

THE ADMINISTRATION'S EFFORTS TO
PROCURE, STOCKPILE, AND
DISTRIBUTE CRITICAL SUPPLIES

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
CRISIS
OF THE

COMMITTEE ON OVERSIGHT AND
REFORM

HOUSE OF REPRESENTATIVES

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THE ADMINISTRATION'S EFFORTS TO PROCURE, STOCKPILE, AND DISTRIBUTE CRITICAL SUPPLIES

Thursday, July 2, 2020

HOUSE OF REPRESENTATIVES
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS
COMMITTEE ON OVERSIGHT AND REFORM
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:07 a.m., in room 2154, Rayburn House Office Building, Hon. James E. Clyburn (chairman of the subcommittee) presiding.

Present: Representatives Clyburn, Waters, Maloney, Velázquez, Foster, Raskin, Kim, Scalise, Jordan, Luetkemeyer, Walorski, and Green.

Mr. CLYBURN. Today, this committee will ask several simple questions. More than five months into the coronavirus outbreak, after nearly 130,000 Americans have died, why is our country still facing critical shortages in Personal Protective Equipment and testing supplies that we need to fight this virus? Why is it that the greatest Nation on Earth cannot get a 63-cent mask to everyone who needs one? This committee has heard harrowing stories about shortages in critical supplies directly from frontline workers. We have heard from doctors and nurses who were forced to reuse protective masks designed to be worn just once. Some healthcare workers resorted to wearing garbage bags to protect themselves because their hospitals did not have enough gowns. That is a disgrace.

We also heard about bus drivers and grocery clerks who lost their lives because they had to keep working, but were not given a mask or a pair of gloves to stay safe. And we heard from nursing home workers and janitors who feared they might be the next to die.

Now, some in the Trump administration would have us believe that these shortages are a thing of the past. They rattle off statistics about the number of supplies delivered, the number of dollars spent and the number of flights in so-called Project Airbridge. Here are the facts: The White House's own internal data, just released a few weeks ago, shows we still face shortages of tens of millions of N95 masks and gowns, and those shortages may persist for months. Healthcare providers have confirmed this.

On June 12, Kaiser Permanente reported, and I quote, "Like all healthcare providers, we continue to experience shortages of PPE, including N95 masks." These shortages are getting worse as

coronavirus infections skyrocket across the country, driving up prices and demand for PPE. Serious shortages have been reported in Texas and Florida. And the governor of Washington has identified, and I quote, “widespread shortages” in that state.

As infections rise, testing labs around the country are also facing a surge of demand, many have issued dire warnings that they are running short of supplies which could cripple our Nation’s ability to conduct coronavirus tests and slow the spread of this virus.

I am alarmed that nearly half a year into this crisis, the administration still has not adequately addressed these supply shortages. The Federal response has been hobbled by at least three critical errors: First, the administration lacks a clear chain of command rather than rely on career professionals led by a single official, the President has appointed different officials, agencies and task forces, including one led by his son-in-law, Jared Kushner, to handle this problem. The result has been confusion, delays and wasted resources.

Second, the White House has pressured agencies to favor certain companies. And the administration has often relied on inexperienced politically connected contractors. A company formed by President Trump’s former deputy chief of staff was awarded a \$3 million contract to provide respirator masks to the Navajo Nation. The company had been formed just 11 days earlier, and it has reportedly delivered the wrong type of masks.

Third, rather than take responsibility for directly purchasing and distributing supplies used in the Defense Production Act and other legal authorities, the Trump administration has largely deferred to the private sector. This has forced states, cities, and even individual hospitals, and businesses to compete for scarce resources driving up prices.

Today, Chairwoman Maloney transmitted to this subcommittee a startling memo that lays out just how ineffective this hands-off approach is, including the administration’s signature program, Project Airbridge. The memo shows the administration refused to take responsibility for determining which recipients would receive PPE or how much they could be charged. The memo also showed medical supply companies pleaded with the administration to provide more guidance, and to take a more active role in procurement. But according to one company, and I quote, “Politics has gotten in the way of that,” end of quote.

Thank you, Chairwoman Maloney, for sharing the Oversight Committee’s diligent work with us, and for entrusting this subcommittee to carry it forward. I can assure you that we intend to get to the bottom of this.

As I have said before, the purpose of this committee’s oversight is not to cast blame for past failures, but to make improvements to ensure future success. So today, our goal is to better understand why the administration has failed to meet our country’s need for PPE and testing supplies, and to seek a commitment from the witnesses to take concrete steps to finally address these shortages.

I now yield to the ranking member for his opening statement.

Mr. SCALISE. Thank you, Mr. Chairman. I also want to thank our three witnesses who are going to be testifying today.

America's been through a lot in these past few months. We've seen the best in people, from our frontline workers who have risked their own lives to help the sick, to our doctors and nurses who have struggled as well, but continue to show up; the innovation from educators; small business owners who struggle but work to make payroll; researchers who are working tirelessly to find a cure.

But I don't think enough credit has been given to the teams that the three of you represent and the work that you've done to help America respond to this crisis. We faced an unprecedented logistical challenge, a global pandemic that hit our shores while China was hoarding needed medical supplies as they were lying to the rest of the world.

I had some experience with these kinds of challenges when we went through Hurricane Katrina. And while Hurricane Katrina hit a limited area, this pandemic hit this entire country and it hit the entire world all at the same time. So, as you can imagine, the incredible challenges that that brings with it when you're not just dealing with an isolated crisis, you're dealing with a global crisis, and you have to respond fast.

The incredible work that your teams have done to ramp up production and distribution of PPE, as well as testing the equipment that's needed, getting facilities up and running, we owe it to the men and women of your teams a tremendous debt of gratitude, and please let them know how much our country appreciates the work that they did in these trying times.

Mr. Chairman, as America gets ready to celebrate our Independence Day on the 4th of July, we also confront an important moment in the coronavirus pandemic. We've learned a lot, and those lessons have saved lives. As you know, my home state of Louisiana, and, specifically, the city of New Orleans, got hit early in this pandemic. New Orleans faced some of the earliest hospital capacity scares. The reason that economies were shut down was to flatten the curve and make sure hospital systems were not overwhelmed.

