

April 3, 2020

Peter Navarro, Ph.D.
Assistant to the President and
Policy Coordinator, National Defense Act
The White House
1600 Pennsylvania Ave NW
Washington, DC 20500

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

The Honorable Robert P. Kadlec
Assistant Secretary for Preparedness and Response
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear ~~Mr.~~ Pandemic

. We are appreciative of the initial steps that the Administration has taken in recent days to address this shortage. However, it is already clear that current policy is not sufficient to fully address this crisis and additional, urgent action is required to protect the public's health and save lives.

This nation's hospitals are experiencing a crisis-level shortage of medical equipment, and the Administration has acted in recent days to address this need. On Friday, March 27, President Trump invoked the Defense Protection Act (DPA) to compel General Motors Company to accelerate production of ventilators.¹ The Administration, working with private partners, has also arranged for shipments of medical supplies from China to areas most affected by the COVID-19 virus.

The Food and Drug Administration (FDA) has issued emergency approval of the use of certain devices that can be converted into ventilators.⁴ Additionally, FDA has allowed emergency use authorization of new sterilization techniques that allow for certain PPE to be reused.⁵

Despite these important actions, there are still far too many providers on the front lines without the protection needed to save lives without unduly endangering their own.⁶ Patient health is jeopardized as well when providers cannot access the supplies they need. In the midst of this shortage, providers have been forced to resort to potentially dangerous tactics, such as splitting ventilators between two different individuals or reusing masks, that exacerbate the risk for everyone involved, including patients.⁷ Policy interventions thus far have also largely been limited to increasing the manufacture of needed supplies. Increasing the supply only helps, however, if there are clear, fair, efficient and predictable ways to purchase and distribute both current stockpiles and supply that will be manufactured. Reports from governors, healthcare providers, public health professionals and first responders across the nation have made clear there are not.⁸

Our organizations urge the federal government to do significantly more to facilitate the timely manufacturing and distribution of ventilators and PPE through a process that is transparent, equitable,

based on need and is non-competitive. A streamlined and predictable supply chain must emerge that is capable of lasting the duration of the pandemic.

⁵ Coronavirus: FDA provides full OK for Battelle mask-sterilizing technology. (2020, March 30). Retrieved from <https://www.battelle.org/newsroom/news-details/coronavirus-fda-provides-full-ok-for-battelle-mask-sterilizing-technology>

⁶ There are no masks left in L.A. County's emergency stockpile. (2020, March 26). Retrieved from <https://www.latimes.com/california/story/2020-03-25/coronavirus-healthcare-workers-masks-gowns-reuse>

⁷ Siegel, B. (2020, March 26). New York approves ventilator splitting, allowing hospitals to treat two patients with one machine. Retrieved from <https://abcnews.go.com/US/york-approves-ventilator-splitting-allowing-hospitals-treat-patients/story?id=69816167>

⁸ Ballhaus, R., & Restuccia, A. (2020, March 29). Manufacturers Seek U.S. Help in Deciding Where to Ship Scarce Medical Goods. Retrieved from <https://www.wsj.com/articles/manufacturers-seek-u-s-help-in-deciding-where-to-ship-scarce-medical-goods->