

Report in Brief

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

Created in 1999, the Strategic National Stockpile (Stockpile) is a repository of vaccines, antibiotics, antidotes, antitoxins, medications, and supplies, in addition to certain controlled substances, meant to supplement and resupply State and local public health agencies in the event of a national emergency.

Previous OIG audits in 2005 found that Stockpile sites lacked adequate protection against theft, tampering, destruction, or other loss. Although our recent audits of five selected Stockpile sites confirmed that Stockpile inventory was adequately protected, we identified some issues within the Stockpile inventory system. This report summarizes those five audit reports and describes issues we identified as risks to the Stockpile if the Centers for Disease Control and Prevention (CDC) does not take corrective action.

The objective of our review was to identify systemic issues that could prevent CDC from ensuring that Stockpile sites are adequately protected and inventory is readily deployable in a public health emergency.

How OIG Did This Review

For this report, we reviewed the findings from each of five Stockpile site audits that covered FYs 2013 and 2014. We also reviewed additional information related to the value of the Stockpile, as well as Stockpile security and funding.

Readiness of CDC's Strategic National Stockpile Could Be at Risk in Case of a Public Health Emergency

What OIG Found

Two primary systemic issues may prevent CDC from ensuring that Stockpile sites are adequately protected and that inventory is readily deployable in a public health emergency:

- although no longer responsible for providing Stockpile security, the Division of Strategic National Stockpile (DSNS) still controls security funding and
- the Stockpile automated inventory system did not always accurately track the movement of all inventory or accurately record inventory locations.

DSNS controls funding for Stockpile security because, in 2005, CDC transferred responsibility for physical security protection of the Stockpile from DSNS to its Office of Safety, Security, and Asset Management (OSSAM) but did not transfer security funding to OSSAM. The automated inventory system did not always accurately manage Stockpile inventory because DSNS has not taken steps to ensure that the system has the necessary capabilities to do so. These systemic issues could place at risk approximately \$7 billion of Stockpile inventory and negatively affect Stockpile readiness during a national emergency.

What OIG Recommends and CDC Comments

We recommend that CDC (1) consider directly funding OSSAM's Stockpile security mission and (2) improve its automated inventory system so that it can accurately identify inventory movements and locations at all times.

CDC concurred with our recommendations and described steps that it had taken or planned to take to address our recommendations.