In those darkest days when there was a concern about a shortage of ventilators, I want to personally thank Rear Admiral Polowczyk, because I remember speaking with you specifically, as well as with FEMA Director Gaynor, about the concerns our state was facing. My governor and I worked together and the administration responded. And y'all delivered those needed ventilators to us. I know you did the same for New York and other regions that were concerned that they would hit that shortage, and fortunately, we never did hit that shortage, thanks to your quick work. I remember that phone call was on a Sunday, and you were there and you delivered.

So, I'm sorry—Mr. Polowczyk, so I appreciate what you did and what your team did to respond so quickly. So, please convey that thanks to them. It surely helped our state, it helped the city of New Orleans to be able to respond.

I just want to point that out so that people know there was so much done behind the scenes by the administration to respond. Doctors learned how to safely treat patients without necessarily putting them on ventilators. Doctors are not intubating as aggressively as they used to. They are using a high flow of oxygen instead because they have learned that intubation can actually do damage

to the lungs. They have learned how to keep healthcare workers safe with other treatments.

While some still need ventilators, demand has dropped and patients are seeing better outcome. The use of simple blood thinners is saving lives because autopsies showed that patients were getting massive blood clots in the lungs. Steroids and cures, like Remdesivir, are showing tremendous progress. Even as we see a spike in cases in areas of the country, the death rate has actually dropped.

We've also learned more about who is most vulnerable and how we can better protect those populations. For example, we know that the policy of prohibiting COVID positive patients from returning to nursing homes saved lives, in those 45 states where the Governors, Republican and Democrats, followed the guidelines, we saw dramatically lower death rates among seniors in nursing homes.

Sadly, we also know that policies that mandated that COVID-positive patients be returned to those nursing homes, even if the nursing homes weren't capable of properly taking care of them turned out to be a death sentence for many seniors. We still haven't gotten the answers that we deserve to get so we can learn more about that. And I, again, want to ask the majority if we could join together, not just some of us, but all of us, ask those five Governors who decided to go against the CMS guidelines, if they would share those answers with us and with the rest of the country, and most importantly, with the families of their victims who were still demanding answers. We're going to continue to press for those answers.

The hard-learned lessons, including the lessons that we need to keep learning are underscored by the spike in cases in particular areas of the country. The virus continues to spread. It is not an even spread as we've seen. In fact, cases are dropping in many areas of the country. We've learned that this virus tends to spike in concentrated areas and it does so rapidly. And there's a lot that we can learn from applying those simple recognitions.

What I would say to the young people of America is you've worked hard, in many cases, you had to homeschool, you had to deal remotely with the ending of your education, maybe not able to start your new career in the world as you were expecting, but as you're experiencing more freedom, that freedom comes with responsibility. We are seeing that spikes are primarily affecting young people. And we are learning a lot about young people; getting together in very crowded areas has actually expedited the spread. So, we just urge young people to avoid that spread. Learn from the things that we're learning. You surely don't want to be sharing it with your parents, and grandparents, and putting more people at risk.

All Americans should follow the CDC guidelines that continue to get updated. Wear masks where it's possible. Maintain recommended social distancing. We know how important social distancing still is. We all need to do our part in stopping the spread.

We also must recognize how much better prepared we are today. We are currently conducting over 500,000 tests. We have got a chart right back here that shows the dramatic increase this coun-

try has done responding to the shortage of tests that we saw back in March, where they were almost non-existent. You saw the President expedite, through Operation Warp Speed, to push more things, including the Defense Production Act to increase testing, to the point where today we're conducting over 600,000 tests a day.

We still need to keep growing this number, but you can see that dramatic increase to see how the administration has continued to respond. Nobody's letting their foot off the gas, but it is important to notice how we've come together, even with China hoarding and lying to the world how we've picked up the pace and done more on our own.

Mr. Chairman, while some states have experienced rapid spikes that we need to watch closely, all Americans need to know the following: One, there is not a single state in this country that has reached hospital capacity. That was the main barometer in what states were used to close their economies that continues to be the most important barometer to watch as we safely continue to reopen economies; No. 2, our doctors have better understanding about how to treat patients, and we have seen that from less use of ventilators, more use of therapies, like Remdesivir, which was showing great promise.

No. 3, we know how to protect our most vulnerable populations, and we hope as most Governors followed the proper guidelines and saved thousands of lives that the other Governors would follow that lead.

Four, we know that tremendous progress continues to be made on vaccines and therapies. We need to make sure to get government out of the way. It is shocking that this week, as we are pushing everybody, government, private sector, all people, to do more to try to find a cure and to slow the spread, that the majority party would bring a bill to the floor this week that, according to the Council of Economic Advisers, would actually make it harder to find cures for diseases.

As we're pushing all of government to find a cure, the bill that was brought to the floor of the House this week, which many of us opposed, would actually, according to them, maybe bring 100 fewer drugs to market. We're trying to get more lifesaving drugs to marketing, not fewer. Hopefully that will not be the trend that continues.

And finally, five, the role and responsibility of individual Americans to stop the spread is better understood and needs to continue to be followed.

So Mr. Chairman, as America continues to move forward, hopefully schools will start reopening, businesses will continue to reopen, and we will continue to learn more about how to better protect ourselves as we live with this disease as we confront this disease and this challenge.

I look forward to the discussion and I look forward to hearing from our witnesses. With that, I yield back.

Mr. CLYBURN. I thank the ranking member for his statement and for yielding back.

We now would like to introduce our witnesses. Today the Select Subcommittee welcomes Rear Admiral John Polowczyk, the leader of FEMA's Supply Chain Stabilization Task Force and the Vice Di-

rector of the Logistics of the Joint Chiefs of Staff. We also welcome Admiral Brett Giroir, the Assistant Secretary for Health at the Department of Department of Health and Human Services. And we are pleased to have with us Assistant Secretary of Defense for Acquisition, Kevin Fahey.

I want to thank all of the witnesses for being here today and I would like them to please stand so I may swear them in.

Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

You may be seated. Let the record show that the witnesses answered in the affirmative.

Without objection, your written statements will be made a part of the record. Rear Admiral Polowczyk, you're recognized for five minutes for your opening statement.

