate volume of critical resources, including reliable COVID-19 tests, PPE, hand sanitizer and disinfectant, and to identify Department protocols for when personnel test positive for COVID-19. OIG obtained and analyzed relevant documentation, such as existing and new contracts used to procure critical resources, and Department guidance. OIG also met with officials from the Bureaus of Administration, Overseas Buildings Operations, Medical Services, Embassies Baghdad and Kabul, and Consulate General Frankfurt. These meetings were to determine how they assessed need and procured critical resources, as well as the protocols developed for maintaining

² (U) Under Secretary of State for Management, "Diplomacy Strong: Phased Approach to Adjusting COVID Mitigation," (May 1, 2020).

Department personnel health and safety, and cleaning and disinfecting workspaces when personnel tested positive for COVID-19.

(U) Data Reliability

(U) OIG did not use any electronic data to support the findings in this report. Although references are made to data sources and personnel counts, OIG did not validate any of the data sources referenced or the Department's personnel count.

(U) APPENDIX B: HOUSE OF REPRESENTATIVES COMMITTEE ON OVERSIGHT AND REFORM, SUBCOMMITTEE ON GOVERNMENT OPERATIONS REQUEST LETTER

CAROLYN B. MALONEY
CHAIRWOMAN

ONE HUNDRED SIXTEENTH CONGRESS

JIM JORDAN, OHIO
RANKING MINORITY MEMBER

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5051
MINORITY (202) 225-5074
<http://oversight.house.gov>

June 15, 2020

Mr. Stephen J. Akard
Acting Inspector General
U.S. Department of State
1700 North Moore Street
Arlington, VA 22209

Dear Acting Inspector General Akard:

The Subcommittee on Government Operations requests that the Office of Inspector General (IG) examine the plans and procedures of the U.S. Department of State for returning employees to federal offices in the wake of the coronavirus pandemic. Federal IGs have played a critical role in overseeing the operations of the federal government throughout the pandemic. Your continued oversight is critical to protect the health and safety of our government's most valuable resource: its federal workforce.

In recent weeks, some departments have begun reopening federal offices and requiring employees to return to their duty stations.¹ The Subcommittee asks that you review whether your department and its managers are employing best practices and existing guidance when deciding whether or when to require federal employees and contractors to return to federal office buildings. The health and safety of federal employees is of paramount concern. We need to ensure that Administration officials are cautious and prudent when requiring federal employees and contractors to return to federal office buildings.

On April 29, 2020, and May 15, 2020, we wrote to the Office of Management and Budget (OMB) and the Office of Personnel Management (OPM) raising concerns about the Administration's federal reopening guidance. In those letters, we requested a briefing from OMB and OPM staff.² The response we received on June 2, 2020, ignored our briefing request

¹ See, e.g., Letter from Internal Revenue Service Human Capital Officer to Internal Revenue Service Employees, *Face Coverings to Be Required in Internal Revenue Service Facilities and Workplaces* (Apr. 24, 2020) (online at <https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/IRS%20PPE%20email.pdf>).

² Letter from Chairman Gerald E. Connolly, Subcommittee on Government Operations, to Michael Rigas, Acting Director, Office of Personnel Management (Apr. 29, 2020) (online at <https://oversight.house.gov/sites/democrats.oversight.house.gov/files/2020-04-29.GEC%20to%20Rigas-%20OPM%20re%20Reopening%20Guidance.pdf>); Letter from Chairman Gerald E. Connolly, Subcommittee on

Mr. Stephen J. Akard

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and failed to address concerns raised in our letters regarding the provision of personal protective equipment and coronavirus testing in federal workplaces.³

This Administration's unwillingness to demonstrate sufficient concern about the health and welfare of our federal workforce makes your job even more vital to our nation.

