Question#:	1
Topic:	SNS Replenishment
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Jamie Raskin
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: How do efforts to replenish the Strategic National Stockpile (SNS) differ from those designated for direct distribution? Please provide an overview of the breakdown between these various efforts, including what percentage of procurements are designated for the SNS.

Response: I am quite proud to be able to work closely with a variety of interagency partners, including the Federal Emergency Management Agency (FEMA) and the U.S. Department of Health and Human Services (HHS), to address the critical needs of communities in danger of running out of medical supplies while simultaneously replenishing the SNS and growing capacity to ease constraints within the supply chain. Due to our efforts, states absolutely received life-saving medical supplies and equipment directly from the U.S. Government (USG) to meet those immediate needs; however, from the onset of COVID-19, FEMA and HHS understood and acknowledged that the Strategic National Stockpile (SNS) alone could not fulfill all of our Nation's requirements. The SNS was not designed or intended to fully supply every state, territory, tribe and locality in the United States concurrently and cannot be relied upon as the single solution for pandemic response. As in any emergency, the approach remains locally executed, state managed, and federally supported.

To address the Nation’s additional needs amid a global shortfall for personal protective equipment (PPE), FEMA and its interagency partners assembled the Supply Chain Stabilization Task Force to address supply chain issues through a variety of strategic applications, including Project Airbridge. Project Airbridge was integral to alleviating critical shortages of PPE and other medical supplies by accelerating international deliveries until foreign and domestic manufacturers could increase production to well above pre-COVID-19 levels and standard supply chains could begin to stabilize. Project Airbridge is truly an historic accomplishment by FEMA and its federal partners to get critical PPE and medical equipment to where it was needed most as quickly as possible.

The SNS is a critical component of the overall COVID-19 response strategy designed to backstop gaps in the healthcare and medical supply chain when commercial solutions fail to meet demand. Supplies will be provided upon request to States, Localities, Territories, Tribes (SLTT), and federal agencies and departments in the amounts needed, to the locations where the need is the greatest.

With regard to replenishment of the SNS, the President has established the goal of stockpiling 90 days of critical medical supplies and PPE. This effort, run in conjunction with federal support to meet the current needs of the States, is well underway. In addition, we are now finding that states and hospitals are also building their internal stockpiles. But even as our SLTT start to show a healthy growth in their PPE and medical equipment inventories, we continue to monitor

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and address those areas where gaps in the commercial market exist. To address these types of situations, we balance the needs against the scheduled replenishment plan of the SNS. For example, we have recently made the decision to re-direct up to seven million N95 masks designated for the SNS back to the commercial distributors for reallocation to current locations where facilities reported less than three days of critical PPE.

Question#:	2
Topic:	PPE Delivery
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Jamie Raskin
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: To ensure the correct supplies of PPE are, in fact, getting to the right places at the right time, is FEMA actively tracking the delivery of PPE as it is disseminated to states, municipalities, and hospitals?

Do you know what amount of PPE ultimately reaches hospitals even when first delivered at the state or local level? If so, please provide that data to the Subcommittee. If not, does the Administration have the requisite authority to compel this level of reporting for the PPE it delivers at the state, local, and hospital levels, including the use of DPA?

Response: Consistent with the principle of emergency response being locally executed, state-managed, and federally supported, requests for assistance at the state, local, and county level should first be routed to the State. Any needs that cannot be met should then be directed to FEMA's Regional personnel who will direct requests to the Agency's National Response Coordination Center (NRCC) for review and fulfillment. There are some USG efforts that go direct to facilities, for example, two deliveries of seven days of supplies each where delivered to over 15 thousand nursing homes across that country. In addition, we have built solid relationships with the major medical distributors that have been essential in our determinations regarding current hotspots and locations where supplies are needed most. Project Air Bridge is another great example of ensuring the PPE is getting to the right place at the right time as fifty percent of these Air Bridge shipments were required to go to hotspot locations across the country.

The USG tracks the PPE provided to each state; however, States do not consistently disclose back to the USG their allocation of PPE to hospitals and other health care facilities. Consistent with the principle of a locally executed, state managed, federally supported response, the State monitors and tracks what PPE is provided to their internal care facilities. States are not required to report that information back to FEMA.

The Defense Production Act (DPA) is a Presidential authority which is used to expedite and expand private sector capabilities. DPA has no bearing on the release of information to state and local governments and hospitals.

Question#:	3
Topic:	Obtaining Supplies
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Jamie Raskin
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: Where is the U.S. currently obtaining PPE and testing supplies? Please provide source information by company and place of origin including items imported and domestically produced.

Response: On May 9, 2020, FEMA transitioned the procurement for PPE needs related to the coronavirus (COVID-19) pandemic to the Defense Logistics Agency (DLA). As a result of this transition, DLA is procuring COVID-19 requests for PPE from states, tribes and territories. The U.S. obtained PPE from companies in the U.S., Canada, Italy, South Korea, Mexico, Malaysia, Taiwan, and China. The U.S. has the highest number of actions, and the U.S. and Mexico collectively account for nearly 80% of total obligations.