STATEMENT OF REAR ADMIRAL JOHN POLOWCZYK, SUPPLY CHAIN STABILIZATION TASK FORCE, VICE DIRECTOR OF LOGISTICS, JOINT CHIEFS OF STAFF, DEPARTMENT OF DEFENSE

Mr. POLOWCZYK. Good morning, Chairman Clyburn, Ranking Member Scalise, and distinguished members of the committee. I am Rear Admiral John Polowczyk, Vice Director for Logistics and Joint Staff. Thank you for the opportunity to discuss the Federal response to the COVID pandemic and strategies for future planning.

Let me start by offering my condolence to the families and friends who have lost loved ones to this pandemic. On a personal note, let me share that this pandemic hits close to home as it did for many Americans and for members of this committee. I have two family members working on the healthcare front lines. My sister is a nurse in Westchester, and my niece is a nurse in Long Island. Through daily communications, I'm very cognizant of the needs of healthcare workers and if they are being met.

On March 19, I was asked to support the management of critical medical supplies needed to combat the pandemic. It was clear the global domain for critical medical supplies could not be met domestically as U.S.-based manufacturing was limited.

Upon arrival from the Pentagon, I realized the Strategic National Stockpile could not address the Nation's requirements as the bulk of the stockpile was shipped to states, leaving essentially no direct Federal resources. Our goal since the beginning has been to provide medical supplies to where it's needed, when it's needed.

We made a decision to leverage the strengths of both the government and private sector for a whole-of-America approach. Unlike a natural disaster such as a hurricane, the pandemic was different. The pandemic did not damage the strengths of the commercial medical supply chain. The supply chain's businesses were operational, the warehouses all intact, the trucks were all working, their employees luckily had experienced little effects from COVID.

The supply chain and network that delivered to every hospital, nursing home, first responder in the country at speed was available to be leveraged in a public-private partnership. However, the domestic consumption was an array of supplies was far greater than

usual and rapidly depleted supplies on hand led to a need to expedite shipments from, regrettably, overseas. This partnership is in line with how the Federal Government traditionally responds to disasters which are locally executed, state-managed, federally supported.

With the shortage of PPE, acceleration of the commercial market was required because we could not wait for shipments of critical resources. Airbridge was designed to provide Federal support to medical supply chain and not supplant it. Airbridge is about speed for manufacturing sources to points of care. Supplies need not be aggregated in Federal warehouse, and then pass the state government warehouses, and then on to other municipalities, and finally to healthcare workers on the front lines. Airbridge and the public-private partnership provided speed from overseas sources to the frontline worker and limited the all of touches in the distribution process.

On March 29 the first flight landed in New York with gloves, masks, and respirators. By April 30, the 100th flight, and essentially a month later, Project Airbridge had delivered into the United States nearly 800,000 N95 respirators, 825 million gloves, 75 million surgical masks, over 11 million surgical gowns, 2 million thermometers, 650,000 face shields. The supplies I just listed would still have been at sea on April 30 and not available to our healthcare workers if normal shipping were used.

The commercial supply chain was both geographically orientated, based on CDC outbreak data and further refined by point of care prioritization, public hospitals first, then VA hospitals, then private hospitals and nursing homes.

A Federal FEMA resource prioritization sale was stood up to manage these priorities. This FEMA sale directed supplies to COVID hotspots such as New York, New Jersey, Chicago, New Orleans, Detroit. This was a balance across the country feeding hotspots, but also providing supplies to those who do not have major COVID outbreaks.

Unfortunately, we were managing shortages nationwide. Using data-driven decisions for allocation ensures the right quantities of these critical medical supplies get to the right place at the right time. In an unprecedented fashion, we consolidated businesses from data from the six major medical distributors into the cloud of FEMA creating a data lake of information. For the first time, using a supply chain tool from DOD, we were able to see the healthcare supply chain from supplier to point of care. By the first week of April, we could see inventory held by competing companies for distribution in the U.S., and how the supply chain was filling orders from hospitals and nursing homes.

We could see material coming into the commercial network from overseas and for them further distribution down to the actual point of care in any county across the country. This gave FEMA, the Task Force, unprecedented visibility into where supplies went and the speed of delivery.

FEMA entered into legal agreements with the commercial supply chain. These agreements allowed the aggregation and use of businesses system data and FEMA to manage the pandemic response. These legal agreements limit the sharing of those business sen-

sitive information. These agreements also require the commercial market to provide the material at reasonable prices, and provide the government with data on where the materials are provided.

Looking ahead, we are preparing America to be ready and responsive beginning with the increasing our reserves and expanding domestic capacity. Using the Defense Production Act and other tools, we are working with industry to increase domestic production supplies and pharmaceuticals. This is a complex task of investments in Federal contracting. The DPA cannot be used to force companies to make medical supplies. Each industry expansion effort takes research and planning, this is being done at speed. We have used the DPA more than 10 times across many items with high potential for more actions.

We now have more ventilators in the Strategic National Stockpile than before the pandemic, thanks to U.S. production. Pre-COVID, the stockpile had less than 18 million N95 masks. We are growing that to 300 million. With the DPA, we grew U.S. production of N95 masks. The stockpile had no ventilator drugs. We are now growing it to have at least five in stock with months' worth of supply. These efforts are part of an overall strategy to transform the stockpile, build a holistic supply chain echo system capable of being responsive, a modernized stockpile combined with more U.S. production will enable a continued Federal response.

Thank you for the opportunity to testify today, I look forward to answering any questions that you may have.

Mr. CLYBURN. Thank you. Admiral Giroir.

STATEMENT OF ADMIRAL BRETT P. GIROIR, M.D., ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. GIROIR. Chairman Clyburn, Ranking Member Scalise, and distinguished members of the committee, on March 12, Secretary Azar requested that I lead the coordination of COVID-19 testing efforts within the Department of Health and Human Services. And to be clear, although I am assuming some of my traditional roles as the Assistant Secretary, I am maintaining my role coordinating testing, including now the new NIH RADx diagnostic program, to assure that innovations are immediately translated into practice.

Before I discuss supplies and allocations, we are all concerned about recent data from several states indicating rising infections, and now an uptick in hospitalizations and deaths, even as the other states and the great majority of counties are maintaining a low infection burden. Knowing that the outbreak, the current outbreak, is driven by younger adults who are likely asymptomatic, and the fact that we are in a much better position today in terms of our PPE supplies, treatments, and testing, we can reverse these current trends if we work together.