Given the many shortcomings identified in the Administration's reopening guidelines, as well as the Administration's unwillingness to engage in even minimal oversight of its abysmal response to the coronavirus pandemic, we request that you carefully oversee and review your department's actions in this area. Specifically, we ask that you review agreed-upon best practices for safe, healthy, and effective office re-openings from both governmental and non-governmental experts. We request that you use these resources to develop an assessment plan to review your department's office reopening efforts.⁴ This assessment plan could include:

- Methodology to assess whether actions that department officials take to require employees to return to federal offices are based on evidence and research and meet best practices and guidance;
- Baseline metrics on various important indicators that will allow for future examination of department office re-opening plans, including the number of employees who contract the coronavirus;
- Assessment of department access to appropriate volumes of critical resources, including reliable coronavirus tests, personal protective equipment, hand sanitizer, soap and warm water, workplace dividers, and disinfectant;
- Assessment of department protocols for when an employee tests positive for coronavirus;
- Evaluation of inter-department collaboration, especially with the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration, to ensure re-opening plans are consistent with public health and worker safety guidelines; and
- Any additional information or data that will facilitate a thorough assessment of department policies and actions at this critical juncture.

Millions of federal employees and contractors will be affected by the Administration's decisions to return federal employees to federal offices. Our federal workforce has demonstrated that it can continue to work effectively and serve this nation—even in the most difficult and dangerous of circumstances. In return, federal management officials must employ the safest

Government Operations, to Michael Rigas, Acting Director, Office of Personnel Management (May 15, 2020) (online at https://connolly.house.gov/uploadedfiles/gec_letter_to_rigas_and_vought_fed_reopening.pdf).

³ Letter from Russell T. Vought, Acting Director, Office of Management and Budget, and Michael Rigas, Acting Deputy Director, Office of Personnel Management, to Chairman Gerald E. Connolly, Subcommittee on Government Operations (June 2, 2020) (online at https://oversight.house.gov/sites/democrats.oversight.house.gov/files/Connolly_0.pdf).

⁴ Office of Management and Budget and Office of Personnel Management, *Aligning Federal Agency Operations with the National Guidelines for Opening Up America Again* (Apr. 26, 2020) (online at www.whitehouse.gov/wp-content/uploads/2020/04/M-20-23.pdf).

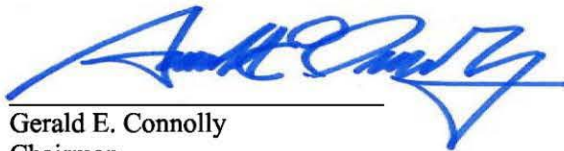
Mr. Stephen J. Akard
Page 3

procedures in determining whether and when employees should return to their offices. We need to ensure that premature or misguided efforts to return to offices will not undercut efforts to combat the spread of coronavirus and put federal employees and their families in danger.

Given the importance of this oversight, we trust it will be made a priority of the office. The health and safety of our more than two million federal workers are at stake. We cannot afford to get this wrong. We look forward to your prompt reply.

The Committee on Oversight and Reform is the principal oversight committee of the House of Representatives and has broad authority to investigate "any matter" at "any time" under House Rule X. Please contact Subcommittee staff at (202) 225-5051 with any questions about this request. Thank you for your attention to this matter.

Sincerely,



Gerald E. Connolly
Chairman
Subcommittee on Government Operations

cc: The Honorable Jody B. Hice, Ranking Member
Subcommittee on Government Operations

(U) APPENDIX C: EXECUTIVE OFFICE OF THE PRESIDENT PHASED REOPENING GUIDANCE

(U) Table C.1 describes Executive Office of the President (White House) phased reopening approach, “Opening Up America Again.”¹

(U) Table C.1: White House “Opening Up America Again” Gating Criteria and Phased Reopening Approach

(U) Gating Criteria	<ol style="list-style-type: none"> 1. Downward trajectory of influenza like illnesses reported within a 14-day period and downward trajectory of COVID-like syndromic cases reported within a 14-day period. 2. Downward trajectory of documented cases within a 14-day period or downward trajectory of positive tests as a percent of total tests within a 14-day period. 3. Hospitals can treat patients without crisis care and robust testing program in place for at risk healthcare workers, including emerging antibody testing. 		
(U) Category	(U) Phase 1	(U) Phase 2	(U) Phase 3
Hygiene	Wash your hands. Avoid touching your face. Sneeze or cough into a tissue or elbow. Disinfect frequently. Use face coverings.	Wash your hands. Avoid touching your face. Sneeze or cough into a tissue or elbow. Disinfect frequently. Use face coverings.	Wash your hands. Avoid touching your face. Sneeze or cough into a tissue or elbow. Disinfect frequently. Use face coverings.
Stay at Home	People who feel sick should stay home.	People who feel sick should stay home.	People who feel sick should stay home.
Vulnerable Individuals	Should continue to shelter in place.	Should continue to shelter in place.	Resume public interactions but practice social distancing.
Social Distancing	Individuals should maximize physical distance from others. Avoid socializing in groups of more than 10 people. Common areas should enforce strict social distancing.	Individuals should maximize physical distance from others. Avoid socializing in groups of more than 50 people. Common areas should enforce moderate social distancing.	Not applicable
Telework	Employers should encourage telework.	Employers should encourage telework.	Unrestricted staffing
Travel	Employers should minimize non-essential travel.	Employers can resume non-essential travel.	Not applicable
Healthcare Workers	Robust testing program for healthcare workers.	Robust testing program for healthcare workers.	Robust testing program for healthcare workers.