Question#:	4
Topic:	Supply Chain Health
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Jamie Raskin
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: What is the overall supply chain health of PPE and testing supplies from a global standpoint? What is the production capacity of the private sector, and what percentage of this is available for the U.S. to procure without being locked out from competition with other markets?

Response: The COVID-19 pandemic was a global event that the established medical supply chain wasn't prepared to support. However, because of many of the measures we have taken thus far, we are starting to see great gains in supply starting to out-pace demand across many commodities. In fact, because of the effective use of the DPA, U.S. production specifically of N95 masks has been accelerating from less than 40 million N95 masks a month earlier this year to almost 100 million masks in August with projections to be 160 million a month by this fall. In addition to significant increases in N95 mask production capacity, the use of the DPA has also been instrumental in growing the national stockpile of ventilators from approximately 16 thousand to more than 100 thousand. It has also allowed for the domestic production of fabric used in surgical masks at a rate of approximately 383 million per month, and by October, U.S. manufacturing will have added the capacity to produce 41 million gloves per month (which is a 100% increase). We're also starting to see the medical supply chain become more responsive to orders. Within the United States, we see backorders decreasing with approximately 70 percent of states now indicating that they have been able to build a 60-day stockpile of PPE.

The focus for domestic manufacturing expansion early in the pandemic was N95 masks and surgical mask production and its components. . Additionally, at the time, there were not many U.S. manufacturers who stepped forward or were interested in producing gloves in the U.S. However, the USG has continued to search out interested U.S. manufacturers and continues to explore an investment strategy that will grow U.S. nitrile glove manufacturing capabilities to 1B gloves a month as well as raw materials production starting next year.

Question#:	5
Topic:	PPE Projections
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Andy Kim
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: What efforts does the Task Force make to track current and projected needs for PPE and other critical supplies across the country? Please describe how often these projections are updated, what inputs and assumption are used to determine them, which populations the projections account for (i.e., health care workers, other front-line workers, etc.), and any breakdown of projected need by state or other locality.

Response: FEMA, HHS, and the overall Federal response continue to coordinate with state, local and county levels for PPE and medical supplies. Any needs that cannot be met by the State should be directed to FEMA"s Regional offices, where regional personnel then direct requests to the NRCC for review and action. Through our partnerships with the private sector, we enabled acceleration of the commercial market for PPE to help meet the urgent demand in the United States. During this response the private sector has continued to source supplies and transport via their regular distribution channels.

The Task Force along with FEMA and HHS, have conducted a series of engagements with regional and state emergency officials to gauge their needs and assess stockpiling progress downstream of the SNS. Our recent findings indicate that approximately 70% of States report they are building to a 30-60 day or more stockpile. In addition, we have built trusted relationships with the primary distributors of medical supplies and equipment which has been essential in sharing of data to gain a better understanding of the supply chain landscape.

In addition to the development of automated tools to help model the demands for critical PPE and supplies over time based on various consumption protocols, we also have access to data compiled by HHS that solicits inventory statuses across the network of hospitals, nursing homes, and long term care facilities. It is important to note that not all local facilities share this data, nor is it mandatory that they do so.

Question#:	6
Topic:	Enough PPE
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Andy Kim
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: Does the country currently have enough PPE to deal with the potential for an exponential increase in coronavirus cases, and all of the hospitalizations that will go with that?

Response: Moving forward, we must have a ready and responsive SNS, which is why FEMA, HHS, and the U.S. Department of Defense (DoD) are continuing to work together for a Next-Generation SNS. A transformation is required for a holistic supply chain ecosystem responsive to the unique needs of each region of the country. This includes developing supply chain intelligence, strengthening local, state, and Federal partnerships, and expanding domestic manufacturing for a successful future. This strategic commitment to modernize the SNS is necessary for a stronger nation prepared to meet any local, regional, or national event. For example, our SNS held a mere 16 thousand ventilators prior to the outbreak of the pandemic. We now have over 100 thousand ventilators on the SNS shelf. Other commodities are on track to meet their procurement targets as well. Within the next couple of months, the SNS will house 300 million N95s, 440 million surgical masks, 18 million face shields, and 4.5 billion surgical gloves.

We've also seen significant expansion of domestic manufacturing of critical PPE and medical supplies due to effective use of the DPA and other authorities. Capacity for the production of N95 masks has grown from 40 million a month in March to over 100 million this month. By fall, capacity for N95s will reach 160 million masks a month resulting in supply meeting demand for this commodity. We are also initiating steps to on-shore the manufacturing of critical pharmaceuticals to ease the country's dependency on foreign producers.

Question#:	7
Topic:	Gather Information
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Andy Kim
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: What steps is FEMA taking to ensure information is gathered on the purchase and current supply of critically needed PPE at the state, local, and hospital level? Does the Administration have the necessary authority-including the use of the DPA-to compel the release of this information from state and local governments and hospitals, especially if they are not "forthcoming"?

Response: The USG tracks the PPE provided to each state; however, states do not consistently disclose back to the USG their allocation of PPE to hospitals and other health care facilities. Consistent with the principle of a locally executed, state managed, Federally supported response, the state monitors and tracks what PPE is provided to their internal care facilities. States are not required to report that information back to FEMA.