First, we must take personal responsibility and be disciplined about our own personal behavior, maintain physical distancing, wear a face covering when you can't physically distance, wash your hands, stay at home if you feel sick. If you have been in close contact with someone infected, or in a gathering without appropriate precautions, get tested. Shield the elderly, but also the vulnerable of any age. And follow the guidelines for opening up America again.

The criteria are very specific, and are as relevant today as they were when we released them.

In addition this week, we are initiating surge testing in multiple communities of highest concern in coordination with state and local officials.

To date, the Nation has performed over 35 million COVID-19 tests, now averaging over 550,000 tests per day. Preliminary data indicate that the states far surpassed their testing goals for June. And even without major technical advances, I estimate the Nation will have the capacity to perform 40 to 50 million tests per month by fall. But with emerging techniques, like pooling of samples, combined with investments and point-of-care technologies, that number could easily be 80 million available per month if they are needed.

To get to this point where we have such a rich testing ecosystem, we address sequential challenges, and implemented a phased approach to meet the testing goals at each stage of the pandemic, especially now, during reopening, when the need for testing is at its greatest.

In March, HHS and FEMA developed and implemented 41 community-based, drive-through testing sites in locations prioritized by the CDC, in collaboration with state and local partners. These sites have tested nearly 318,000 high-risk individuals, and served as prototypes that have been duplicated multifold.

Next, we leveraged trusted pharmacies to further expand community testing, especially for minorities and underserved. This Federal program is now providing testing at 624 locations in 48 states and the District, 17 percent of which are in communities with moderate to high social vulnerability. This program has tested over 820,000 individuals. Federally qualified health centers serve over 29 million people across the Nation. They provide care to one in five of those uninsured, one in five rural Americans, one in three in poverty, and 1.3 million homeless. Again, to assure we reach these most vulnerable among us, 94 percent of FQHCs now offer COVID testing.

To further fight COVID-19 among racial and ethnic minorities, as well as rural and other socially vulnerable communities the office of the Assistant Secretary, my office, Office of Minority Health, announced Morehouse School of Medicine as the awardee for a new \$40 million initiative to create, and develop, and implement a strategic network of national, state, territory, Tribal, and local organizations to deliver COVID-19-related information to communities hardest hit by the pandemic.

I would like to close by recognizing my fellow officers in the United States Public Health Service Commissioned Corps, the uniformed service that I lead. 4,536 officers have deployed to directly support the pandemic response, exemplifying the care and compassion that all of us feel for those who have suffered during this pandemic.

I thank each and every one of these officers and their families. And on their behalf, I want to thank all of you in Congress for supporting our training needs and the establishment of a ready Reserve Corps to supplement our ranks during inevitable future national emergencies.

Thank you so much for the opportunity to provide these remarks.

Mr. CLYBURN. And thank you very much.
Assistant Secretary Fahey.

**STATEMENT OF HON. KEVIN FAHEY, ASSISTANT SECRETARY
OF DEFENSE FOR ACQUISITION, DEPARTMENT OF DEFENSE**

Mr. FAHEY. Chairman Clyburn, Ranking Member Scalise, and distinguished members of the committee, thank you for the opportunity to testify today on matters related to the Department of Defense role's in procuring and distributing Personal Protection Equipment, PPE, medical equipment, testing supplies during the coronavirus pandemic.

While COVID-19 has an unprecedented impact on the Nation, Secretary Esper has led the Department of Defense and contributed to the administration's whole-of-government response. Today, I will describe key elements of how the Department's acquisition enterprise has utilized existing and new authorities in support of the other Federal agencies. This includes our work ensuring an adequate supply of PPE, medical equipment, and testing supplies to control the spread of the virus and protect American lives.

The COVID-19 pandemic has highlighted critical shortfalls in the medical supply and the PPE supply chain. On March 18, President Trump invoked the Defense Production Act. In doing so, he delegated authority to the Secretary at Health and Human Services to determine nationwide priorities and allocation of the health and medical resource. Accordingly, we have been supporting HHS to execute the Defense Production Act authorities.

On March 27, the President signed the CARES Act, it includes language and resources to mitigate critical shortfalls, and to create and expand domestic industrial-based capabilities. I'd like to thank Congress for passing the CARES Act, and all the support you've provided during this national emergency.

To ensure that the Department could leverage all the resources support to HHS and FEMA, my boss, the Under Secretary of Defense for Acquisition and Sustainment, Ms. Lord, created the COVID-19 Joint Acquisition Task Force or JATF. The JATF team has enabled HHS and FEMA to access the DOD acquisition work force, our expertise, our authorities, quickly and effectively. The JATF work with HHS has evolved. Today, it supports expanding and replenishing the Strategic National Stockpile. It is also working to expand domestic manufacturing base for certain items. This line of effort includes procuring critical medical supplies and PPE.

I'd now like to address, more specifically, the areas you asked about in your invitation letter, PPE medical equipment and test supplies. In the area of PPE, the Defense Logistics Agency, DLA, has been instrumental in supporting HHS and FEMA. DLA has executed over 13,000 contract actions obligating over \$800 million as of June 22. It includes FEMA mission assignments and HHS inter-agency agreements valued at nearly \$2 million. DLA efforts provide test kits, ventilators, pharmaceutical drugs, and PPE to DOD and other government partners. This support includes ongoing efforts to supply nearly 15,000 nursing homes with a two-week supply of PPE, also supplied 107 million of PPE to the Javits Center in New York City.

We have taken steps to address the overwhelmingly reliance of foreign suppliers, and have been particularly successful in the N95 masks. We have executed over 250 million in increased production here in the United States. Our investments will increase production beginning in July with a total monthly increase of 70 million N95 masks per month by the end of the calendar year, enabling the U.S. to domestically meet the projected demand of medical community beginning in 2021.

Turning to medical equipment, DOD has played a significant role in providing equipment in areas of need throughout the country. We have helped HHS manage nearly 3 billion worth of contracts to deliver, over 22,000 ventilators to the Strategic National Stockpile. This enabled HHS to meet critical demands during the peak of the pandemic and posture for the response of any resurging of COVID.