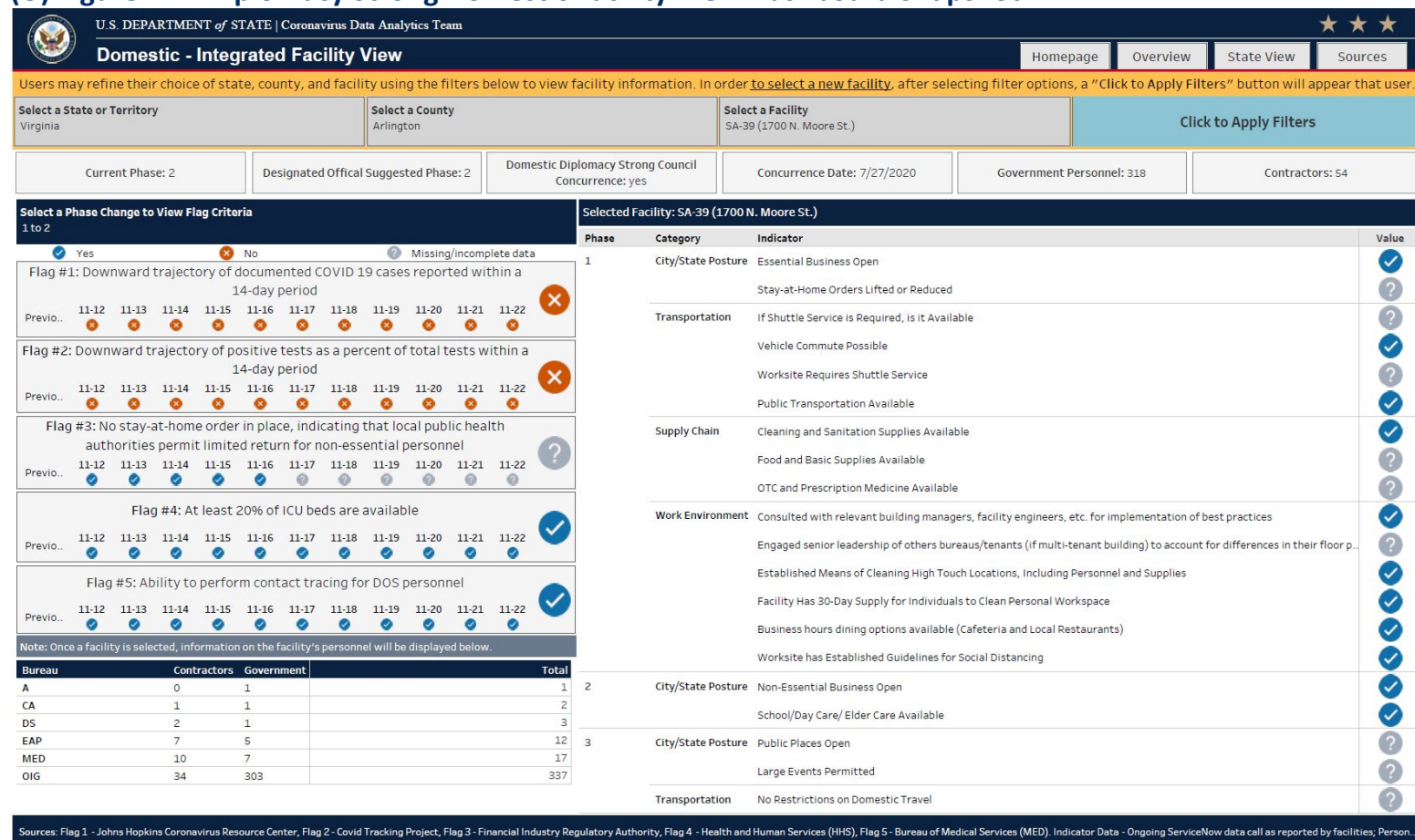
(U) Source: OIG generated based on White House guidance.

