

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

April 20, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Peter T. Gaynor
Administrator
Federal Emergency Management Agency
500 C Street SW
Washington, DC 20472

Dear Secretary Azar and Administrator Gaynor:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee is examining the Trump Administration's response to the coronavirus disease 2019 (COVID-19).

It has been nearly 13 weeks since the first case of COVID-19 was confirmed in the United States. As COVID-19 cases and fatalities continue to increase, our concerns regarding the Administration's handling of this crisis continue to grow as well. States and hospitals on the front lines of the pandemic response face dire shortages of critical supplies such as ventilators, N95 respirators, and protective gowns. A recent report from the Department of Health and Human Services (HHS) Office of Inspector General (OIG) laid bare these problems. An OIG survey of 323 hospitals around the country found that widespread shortages of personal protective equipment (PPE) are putting patients at risk, and hospitals are struggling with certainty regarding the availability of supplies from the federal government.¹

Despite these reports, the Administration has still not been transparent about how it is responding to states' requests for supplies and distributing them to the areas of greatest need. The Administration has provided us with some aggregate numbers on supplies provided to states,

¹ U.S. Department of Health and Human Services, Office of Inspector General, *Hospital Experiences Responding to the COVID-19 Pandemic: Results of a National Pulse Survey March 23–27, 2020* (OEI-06-20-00300) (April 2020).

but these numbers pertain only to commercial shipments by distributors for a limited time period and provide no concrete information on how the Administration is procuring and allocating supplies and whether states are receiving the supplies they need to effectively respond to the crisis. Meanwhile, states and hospitals continue to sound the alarm about critical shortages.

It is also unclear who exactly in the Administration is in charge of these efforts. The Assistant Secretary for Preparedness and Response (ASPR) within HHS oversees the Strategic National Stockpile (SNS), but the Federal Emergency Management Agency (FEMA) reportedly took control of the SNS over three weeks ago. The Administration also established a Supply Chain Stabilization Task Force that is supposed to coordinate the supply chain activities of HHS and FEMA; however, it is still not clear how all of these entities are coordinating. The Administration has still not clarified what role each of these entities serves, how it evaluates the needs for supplies across the country, how it makes procurement decisions, and how it determines where to distribute. States and hospitals continue to note that they have the same confusions: they do not know who to turn to at the federal level for their critical supplies; they do not understand how the federal government is allocating supplies; and they do not know why their requests are only partially filled or denied.

For months, we have been trying to decipher how the federal government is acquiring and distributing supplies through various efforts and how this aligns with states' needs to respond to this pandemic. We appreciate that the Administration has provided briefings on these issues and has provided some information, but it has not adequately answered important questions or provided sufficient information to the Committee or the public. We believe that it is in the interest of both the public and the Administration to better communicate and detail key decisions about what materials are being made available to the state and local levels through federal efforts, as well as provide more information about how allocation decisions are being made.

In light of these persistent concerns and the need for transparency, we request that you provide the following information:

1. We have repeatedly asked for an itemized accounting of supplies that are available and where they are being sent. Starting as soon as possible, but no later than April 27, 2020, provide daily reports to the Committee, containing the following information:
 - a. Please provide the total number of the following supplies currently in the Strategic National Stockpile (SNS):
 - i. Ventilators
 - ii. N95 respirators
 - iii. Surgical masks
 - iv. Face shields
 - v. Gloves
 - vi. Gowns

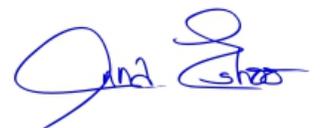
- b. Please provide the total number of the following supplies that have been requested to date, delineated by each state, territory, and tribe for each type of supply:
 - i. Ventilators
 - ii. N95 masks
 - iii. Surgical masks
 - iv. Face shields
 - v. Gloves
 - vi. Gowns
 - vii. Federal medical station beds
 - c. Please provide the total number of the following supplies that the federal government has provided directly (including from the SNS) or directed distribution through other means (including through Project Airbridge) to each state, territory, and tribe to date, for each type of supply:
 - i. Ventilators
 - ii. N95 respirators
 - iii. Surgical masks
 - iv. Face shields
 - v. Gloves
 - vi. Gowns
 - vii. Federal medical station beds
2. We further request that you make the above information available for states, hospitals, and the public to view on a public dashboard by May 4, 2020. If the Administration decides not to make this information publicly available, please explain the reason for not doing so.
 3. As noted, the Administration has created the Supply Chain Stabilization Task Force to address critical shortages of supplies.
 - a. Who are the members of the Supply Chain Stabilization Task Force?
 - b. How does the Supply Chain Stabilization Task Force evaluate state requests and determine where to distribute supplies?
 - c. Is there a systematic process with clear guidelines and criteria to guide distribution decisions? If so, please provide the guidelines and criteria used to make such decisions. Are the guidelines and criteria publicly available? If not, please explain why.

- d. Who makes the final decision on where and how many supplies to distribute to a particular area or state?
 - e. How does the Supply Chain Stabilization Task Force work with the numerous other operational task forces and work groups created by the Administration to respond to the pandemic?
4. How is the Administration determining the needs in the United States for PPE and medical supplies to ensure that we are working with industry to sufficiently manufacture or procure what is needed to fulfill states' requests? In particular, are agencies utilizing Defense Production Act (DPA) authorities further, and if so, how?
 5. Which agency and through what account is paying for the supplies acquired through Project Airbridge?
 6. Is the Administration aware of any federally organized efforts to divert products or supplies intended for certain states or localities and redirect them to different areas? If so, please list each instance of federal diversion and the reason for the redirection.

Please coordinate between your agencies and provide a single response to the Committee. If you have any questions about these requests, please contact Kevin McAloon and Kevin Barstow of the Majority staff at (202) 225-2927.

Sincerely,


Frank Pallone, Jr.
Chairman


Anna G. Eshoo
Chairwoman
Subcommittee on Health


Diana DeGette
Chair
Subcommittee on Oversight
and Investigations