We now focus to support the longer-term stockpiling of ventilators. As testing is becoming more a component to fight against COVID, the community quickly determined that we faced a global shortage of nasal swabs. Once we realized we were going to run short, we engaged industry to determine where we could increase capacity. In late April, we awarded a contractor to expand swab manufacturing by 20 million per month, starting next month. We recently awarded an effort to increase test kit capacity by 2 million tests per month starting in December. We are exploring additional proposals to support expanding tests in COVID-19.

A strong domestic and industrial base is critical to the economic and national security. Rapidly sourcing, procuring, and moving items when transportation corridors are not operating normally is challenging. We have demonstrated our commitment and willingness to support the interagency requirements and leveraging our expertise to provide immediate and impactful support to the Nation.

I am incredibly proud of the Department's response to national emergency, and to our dedicated individuals who have worked diligently on behalf of the American people.

I look forward to your questions.

Mr. CLYBURN. Thank you very much. We are now moving to questions and answers. And I'm going to recognize myself for five minutes.

In June, an internal White House document was released and shows projections of supply and demand for masks, gowns, and other supplies. Admiral Polowczyk, your name is on this document. Are you familiar with it?

Mr. POLOWCZYK. Yes, Chairman, I am.

Mr. CLYBURN. This document confirms what our committee has been hearing for weeks, that we face serious shortages in Personal Protective Equipment, including masks and gowns. For example, page four shows demand for N95 masks dwarfed supply in March, April and May. It also shows that we will need more than 160 million N95 masks in July alone. But the imports and the domestic production together will only supply about 130 million masks. That leaves a projected shortfall of about 30 million masks. The document suggests that that could be made up by decontaminating and reusing old masks, even though the FDA, CDC, and even the larg-

est mask manufacturer, 3M, have raised safety concerns about this method, and many workers have refused to use it.

Admiral, how is it possible more than five months into this crisis, our country is still facing a possible shortage of 30 million N95 masks this month?

Mr. POLOWCZYK. Sir, first, let me put a little context on this. What the supply side does not have, because I have no visibility of knowing what states, local municipalities, and private institutions have bought. So, I did not add into this the hundreds of millions of masks that I know the state of California has bought, or other states for that fact. I did not try to estimate that into my supply calculations.

Second, for context, the demand bars also represent COVID demand, opening America, that pre-COVID medical. And in the worse-case scenario of every worker I've listed there, nonhealthcare, janitorial services, everybody that thinks they need an N95 masks, but may not need an N95 mask. So, it's a stacked demand chart with worst-case estimates, but I did not add in the supply side all of those unknown factors that I could not know.

Mr. CLYBURN. Thank you for that. But this report also projected shortages—indicated the projected shortages may be conservative. And let me quote from it, “Steadily declining COVID hospitalization rates should reduce daily hospital PPE usage.” That's in the report.

However, hospitalizations are skyrocketing. They have reached record highs in my home state of South Carolina, in Texas, and Arizona, and many other states. And I just heard last night or early this morning that there is one jurisdiction where there are 101 percent of capacity for beds. Now, Admiral, do you agree that the surge that we are now experiencing could very well increase the demand for PPEs?

Mr. POLOWCZYK. The surge of cases, and, then, therefore, the surge of hospitalizations, again, the demand slides on here consider that we've completely opened up and are conducting all the pre-medical COVID. So, as states manage their issues, and then limit elective surgeries or other surgeries, that PPE would then be able to go for these items. So yes, I'm cognizant of the increases. But states are reporting and hospitals are reporting more supplies on hand. I'll address that as we go forward, sir.

Mr. CLYBURN. Well, thank you very much.

I see my time has expired. I do have one or two other questions, but I'm going to lead by example. I will now yield to chairman—Ranking Member Scalise.

Mr. SCALISE. Thank you, Mr. Chairman.

I'll start with Rear Admiral Polowczyk. There's been a lot of questions raised about the Defense Production Act. And we see it continuing to pop up, people saying why isn't it being used. And yet, I go back and look back in March, in April, in May, numbers of examples where President Trump actually did invoke the Defense Production Act to spur more things, like ventilators, when they were in short supply, trying to get other things brought forward, including masks, using the Defense Production Act.

Are you aware of examples of where the Defense Production Act has been invoked by President Trump to move things faster here in production?

Mr. POLOWCZYK. Yes, sir. So, the Defense Production Act, as Honorable Fahey indicated, it was first the authorities were giving to Health and Human Services and FEMA. And then, I believe very shortly after that, it was also used to prevent the shipping of medical supplies overseas, and then rapidly followed by uses for the purchasing and production of ventilators. We've subsequently dived that supply chain for ventilator production, and have used it multiple times for parts and components for production of ventilators.

I brought over from the Department of Defense acquisition professionals to help, and those 11 different manufacturers dived their supply chains, find pinch points, and then we used the Defense Production Act in certain investments in filter material, and other consumables to relieve supply chain issues so they can make more.

Mr. SCALISE. Thank you. So, it just seems kind of strange that you hear some people still saying the Defense Production Act hasn't been used or, needs to be used. You just cited multiple examples where it has been used, we've seen multiple examples where it has, and continues to be used.

Mr. Fahey, can you testify? Have you seen familiar uses of the Defense Production Act to help America meet this challenge?

Mr. FAHEY. Yes, sir. I have a long experience in the Department of Defense, where I have seen this used quite often, mainly in two areas: Title 1, which is prioritization; and Title 3, which is ramping up production. I was sort of in the middle of mind resistant to ambush protection where we used it a lot. And what I would tell you is that you see that immediately in early March we sent our lead, our senior executive who leads DPA over to FEMA to lead the Defense Production Act Task Force.

The other things that I will tell you that the administration challenges us with that we haven't used a lot, one is Title 7, which is really where we get industry to collaborate to work on things. And I will tell you, I think that's going to be invaluable to bring in domestic medical equipment here to the United States.

Mr. SCALISE. I apologize. I know we're on a short supply. I appreciate that you've given those examples. I applaud President Trump for invoking the Defense Production Act, and using so many other tools that he's had available to meet this challenge to increase the production of ventilators, masks, gloves, so many other PPE supplies.

