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CHAIRMAN

Congress of the United States

U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS

1102 LONGWORTH HOUSE OFFICE BUILDING

(202) 225-3625

Washington, D.C 20515-0348

<http://waysandmeans.house.gov>

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April 1, 2020

The Honorable Michael R. Pence
Vice President of the United States
Coronavirus Task Force
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Vice President Pence,

I write concerning the shortage of personal protective equipment (PPE) that health care providers and states suffer from while attempting to protect Americans from the coronavirus (COVID-19) pandemic. As Chairman of the House Committee on Ways and Means, I respectfully ask the Coronavirus Task Force to provide information to Congress and the public regarding the steps it is taking to ensure our frontline health care workers have access to critical medical resources, such as PPE.

Adequate PPE is important to protecting the very workers needed to provide health care to Americans during the COVID-19 pandemic. In China, nearly four percent of COVID-19 cases were health care workers and 63 percent of these cases were among health providers working in the Wuhan province, where the virus was first identified.¹ In Italy, nearly nine percent of confirmed cases have been health care workers.² Initial reports from the United States show similar dynamics — with four leading hospitals in Massachusetts already having nearly 350 employees test positive.³ At a time when some communities face shortages in health care workers and workers need to be able to move around the country to meet needs, providing PPE and other critical medical resources should be a nationally organized and coordinated effort.

The current situation does not appear to meet the needs of the very brave workers fighting to save American lives. Health care providers in Massachusetts and across the country are fabricating their own face masks, which put their staff and patients at risk for catching and spreading COVID-19. I hope that

¹ JAMA, Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China (Feb 24, 2020), <https://jamanetwork.com/journals/jama/fullarticle/2762130>.

² JAMA, Coronavirus Disease 2019 (COVID-19) in Italy. (March 17, 2020), <https://jamanetwork.com/journals/jama/fullarticle/2763401>.

³ NPR, *4 Boston Hospitals Report Significant Number Of Employees Have Coronavirus* (Mar. 30, 2020), <https://www.npr.org/sections/coronavirus-live-updates/2020/03/30/824170756/four-boston-hospitals-report-significant-numbers-of-employees-have-the-coronavir>.

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we can work together to ensure that adequate PPE and supplies reach our frontline health care workers and our most vulnerable patients, and that we can prevent the spread of COVID-19 among health care staff and those for whom they provide care.

Challenges at the state level to securing PPE suggest potential discrepancies and other obstacles in obtaining PPE from the Strategic National Stockpile (SNS) and other channels.⁴ For example, recent reports show that states, including Massachusetts, Maine, and Colorado, have only received a fraction of the PPE requested from the SNS. At the same time, Florida has received the full amount of PPE it requested. It is also concerning that several states have disclosed that various PPE and supplies received from the SNS to date have expired — raising fears that such equipment will not protect health care staff during this emergency.⁵

Given the inability of the SNS to fully meet the needs of states, the Administration should also work collaboratively to help states secure PPE from private vendors. States should not be forced into a bidding war against other states, or even the federal government. As the Governor of Michigan recently indicated, her state has faced PPE contracts being canceled or delayed.⁶ While the federal government must play a role in ramping up the production of PPE to protect against the virus, such efforts should not hamper the ability of states to directly secure PPE.

During a national crisis that threatens every community, no state should have an unfair advantage and the management of the SNS must be guided at all times by public health needs. The Coronavirus Task Force must strive to guarantee that every health care provider — regardless of where they are located — has the resources to protect their staff and patients.

As management of the SNS has recently shifted from the Department of Health and Human Services to the Federal Emergency Management Agency, I hope that the Coronavirus Task Force is working to ensure that appropriate coordination is occurring among these federal agencies as well as with states. Clear direction by the Administration over the SNS can help ensure that the requisite expertise of federal officials needed to navigate this crisis will be fully put to use.

Therefore, I request that the Coronavirus Task Force answer the following questions and provide the requested information by April 7, 2020:

1. Please provide a detailed workflow or organizational memo outlining the process for receiving, evaluating, and approving state and locality requests for, as well as disbursing materials from, the SNS. Please include information regarding the position, office, or agency for the lead Administration official or employee at each step.

⁴ See The Washington Post, *Governors plead for medical equipment from federal stockpile plagued by shortages and confusion* (Mar. 31, 2020), <https://www.washingtonpost.com/politics/governors-plead-for-medical-equipment-from-federal-stockpile-plagued-by-shortages-and-confusion/2020/03/31/?arc404=true>.

⁵ ABC News, *Feds send supplies from stockpiles but some items are old or expired, officials say* (Mar. 24, 2020), <https://abcnews.go.com/Health/feds-send-supplies-stockpiles-items-expired-officials/story?id=69770784>.

⁶ CNN, *Michigan governor says shipments of medical supplies 'canceled' or 'delayed' and sent to federal government* (Mar. 27, 2020), <https://www.cnn.com/2020/03/27/politics/michigan-governor-medical-supplies-cnntv/index.html>.

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2. Please provide the spreadsheet maintained by the Administration of PPE requests made by states from the SNS and associated shipments to date.
3. What criteria guide the Administration's assessment of requests made by states for PPE from the SNS? If the Administration has decided to prioritize fulfilling certain requests over others, please provide a public health rationale to justify such prioritization.
4. Please specify all existing federal contracts in place to procure PPE, and identify any new contracts initiated over the past 90 days.
5. Has the Administration conducted any analysis regarding the extent to which PPE from the SNS has expired? If so, please provide any associated analyses or memorandum.
6. What actions has the Administration taken in order to assist states in their efforts to procure PPE from private vendors? Has the Administration adopted any measures to prevent unnecessary delays or bidding wars?
7. What other Federal sources of PPE beyond the SNS has the Administration identified? How are these additional PPE stockpiles being managed and deployed to meet the needs of the Country?

Thank you for your prompt attention to this matter.

Sincerely,



Richard E. Neal
Chairman
Committee on Ways & Means
United States House of Representatives