¹ (U) White House, “Opening Up America Again,” (April 16, 2020).

(U) APPENDIX D: DIPLOMACY STRONG DASHBOARD SNAPSHOT

(U) Figure D.1 is an example of one of the Department of State's (Department's) Diplomacy Strong dashboards, which provides a snapshot of available information related to State Annex 39 on November 22, 2020. State Annex 39 is a Department facility located in Arlington, VA that includes Office of Inspector General offices.

(U) Figure D.1: Diplomacy Strong Domestic Facility View Dashboard Snapshot



(U) Source: Department Diplomacy Strong Domestic Facility View Dashboard, November 22, 2020.

(U) APPENDIX E: ACTING UNDER SECRETARY OF STATE FOR MANAGEMENT RESPONSE



United States Department of State
Under Secretary of State
for Management
Washington, D.C. 20520

UNCLASSIFIED

February 19, 2021

MEMORANDUM

TO: OIG – Director David G. Bernet, Middle East Region Operations

FROM: (M) – Carol Z. Perez (Acting) *CZP*

SUBJECT: Response to the Draft Report – *Information Report: Review of Department of State Preparations to Return Personnel to Federal Offices During the Global Coronavirus Pandemic*

Thank you for the opportunity to comment on the Office of the Inspector General's draft report *Information Report: Review of Department of State Preparations to Return Personnel to Federal Offices During the Global Coronavirus Pandemic*. I appreciate OIG's acknowledgment of the considerable efforts made by Department bureaus and personnel to provide for the health and safety of our workforce. Our personnel have shown extraordinary resilience over the past year. COVID-19 has changed the way the Department operates, but even in this unusual environment, the Department's work to advance U.S. foreign policy has continued.

After our thorough review of the report, I ask that the OIG make the following factual updates included on the next page.

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- Page 6: "Diplomacy Strong outlines criteria and local indicators for consideration when moving forward from one reopening phase to the next. However, the framework does not specifically address when the Department should consider regressing to implement stricter health and safety guidelines."

REQUESTED EDIT: The Department asks the OIG to update this phrase to say, "Diplomacy Strong outlines criteria and local indicators for consideration when moving forward from one reopening phase to the next. While the framework does not specifically say when the Department should regress to implement stricter health and safety guidelines, Department management continuously assesses current conditions against the Diplomacy Strong framework, and makes decisions, as needed."

- Page 11: "For example, on July 9, 2020, the Domestic Diplomacy Strong Council recommended that the Passport Agency in Burlington, VT, move from Phase 1 to Phase 2. According to the Diplomacy Strong dashboards, the Passport Agency met four of five criteria for domestic facilities to progress to the next reopening phase; however, it did not meet the "downward trajectory of documented COVID-19 cases reported within a 14-day period" criterion. Passport Agency documentation demonstrated that, according to Johns Hopkins University data, Chittenden County, VT, where the facility is located, had no new COVID-19 cases in the previous 5-day consecutive period."

CORRECTION: The Vermont Passport Agency is located in St. Albans, VT, which is in Franklin County, VT. Please remove references to Burlington, VT, and Chittenden County, VT and update the locations in the aforementioned paragraph.

- Page 12: "In addition, the Bureau of Global Talent Management created a telework tracker to ascertain whether domestic employees are working onsite, teleworking, or taking weather and safety leave. "

CORRECTION: The M/SS Coronavirus Data Analytics Team (CDAT) developed the telework tracker at the direction of M, not the Bureau of Global Talent Management.