But I want to ask you, Admiral Polowczyk, this has come up a lot. This committee unfortunately hasn't put a focus on China that needs to be placed on not just in holding China accountable, but also, doing more work to try to bring some of that manufacturing back, because we saw, as China was lying to us and the rest of the world, they were hoarding PPE supplies. They were buying them from other countries that were making them to hold onto them so that once the rest of the world found out, there was nothing to purchase.

Do you think it's in the national security interest of the United States of America to bring more of that manufacturing of things

like PPE back into this country so we are not reliant on China in the future?

Mr. POLOWCZYK. Sir, yes. The industrial base expansion efforts going forward are the linchpin of what we need to do. We need to make more here, need to have a larger stockpile, and then write contracts to have ready reserve as things get issued from a stockpile whether it be a state or Federal, have the ability to contract for it from a U.S. manufacturer. That's essentially what we're trying to do going forward.

Mr. SCALISE. I appreciate that testimony. I hope we put more focus on that in this Congress, because Congress surely can help expedite, and it shouldn't just be the administration on their own trying to do more manufacturing here, so that we're not as reliant on the other countries and we could meet that demand even greater, even if China lies, manipulates, does the things that they have historically done in the future.

Finally, Mr. Giroir, first, welcome here. And again, Admiral Polowczyk, thank you, and the FEMA administrator for the help you gave to our state when we needed that help. Even though you went to the wrong high school in New Orleans, I did want to ask you a serious question. We've been doing a lot of investigation into nursing homes. I know your agency has worked on giving guidance to nursing homes all across the country. Most states followed that guidance properly, some states didn't. Have you seen the examples where some states went against CMS guidelines? Have you found out why they went against the guidelines? And did those deviations lead in what we're seeing is potential deaths that should have never occurred, maybe in the thousands of seniors in nursing homes who should have never died if they would have just followed the Federal guidelines that y'all gave?

Mr. GIROIR. So, thank you for the question. I think I went to the right high school, but we'll let that pass. What you're referring to is something we really need to go back and look at, because it is very concerning. The CDC was very clear that in order to take care of a COVID nursing home patient, there needed to be pretty significant mitigation measures, the ability to isolate all the PPE, trained staff, cleaning, et cetera. That was a sine qua non. If you couldn't do those things, you shouldn't have it. And there were policies among a few states that said, it doesn't matter, we're going to send you that patient, as long as they are medically stable, you have to take them.

I wasn't there. I wasn't that medical director, but that's a really concerning practice, because it puts potentially infectious people right into a place where we know that if other residents get it, you have a 30, 40, 50 percent mortality. So, that is a concerning practice, and we certainly need to look at that in retrospect. That certainly isn't happening.

Mr. SCALISE. I hope we do. Thank you.

And Mr. Chairman, I yield back.

Mr. CLYBURN. I thank the ranking member.

Before I move on to the members, I wish to reiterate that which I said at the top of our meeting today. I can't—I don't have authority to keep anybody out of this room, but I do have authority of who I may recognize to participate in this hearing. I made it very

clear that if you're not wearing the masks, I'm not going to recognize you. Now, this is not Jim Clyburn, this is not anything that's partisan. I just want to read a couple of things here.

Ranking Member Scalise, you made it very clear at our last meeting that you'll hold on to this mask wearing, and I think, to quote, you said, it's no big deal. I appreciate that. I've talked to Dr. Green. And I appreciate that. I've been reading from Kevin McCarthy, who made it very clear. I'm going to quote him here. "Wearing a mask is the best opportunity for us to keep this economy open, keep us working, keep us safe, and help us as we build toward that vaccine where we're in a much stronger position than any other country before."

I agree with all of these. And there are others that I won't bother to read. I would hope that we would do our part. So, I am going to reiterate that we are going to honor the wearing of masks, because that's what the Attending Physician has instructed, and he has not made it either/or distances, he made it and social distancing, and wearing a mask.

With that, I yield to—

Mr. SCALISE. I'm sorry. Would the chairman yield?

Mr. CLYBURN. Yes.

Mr. SCALISE. I know we talked about this privately, as well as—I think we've seen today everybody has been complying. Is there any suggestion that there is not compliance today? Obviously, the guidelines have been updated. And you saw recent guidelines by the Attending Physician who did suggest and require masks, where in the past they were not mandatory, it was social distancing, clearly which still is important, and then there was an addition that masks be mandatory. And I think we're seeing everybody comply with that. Is that—

Mr. CLYBURN. Well, it all depends how you want to qualify that. But to bring a mask in the room, not wear it until we get to the questioning is not wearing a mask. I made it very clear. If we're not speaking, we ought to be wearing a mask. If we're not speaking, we ought to be wearing a mask. I've made that very clear. And I've been around for a while and I understand recalcitrance when I see it. I understand it when I feel it. And I see it and I feel it. I just want you to know that I'm going to respond to it appropriately.

With that, I yield to the chairwoman.

Ms. WATERS. Thank you very much, Mr. Chairman.

I'm going to direct my first question to Rear Admiral Polowczyk. You indicated in response to Mr. Clyburn's question about whether or not your memorandum really was inclusive enough for you to know and understand what the needs are going to be because of this fight that we're having. You indicated that you really didn't know what the states were doing. Is that right?

Mr. POLOWCZYK. Not essentially, ma'am. I've had conversations with all 50 states.

Ms. WATERS. Excuse, me. Rear Admiral, you did not include in your calculation what the states may have been doing?

Mr. POLOWCZYK. No. Many times states were not forthcoming.

Ms. WATERS. So, why don't you know what the states are doing? What is the plan? How do you know? How should you know what the states are doing?

Mr. POLOWCZYK. Ma'am, you would like—OK.

I've had several—over the last couple of weeks, I've had several conversations with every state, and all of our territories, with their health officials and their emergency managers, to understand their stockpiling. And I will tell you that 70 percent of the states have at least 30 to 60, 90 days of supplies on hand.

Ms. WATERS. Where—

Mr. POLOWCZYK. For those that don't have that amount, they have at least 30 days.

Ms. WATERS. Reclaiming my time.

Do you now have a plan by which you absolutely have the information forthcoming to you so that, when you tell us about your projections, we know that they're including whatever the Federal stockpile is and what the states have? Is there a plan?