Assistance requested at the local level, to include hospitals, is first routed to the state or territory for sourcing solutions. Needs that cannot be met by the state or territory are then directed to their respective FEMA Region. If the requests cannot be filled by the FEMA Region, they are then sent to the NRCC in Washington, D.C. for tracking and action. This process ensures that priorities are coordinated, and resources are appropriately tracked at each level.

The DPA is a statutory authority invoked by the President, which is used to expedite and expand private sector capabilities. DPA has no bearing on the release of information from state and local governments and hospitals

Question#:	8
Topic:	Bulk Purchasing
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Andy Kim
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: Please describe all efforts to purchase PPE and testing supplies in bulk and to negotiate better prices and faster delivery than would be available to multiple purchasers making smaller orders?

Response: The Supply Chain Task Force was not responsible for contracting actions because we did not have acquisition authority or an operational budget. All contracting was handled by FEMA and HHS until such time that the Defense Logistics Agency was given a mission assignment by FEMA to procure certain items on FEMA's behalf. Any effort to negotiate better prices through bulk purchases would need to be answered by those agencies. Testing supplies was also not a responsibility of the Supply Chain Task force and would be best answered by HHS.

With regard to faster delivery, Project Air Bridge was developed in conjunction with FEMA to facilitate the shipments of overseas manufactured PPE to the United States at a much quicker rate than if it had been shipped by sea. In the 90+ days the Air Bridge operated, 249 flights were conducted which resulted in 5.3 million N95 masks, 63.3 million gowns, 937 million nitrile gloves, and 122 million surgical masks arriving in a matter of a couple of days as opposed to the months that it normally takes for scheduled ocean-going transport shipments. The product was delivered direct to hotspot metro areas (New York City, Dallas, Los Angeles, etc.) that needed these critical distributions of supplies.

Question#:	9
Topic:	Production Capacity
Hearing:	The Administration's Efforts to Procure, Stockpile, and Distribute Critical Supplies
Primary:	The Honorable Andy Kim
Committee:	OVERSIGHT & GOV RFORM (HOUSE)

Question: Does the U.S. have the capacity, or could it develop the capacity, to manufacture more PPE, testing materials, and medical supplies? How much is the domestic private sector able to produce beyond its current output, and what are the barriers currently preventing this production?

Will shortages of raw materials be a barrier to sourcing or manufacturing PPE, and if so, what is the Administration doing to address this issue?

Response: Although Project Air Bridge was able to fill critical shortages of PPE and other medical supplies at the start of the pandemic, it was never intended to be a permanent component of a stabilized supply chain. Effective use of the DPA and other authorities such as the CARES Act have allowed the United States to grow the domestic industrial base to meet the increased demands associated with operating in a COVID-19 environment. We are now starting to see these actions result in increased production capacity. As stated earlier, domestic production of N95 masks is well underway. Growth in glove, gown, and surgical mask production is also gaining momentum. In addition, the USG is pursuing efforts to now on-shore critical pharmaceuticals.

The USG continues to seek domestic growth opportunities to address the medical supply and equipment needs of the current COVID fight and remain positioned to combat any future pandemics as well. From the recent Commercial Solutions Opening (CSO) that closed on 7 August, over 300 vendors submitted proposals to build capacity in such areas as masks, screening & diagnostics, gowns & gloves, and pharma. Under a CSO, the DoD may competitively select proposals received in response to a general solicitation.

In short, we do not believe raw materials will be a barrier to sourcing or manufacturing PPE. In the COVID-19 crisis, we, as a nation, have been hampered by a shortage of PPE due to increased world demand and our significant reliance on foreign sources and markets. While there is not necessarily a physical shortage of raw materials for the production of PPE, access to and processing of raw materials is a concern. PPE manufacturing requires access to materials such as cotton fiber, polyester, polyamide, polypropylene, and other petroleum-based products which are produced by different manufacturers around the world with a significant portion being produced in Southeast Asia.

Specifically, China is one of the largest producers of PPE and the materials used in the manufacturing process. During COVID-19, the U.S. PPE shortage has been exasperated by the substantial increase in demand and reduced movement of goods and resource material as supplier

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countries began to look more inward. The shortage has been compounded by the limited U.S. domestic production of poly-fabrics.

To date, we are witnessing increased procurement of PPE substantially from domestic and international sources and steps are being made to increase domestic manufacturing capabilities and capacity to reduce the reliance on foreign markets. Already, a robust U.S. oil refining industry is meeting domestic demand, as well as, a substantial overseas demand for polypropylene. Through various partnerships, the federal government and domestic manufacturers are expanding the capability to conduct more on-shore extrusion to increase domestic poly-fabric production. To further aid our domestic manufacturing industry and overcome immediate shortages and meet future demand, FEMA, HHS and DoD used DPA authorities to ensure prioritization of federal contracts on PPE production lines and to expand domestic production capacity for melt-blown fiber/filter media. The joint government team let industrial base expansion contracts to offset foreign market risk associated with manufacture of poly-fabrics, and ultimately final assembly of PPE.