- Page 13: "OIG reviewed telework tracker data for the week of December 9, 2020, and found that 69 percent of domestic Department personnel teleworked, 25 percent worked onsite, 3 percent were on weather and safety leave, and 2 percent were on other types of leave (e.g., sick leave, annual leave, etc.). However, OIG noted that several bureaus did not update the tracker in accordance with guidance. Specifically, OIG found that, as of December 9, 2020, seven bureaus and offices were 1 month or more behind in reporting:
 - Office of the Secretary—last updated October 24, 2020.
 - U.S. Mission to the United Nations—last updated October 16, 2020.
 - Bureau of International Organizations Affairs—last updated October 16, 2020.
 - Bureau of European and Eurasian Affairs—last updated October 16, 2020.
 - Bureau of Medical Services—last updated October 14, 2020.
 - Bureau of Overseas Buildings Operations—last updated September 10, 2020.

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- Office to Monitor and Combat Trafficking in Persons—last updated June 4, 2020.”

CORRECTION: Per the Bureau of European and Eurasian Affairs (EUR), the Bureau of International Organizations Affairs (IO) and U.S. Mission to the United Nations (USUN) updated the tracker on a weekly basis. Please remove EUR, IO, and USUN from this list.

- Page 17: “In June 2020, A/OPR provided Welcome Back Kits to bureaus throughout the National Capital Region, which, according to A/OPR documentation, included more than 2 million disinfecting wipes, more than 6,800 gallons of hand sanitizer, more than 3,400 bottles of disinfecting spray, and more than 436,000 gloves.”

CORRECTION: Per the Bureau of Administration, disinfectant wipes were the biggest procurement challenge. Although the Department was ultimately able to acquire sufficient supplies, it was not until June 2020 that they started to become available. The wipes came in gradually throughout the following months and in the meantime, the Department provided individuals with disinfectant spray and shop towels.

- Page 18: “The Department of Health and Human Services (HHS) provided 500,000 face coverings to the Department on April 21, 2020; the face coverings were distributed to domestic facilities and overseas posts beginning in early May 2020.”

ADDITION: On June 1, 2020, HHS provided the Department of State with another 302,000 face coverings, which were distributed to domestic facilities and posts abroad as needed.

- **ADDITION:** There is no mention of the 24/7 MED HART center, which has been pivotal in creating a safer workplace. The draft OIG report mentions the many guidance documents MED produced but not the fact any employee domestic and overseas and any family member overseas can call the MED HART center any time of the day with questions. Any employee who has symptoms can call the MED HART center. They will then be brought into the MED clinic in SA-1, or into our embassy health unit overseas, where testing can be obtained with results in 1 hour. Very few locations in the United States had such rapid testing capability, especially in the early stages of the pandemic. By getting quick results, MED could confirm positive individuals and then do contact tracing, and ultimately remove anyone who may be at risk of infection from the workplace. The HART center also assisted in contacting the A bureau for isolating and cleaning workspaces.

MED HART is functioning as an instant source of information for employees both helping to educate and reinforce mitigation measures, while dispelling false information that could have been harmful. MED HART assists the travel clinic to do pre-departure and post arrival testing helping employees and family members get back to their posts safely meeting host nation requirements. MED HART offered quick turnaround in testing results at a time when few labs in the country could meet these requirements. In

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total MED HART has done over 10,000 pretravel tests. They receive on average 7,000 emails and 2,500 phone calls per month.

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(U) APPENDIX F: OIG REPLY TO ACTING UNDER SECRETARY OF STATE FOR MANAGEMENT GENERAL COMMENTS

(U) The Acting Under Secretary of State for Management provided general comments in response to a draft of this report (see Appendix E). Below is a summary of the general comments and the Office of Inspector General's (OIG) reply.

(U) Acting Under Secretary Comment: The Acting Under Secretary requested the following changes or updates throughout the report:

- (U) Page 6: update the phrase to state that “Diplomacy Strong outlines criteria and local indicators for consideration when moving forward from one reopening phase to the next. While the framework does not specifically say when the Department should regress to implement stricter health and safety guidelines, Department management continuously assesses current conditions against the Diplomacy Strong framework, and makes decisions, as needed.”
- (U) Page 11: remove references to Burlington, VT, and Chittenden County, VT and update the report to accurately reflect the Vermont Passport Agency's location in St. Albans, VT, which is in Franklin County, VT.
- (U) Page 12: update the report to reflect that the Office of Management Strategy and Solutions Coronavirus Data Analytics Team developed the teleworking tracker at the direction of the Under Secretary of State for Management, rather than the Bureau of Global Talent Management.
- (U) Page 17: update the report to reflect that disinfectant wipes represented the Bureau of Administration's largest procurement challenge and were obtained gradually over the course of several months. Prior to availability of disinfectant wipes, the Department provided personnel with disinfectant spray and shop towels.
- (U) Page 18: update the report to reflect that on June 1, 2020, the U.S. Department of Health and Human Services provided the Department with an additional 302,000 face coverings that were distributed to domestic facilities and posts abroad.

(U) OIG Reply: OIG attributed the requested language to the Acting Under Secretary and incorporated it into this final report.

(U) Acting Under Secretary Comment: The Acting Under Secretary stated that according to the Bureau of European and Eurasian Affairs, the Bureau of International Organizations Affairs, and the U.S. Mission to the United Nations, these entities updated the tracker on a weekly basis. The Acting Under Secretary requested that OIG remove the bureaus and mission from the list of Department entities that were 1 month or more behind in reporting on page 13 of the report.

(U) OIG Reply: OIG obtained a copy of the Department's telework tracker dated December 9, 2020. Entries in the tracker's “Date Updated or Reviewed” field for the bureaus and mission showed that the most recent date on which the entities had updated the document was

October 16, 2020. Although the bureaus and mission may have submitted updated information on a weekly basis, the “Date Updated or Reviewed” field was not updated weekly to reflect the changes. Therefore, OIG did not make any changes to the report based on this comment.

(U) Acting Under Secretary Comment: The Acting Under Secretary stated that the report did not include mention of the “24/7 MED [Health Alert Response Team] center,” which has been pivotal in creating a safer workplace. The Under Secretary of State for Management provided additional details related to MED HART services and the role it plays in promoting a safe workplace for Department employees (see Appendix E).

(U) OIG Reply: OIG attributed the requested language to the Acting Under Secretary and incorporated it into this final report.

(U) APPENDIX G: GLOSSARY OF RELEVANT TERMS

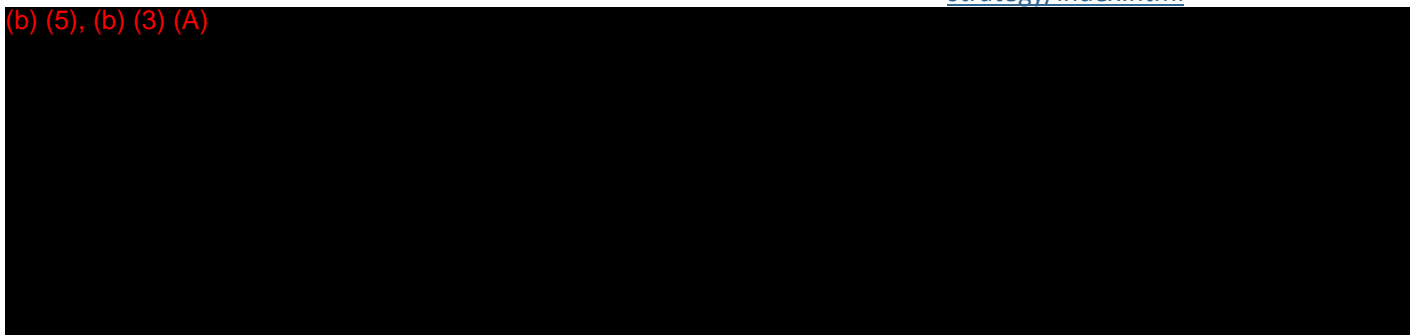
(U) Table G.1 lists, defines, and provides sources for the relevant terms that are underlined and used throughout the body of report.