Mr. POLOWCZYK. Yes, ma'am. There is a plan.

Ms. WATERS. And how does the plan work?

Mr. POLOWCZYK. We are going to have several echelons of supply. First, we have been able to communicate with the states. The states have told us, as I just explained, that there are plans, and some states are working toward 90 to 120 days' worth of supply. The national stockpile, with the help of Defense Logistics Agency, is going to grow to three months.

Ms. WATERS. Reclaiming my time, do they have a report that they do to you on a regular basis? Every week? Every month? Every 30 days? How does the plan work?

Mr. POLOWCZYK. No. The states at this time are not reporting on that—on that—

Ms. WATERS. Thank you. That's good. That's what I understand. And that's why you don't have the projections that include them. You don't have a regular plan.

Now I want to ask: How do you work with FEMA?

Mr. POLOWCZYK. I am the Supply Chain Task Force Lead embedded within FEMA and so that task force is part of the—of Administrator Gaynor's effort of work.

Ms. WATERS. Thank you.

So, does everyone report to you? Do you report to anyone else?

Mr. POLOWCZYK. The chain of command, again, I am working at FEMA as the Supply Chain Task Force Lead. The—that chain of command leads to a unified command group, which is Health and Human Services and the FEMA Administrator, which then goes to the White House Task Force.

Ms. WATERS. Thank you.

What role does Jared Kushner play in this command?

Mr. POLOWCZYK. Mr. Kushner plays no role in anything I do.

Ms. WATERS. What role does he play that you know about? What does he do? He's been sent to FEMA. What is his role in FEMA?

Mr. POLOWCZYK. Ma'am, he's not at FEMA.

Ms. WATERS. Where is he?

Mr. POLOWCZYK. Ma'am, I believe he's a special advisor to the White House Task Force.

Ms. WATERS. Is he involved in contracting at all with—for PPP with any organization, with any provider, with any business?

Mr. POLOWCZYK. Ma'am, not to my knowledge.

Ms. WATERS. He may be, but you don't know about it. Is that right?

Mr. POLOWCZYK. Ma'am, I would highly doubt that he has any role in acquisition and contracting. Like even myself, I don't—the acquisition and contracting people don't work for me. There's—

Ms. WATERS. Who is responsible for contracting with private businesses?

Mr. POLOWCZYK. The FEMA Administrator owns contracting authority, along with mister—Honorable Fahey here. His team owns the Department of Defense's contracting authority, and I have none of those authorities.

Ms. WATERS. Does the competition still exist between the Feds and the states for PPP? I understand that states have on some occasion made contact with international businesses to get supplies, and those supplies on the way have been commandeered by the White House or Feds. Do you know anything about that? Is there competition still going on?

Mr. POLOWCZYK. I have no knowledge of any time where FEMA has confiscated anything for any state.

Ms. WATERS. I did not mention FEMA, but I did specifically mention the White House. Do you know any time that they have been—PPP that have been commandeered that have been ordered by the states and paid for by the states?

Mr. POLOWCZYK. Ma'am, I have no knowledge of that. I have—nobody has presented anything to me that was concrete enough, other than conjecture.

Ms. WATERS. And may I just wrap this up by asking, who makes the determination about what states get what from the Federal supply?

Mr. POLOWCZYK. Ma'am, the—that's a FEMA process and so if the—I'll answer to the best of my ability for Administrator Gaynor, but the FEMA stood up, as I said in my oral remarks, a resource prioritization cell. That Resource Prioritization Cell uses information from CDC, Dr. Birx, the epidemiologists, and the requests from the states. That resource prioritization cell then takes all that into account and provides some supplies to the states.

Ms. WATERS. Mr. Chairman, I yield back my time.

Mr. CLYBURN. I thank you.

The chair now yields to Mr. Jordan.

Mr. JORDAN. Thank you, Mr. Chairman.

Admiral Giroir, what's more important: going to church or protesting?

Mr. GIROIR. I'm a public health person. I'm not going to say what's more important, but both need to have protection by the guidelines.

Mr. JORDAN. Democrats don't think that. Democrats think protesting is a lot more important than going to church. We've got a story from Governor Northam. Sixteen people go to a sanctuary that holds 225 people; they get cited. Nothing happens to thousands and thousands of people who protest, not maintaining social distances and not wearing a mask.

How about this one? What's more important: going to a loved one's funeral or protesting?

Mr. GIROIR. We absolutely need to be consistent in the way we apply things, and there's obviously some inconsistencies.

Mr. JORDAN. That's because the First Amendment's the First Amendment, not just parts of it, right?

Mr. GIROIR. I'm not a constitutional lawyer.

Mr. JORDAN. No, but you're an American citizen. You understand your rights. You understand the Constitution—

Mr. GIROIR. The First Amendment is the First Amendment.

Mr. JORDAN [continuing]. The Bill of Rights, the First Amendment has a number of rights. It doesn't just say protesting trumps everything else. Mayor de Blasio, when New Yorkers who gathered to mourn a Hasidic rabbi, he said this: My message to the Jewish community and all communities is this simple. The time for warnings has passed. I've instructed NYPD to proceed immediately to summons them.

If you go to someone's funeral, you're going to get arrested. But you can protest in the streets, not maintain social distancing.

How about this one? What's more important: engaging in your livelihood, running your business, or protesting?

Mr. GIROIR. Again, you're having a rhetorical question there. We get your point. I think public health practice—

Mr. JORDAN. Well, you might get my point. But this is the problem. Democrat Governors, Democrat mayors don't. Mayor Garcetti said this. He said he was going to turn off people's utilities, shut off utilities if anyone tried to reopen their business. Unbelievable. And yet Mayor Garcetti, here's what else Mayor Garcetti said. He said back in April, he said: Snitches will be rewarded.

What's more important, Admiral, rewarding snitches for ratting out their neighbor who goes to an empty beach or actually having the police stop rioters and looters and big groups destroying national monuments and protesting and destroying private property? Which one do you think of those is more important?

Mr. GIROIR. Well, let me make a statement that public health standards need to be consistently applied, and when they're inconsistently applied, there's going to be a lot of frustration among the people who are trying—

Mr. JORDAN. No kidding. No kidding. We have seen the height of inconsistency from Democrat mayors, Democrat Governors all over this country.

