

Congress of the United States
Washington, DC 20515

March 30, 2020

The Honorable Mike Pence
Vice President of the United States
The White House
1600 Pennsylvania Ave., N.W.
Washington DC 25000

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

Dear Vice President Pence and Administrator Gaynor,

We write, in the midst of the global COVID-19 pandemic, to express our grave concerns regarding the lack of predictability and transparency in the distribution of personal protective equipment (PPE) by the Federal Emergency Management Association (FEMA). Hospitals, health care providers, first responders, and state and local officials working to protect millions of people across the country need to understand how FEMA decides what gets shipped to whom, when shipments will arrive, and precisely what the shipments will contain. We call on FEMA and the White House COVID-19 Task Force to provide regular updates to state and local officials on federal allocations of PPE and other medical supplies, including detailed information on allocation methodologies, supply availability, shipment dates, and contents.

States and localities are struggling under a shortage of PPE. Massachusetts received only 10 percent of the PPE — including respirators, face shields, gloves, and gowns — it requested from the Strategic National Stockpile in its first shipment; a second shipment increased this figure to 17 percent.¹ State officials suggest they have recently received additional shipments of PPE, but it is our understanding that Massachusetts has still received significantly less than even the Commonwealth's initial request from the Strategic National Stockpile. Similarly, a survey of the U.S. Conference of Mayors found that 91 percent of mayors do not have enough face masks to protect first responders and health care providers, 88 percent do not have an adequate supply of

¹ Nik DeCosta-Klipas, *Charlie Baker vents about getting outbid by the Trump administration for medical supplies*, Boston.com (Mar. 26, 2020), <https://www.boston.com/news/politics/2020/03/26/charlie-baker-trump-administration-medical-supplies>.

other PPE, and 85 percent do not have enough ventilators to respond to this crisis.² Further, we have heard from state officials that the contents of PPE shipments received have often varied from what FEMA had previously confirmed they would contain.

The lack of transparency and information from the federal government about the allocation and availability of PPE is highly problematic. State and local leaders have said that it has prompted bidding wars between states, cities, and towns desperate for equipment.³ It has forced officials and health care systems to turn to the private market, where they face massive mark-ups for life-saving medical supplies.⁴ After Massachusetts lost out on millions of masks and swabs from the federal government, Governor Charlie Baker expressed his frustration, stating: “I stand here as someone who has had confirmed orders for millions of pieces of gear evaporate in front of us, and I can’t tell you how frustrating it is.”⁵

When hospitals and state and local officials are unable to reliably access PPE, it undermines our response to the coronavirus pandemic. These institutions are understandably more conservative with existing supplies when they lack basic information about future PPE shipments. A hospital that knows it will receive a set amount of PPE in two weeks can more effectively and efficiently use existing supplies and offer better protection to health care providers and frontline workers.

The current situation is also exacerbating existing inequities within our health care system. States, municipalities, and health care facilities with greater financial resources may be able to outbid others that lack resources and capital. This can result in the distribution and procurement of life-saving PPE by larger, more affluent entities, to the detriment of hospitals and clinics that serve more vulnerable communities. This is particularly concerning because the nation’s vulnerable and low-income populations are precisely those most susceptible to serious COVID-19 health outcomes. Underserved communities are not only less likely to be prepared to respond to the coronavirus outbreak, they are more susceptible to infection from their working conditions and underlying health conditions.⁶

² United States Conference of Mayors, *Shortages of COVID-19 Emergency Equipment in U.S. Cities, A Survey of the Nation’s Mayors* (Mar. 27, 2020), <https://www.usmayors.org/issues/covid-19/equipment-survey/>.

³ Eliza Relman, *Andrew Cuomo says states are outbidding each other and raising prices for critical coronavirus medical supplies*, Business Insider (Mar. 23, 2020), <https://www.businessinsider.com/coronavirus-cuomo-says-states-are-bidding-up-cost-of-supplies-2020-3>.

⁴ Rose-Ann Aragon, *Houston officials face 1000% markup on healthcare supplies from private marketplace*, Click2Houston (Mar. 26, 2020), <https://www.click2houston.com/health/2020/03/27/houston-officials-face-1000-markup-on-healthcare-supplies-from-private-marketplace/>.

⁵ Nik DeCosta-Klipas, *Charlie Baker vents about getting outbid by the Trump administration for medical supplies*, Boston.com (Mar. 26, 2020), <https://www.boston.com/news/politics/2020/03/26/charlie-baker-trump-administration-medical-supplies>.

⁶ Max Fisher and Emma Bubola, *As Coronavirus Deepens Inequality, Inequality Worsens Its Spread*, N.Y. Times (Mar. 15, 2020), <https://www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html>.

We cannot allow this crisis to further exacerbate disparities in health outcomes simply because of where people live or work and, ultimately, the health care facilities to which they have access in their neighborhoods. Health care workers at every hospital, health care center, and clinic where COVID-19 testing and treatment occurs deserve access to the appropriate PPE and medical supplies needed to ensure their safety and combat this pandemic. That includes our safety-net hospitals and community health centers that serve our nation's vulnerable patients.

Therefore, I ask that you please respond to the following questions no later than Thursday, April 2, 2020:

1. Has the Administration or FEMA conducted a national assessment of PPE and medical supplies needed to respond to the crisis?
2. Does the Administration or FEMA have projections for fulfilling states' PPE requests from the Strategic National Stockpile over the next week, two weeks, one-month, or three months? If so, please provide details on this timeline and projections.
3. Does the Administration or FEMA have a process or protocols in place to determine the allocation of PPE and medical supplies from the Strategic National Stockpile to states? If so, how are you determining allocations of PPE and medical supplies from the Strategic National Stockpile to the states? Please explain in detail the current allocation formula.
4. Does the Administration or FEMA plan to provide regular and detailed guidance on the allocation methodologies for the provision of PPE to the states, supply availability, the timing of distributions, and the accuracy of contents? If so, please explain in detail the guidance and how you plan for states to access it.
5. Does the Administration or FEMA maintain a database to ensure the accuracy of confirmed shipments from the Strategic National Stockpile? If so, please describe that database in detail, including how it is populated and maintained.
6. Does the Administration or FEMA have a full accounting of all PPE and medical supplies in the Strategic National Stockpile, including the condition of the PPE and medical supplies and their expiration dates? If not, why not? How does FEMA plan to ensure that shipments to states from the Strategic National Stockpile are in working condition and not expired?
7. Has the Administration or FEMA conducted, or do you have plans to conduct, an equity assessment of the allocation process to ensure PPE and medical supplies are reaching areas with the greatest need, including historically underserved communities? If so, please explain that assessment process. If not, why not?

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In this unprecedented public health emergency, transparency and predictably is crucial. Our state and local officials need communication and clarity as they work to provide our health care and other frontline workers the supplies they need to survive this fight.

Thank you in advance for your attention to this important issue. If you have questions, please contact Adam Axler or Georgia Lagoudas on Senator Markey's staff at adam_axler@markey.senate.gov or georgia_lagoudas@markey.senate.gov or Lynese Wallace on Congresswoman Pressley's staff at lynese.wallace@mail.house.gov.

Sincerely,

Ayanna Pressley
Member of Congress

Edward J. Markey
United States Senator

Stephen F. Lynch
Member of Congress

Elizabeth Warren
United States Senator

Katherine Clark
Member of Congress

Lori Trahan
Member of Congress

William Keating
Member of Congress

James P. McGovern
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Joseph P. Kennedy
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Seth Moulton
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Richard P. Neal
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