(U) Table G.1: Relevant Term Definitions

(U) Term	(SBU) Definition	(SBU) Source
Authorized Departure	An evacuation procedure, short of an ordered departure, by which post employees and eligible family members are permitted to leave post, in advance of normal rotation, when U.S. national interests or imminent threat to life requires it. Departure is requested by the Chief of Mission and approved by the Under Secretary of State for Management.	3 Foreign Affairs Manual (FAM) 3771, "Subchapter Definitions"
Bureau of Administration, Office of Emergency Management	Develops, implements, and manages the Department of State's (Department's) domestic emergency management programs including preparedness, response, recovery, and mitigation activities to protect personnel, sustain critical missions, and restore essential functions.	Bureau of Administration, Office of Emergency Management intranet site
Chief of Mission	The principal officer in charge of a United States diplomatic mission or office abroad. Usually, the Chief of Mission is the U.S. Ambassador to a foreign country, or the Chargé d'Affaires.	Foreign Affairs Handbook (FAH), 2 FAH-2 H-112, "Chief of Mission Defined"
Close Contact	An individual who has spent a cumulative 10 minutes or more at less than 6 feet in distance from a person who has been diagnosed with COVID-19.	Bureau of Medical Services (MED) July 23, 2020, "Employee Guidance for COVID-19 in the Workspace (ISO 6883)"
Contact Tracing	The identification, monitoring, and support of a confirmed or probable case's close contacts who have been exposed to, and possibly infected with, the virus.	Centers for Disease Control and Prevention (CDC), "Contact Tracing: Frequently Asked Questions" (updated October 21, 2020)
Core Hours	The daily hours when employees on a flexible work schedule must be present for work. The Department's core hours are 9:00 a.m. to 3:00 p.m., but bureaus and posts have the option to establish different core hours. The band of core hours should be at least 5 consecutive hours and should not begin before 6:00 a.m. or extend past 6:00 p.m.	3 FAM 2331.3, "Definitions"

(U) Term	(SBU) Definition	(SBU) Source
Deputy Chief of Mission	Generally serves as “alter ego” to the Chief of Mission. Assists in defining broad program needs in the country and develops plans by which the total coordinated U.S. activity will most effectively meet those needs.	2 FAM 113.2, “Deputy Chief of Mission”
Disinfection	Disinfection differs from “cleaning” in that cleaning reduces the number of germs on the surface while disinfecting kills germs on surfaces.	CDC, “Cleaning and Disinfecting Your Facility” (updated December 28, 2020)
Domestic Diplomacy Strong Council	A governance body consisting of representatives of bureaus that maintain domestic Department facilities.	Department Coronavirus Data Analytics Team officials
Elastomeric Respirator Mask	A mask that is made of synthetic or natural rubber material and can be used, cleaned, disinfected, stored, and reused repeatedly.	CDC, https://www.cdc.gov/coronavirus/2019-ncov/hcp/elastomeric-respirators-strategy/index.html

(b) (5), (b) (3) (A)



Executive Director	Every regional bureau has an Executive Director who provides overall direction to administrative and management activities for the bureau and Foreign Service posts in the region and executes programs in support of substantive policy decisions.	1 FAM 116(1), “Executive Director”
Gating Criteria	State or regional criteria related to influenza- or COVID-like symptoms, COVID-19 cases, and hospital capacity that should be satisfied before moving between phases in a phased approach.	Executive Office of the President (White House), “Opening Up America Again”
Isolation	Occurs when an individual who has been infected or potentially infected with COVID-19 is required to remain in his or her home for at least 10 days with minimal contact with others in the household.	MED, “Employee Guidance for COVID-19 in the Workspace (ISO 6883),” July 23, 2020
Isolation Gown	Provides greater coverage than other types of medical gowns for when health care providers are attending patients with high transmission risks.	Food and Drug Administration, https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/medical-gowns#g3

(U) Term	(SBU) Definition	(SBU) Source
Mission Critical Travel	Official travel is considered mission critical if the purpose is to perform essential duties related to the protection of life and property; it is required by statute or contract; it is for systems or equipment inspections if they are integral to security; it relates to safety, or proper functioning of the mission; if traveling to meetings or trainings is required by a grant or to maintain grant funding; if travel to training to meet certification or licensing requirements or to maintain critical functional or occupational competencies; or if it is for activities essential to national security.	Cable 20 STATE 22940, "State Department Workforce Preliminary Guidance on COVID-19 – Guidance 1"
N-95 Particulate Mask	Filters at least 95 percent of airborne particles by preventing outward escape of user-generated aerosols and the inward transport of hazardous airborne particles.	CDC, "National Institute for Occupational Safety and Health Blog: N95 Respirators and Surgical Masks" (October 14, 2009)
Ordered Departure	An evacuation procedure by which the number of U.S. Government employees, eligible family members, or both, at an overseas post is reduced. Departure from post is mandatory and may be initiated by the Chief of Mission or the Secretary of State.	3 FAM 3771, "Subchapter Definitions"
Peace of Mind Wipe Down	A less rigorous cleaning performed by custodial staff rather than a disinfection contractor.	Bureau of Administration, Office of Operations (A/OPR) officials
Permanent Change of Station	An assignment of a new employee to an official station or the transfer of an employee from one official station to another on a permanent basis.	Code of Federal Regulations, Title 41, §302-4.1
Personal Protective Equipment	Equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses, such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, or coveralls, vests, and full body suits.	Occupational Safety and Health Administration, https://www.osha.gov/personal-protective-equipment
Pulse Oximeter	Measure oxygen saturation in the blood, an indicator of how successfully a patient's lungs expel carbon dioxide and collect oxygen and how successfully the blood is in carrying those gases to and from the rest of the body.	MED officials
Quarantine	Occurs when an individual has been identified as a close contact and is required to remain in their home for 14 days after their last contact with an individual who was infected with COVID-19.	MED July 23, 2020, "Employee Guidance for COVID-19 in the Workspace (ISO 6883)"
Regional Medical Officer	A board-certified physician who travels throughout a defined geographic region to provide medical, acute, and emergency care to U.S. Government employees and eligible family members abroad.	Department of State, https://careers.state.gov/med/

(U) Term	(SBU) Definition	(SBU) Source
Social Distancing	Staying at least 6 feet from other people who are not from your household in both indoor and outdoor spaces.	CDC, "Social Distancing," updated November 17, 2020
Special Incentive Posts	All overseas posts that currently have 1-year tours of duty in Afghanistan, Central African Republic, Cuba, Iraq, Pakistan, Somalia, and South Sudan.	Cable 19 STATE 58014, "2020 Early Assignment Cycle for Special Incentive Posts"
Telework	A work flexibility arrangement under which an employee performs the duties and responsibilities of such employee's position, and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work.	3 FAM 2361.4, "Definitions"
Tyvek Suit	Synthetic, disposable hooded coveralls and boots that, like isolation gowns, protect the wearer from fluids and bacterial penetration.	MED officials and Dupont, https://www.dupont.com/what-is-tyvek.html
Vulnerable Individuals	Either elderly individuals or individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems is compromised, such as by chemotherapy for cancer and other conditions requiring such therapy.	White House, "Opening Up America Again"
Weather and Safety Leave	The Department may grant weather and safety leave to employees only if they are prevented from safely traveling to or safely performing work at an approved work location due to an act of God, a terrorist attack, or another condition. Employees who participate in a telework program and can safely travel to and perform work at an approved alternate work site (e.g., the employee's home where that is the approved alternate worksite/telework site) may not be granted weather and safety leave unless an exception applies.	3 FAM 3481.1, "Purpose" and 3 FAM 3483.1, "Telework-Ready Employees"

(U) ABBREVIATIONS

A/OPR	Bureau of Administration, Office of Operations
CDAT	Coronavirus Data Analytics Team
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 201
ICU	Intensive Care Unit
MED	Bureau of Medical Services
OBO	Bureau of Overseas Building Operations
OIG	Office of Inspector General
OMB	Office of Management and Budget
OPM	U.S. Office of Personnel Management
OSHA	Occupational Safety and Health Administration
PCS	Permanent Change of Station
PPE	Personal Protective Equipment

(U) OIG REVIEW TEAM MEMBERS

David G. Bernet, Director
Middle East Region Operations
Office of Audits

Rachel A. Kell, Audit Manager
Middle East Region Operations
Office of Audits

Amy Lowenstein, Senior Management Analyst
Middle East Region Operations
Office of Audits

Holly Carabbio, Management Analyst
Middle East Region Operations
Office of Audits

Pauline Nguyen, Management Analyst
Middle East Region Operations
Office of Audits

Carl Svaren, Management Analyst
Middle East Region Operations
Office of Audits



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WPEAOmbuds@stateoig.gov