What do you think's more important, Admiral, the President cutting off travel to China, where this pandemic started at an early date, or Joe Biden calling that same action xenophobic? What's more important?

Mr. GIROIR. Restricting travel from China and then Europe was really critical steps for us to slow the infusion of infected individuals into the country.

Mr. JORDAN. No kidding. No kidding. Not xenophobic, was it? Just a smart move.

Mr. GIROIR. I have not seen any xenophobia in any of our discussions. We're trying to make decisions based on public—

Mr. JORDAN. Democrats sure saw it way back when the President made a decision that everyone else criticized. Democrats sure

saw it. Democrats are defending the World Health Organization. It's probably more important that we not give money to an organization that lies to us than to continue to support them. What do you think's more important? Continuing to give money to the World Health Organization, who lied to us about the start of this pandemic, or maybe cutting off the money to the World Health Organization, Admiral?

Mr. GIROIR. As the U.S. representative to the Executive Board of the World Health Organization, it's clear that the organization needs reforms, and I will work with the administration to try to implement those reforms, while preserving some very important global public—

Mr. JORDAN. How about this one? How about this one? What's more important: requiring committee members to wear a mask in a committee hearing when they're 10 feet apart from anyone else or not sending COVID-positive people back into nursing homes? Which is more important?

Mr. GIROIR. That's a public health determination, and I will say it's definitely more important not to accepted COVID-positive people back to—

Mr. JORDAN. No kidding. Especially—and probably it's more important not to do it for 46 days than even to do it for even one day, right?

Mr. GIROIR. Yes, sir.

Mr. JORDAN. And is it probably important, when we're dealing with the pandemic, that we actually get the information from the people who engage in that behavior, like the Governor of the state of New York who for 46 days sent COVID-positive people back into nursing homes? Might it be helpful if he gave us that information?

Mr. GIROIR. Information is always the basis for which we could understand what's happened and how to avoid it in the future, yes, sir.

Mr. JORDAN. Admiral, I appreciate your work. I appreciate all you, the work you're doing. Common sense, commonsense approach to all this versus what we're seeing from Democrat—we can't let people go to their loved one's funeral but, oh, my goodness, we can join thousands of people at a protest. Mayor Garcetti can walk out in front of thousands of people, kneel down to them without a mask, that's fine. But, oh, you go to an empty beach, he wants someone to snitch you out, rat you out, and report to you the Government. And I guess you get some kind of reward. Maybe he's handing out ribbons or certificates or something for people who rat out their neighbors. I don't know.

But I'd like some common sense. I'd like some consistency about the First Amendment, about the Constitution, when it comes to these Democrat mayors and Democrat Governors around the country.

I yield back.

Mr. CLYBURN. As I go to Maloney, let me ask you a question, Mr. Giroir. Is COVID-19 a hoax?

Mr. GIROIR. No, sir, it's not a hoax.

Mr. CLYBURN. Will it disappear miraculously?

Mr. GIROIR. We will only gain control over COVID-19 by disciplined public health measures and eventually a vaccine.

Mr. CLYBURN. And in the interim, wearing the masks and socially distancing will indicate us doing our part.

Mr. GIROIR. Yes, sir. We want to stress that wearing a mask, physical distancing, hygiene are all critical public health components. Yes, sir, you're correct.

Mr. CLYBURN. Thank you very much, sir.

With that, I yield.

Mr. JORDAN. Mr. Chairman, Mr. Chairman.

Mr. CLYBURN. I yield.

Mr. JORDAN. Yes, I didn't say it wasn't important to maintain social distancing and wear a mask. I said: What's more important? That policy or sending, not sending people with COVID-positive back into nursing homes? And the admiral was really clear. He said the second one is much more important than the first. All of them are important. That's why we're doing it. But the second one is more important than first, and we would like the information. The ranking member's been asking for weeks for this information with no help from you and the majority to get that information. That was my point.

Mr. GIROIR. And maybe just to clarify, I think the question was not wearing a mask versus nursing home but wearing a mask in here when you're 10 feet apart versus—

Mr. JORDAN. Yes. Exactly.

Mr. GIROIR [continuing]. In a nursing home. Because I don't want to diminish the importance of wearing a mask.

Mr. JORDAN. I thank the admiral for his commonsense answer.

Mr. CLYBURN. Yes, I appreciate that. But I reiterate this is not a hoax.

Mr. JORDAN. I didn't say it was. You're the one bringing it up.

Mr. CLYBURN. Well, yes, I want to bring it up.

Mr. JORDAN. You think it's a hoax? I don't.

Mr. CLYBURN. Because a Republican President said that it is.

Mr. JORDAN. I think relevant to the pandemic—

Mr. CLYBURN. OK.

Mr. JORDAN [continuing]. It looks like common sense and good policy.

Mr. CLYBURN. I just want you to know you won't be checked.

Mr. JORDAN. Checked for what?

Mr. CLYBURN. For everything that you say in here.

Mr. JORDAN. So, are you.

Mr. CLYBURN. OK.

Mr. JORDAN. No, I'm fine with being checked.

Mr. CLYBURN. I understand, because I'm going stick with the science.

Mr. JORDAN. I—

Mr. CLYBURN. I'm going to stick with the science. All right.

I now yield to Mrs. Maloney.

Mrs. MALONEY. Thank you, Mr. Chairman. And thanks to you all of our witnesses and their work.

I'd first like to ask, Admiral Giroir, I want to ask you a straightforward question. Do you believe the Trump administration provided adequate guidance to the private sector on how to procure and distribute PPE to the people in our Nation who needed it most? Admiral?

Mr. POLOWCZYK. Ma'am, I think you meant me. It is not Admiral Giroir.

These legal agreements that we signed with the commercial enterprise allowed us to direct their efforts to where the government felt the highest need was.

Mrs. MALONEY. Thank you.

I'm sorry, Admiral, but according to an investigation that my staff on the Oversight Committee enacted, which we're releasing today, the administration completely and utterly failed to provide the private sector with guidance on PPE during the first three critical months of the coronavirus crisis, from January all the way through March. We talked to the biggest medical distribution companies in the country and the industry trade organization. They told us that they were pleading with you for guidance on how to prioritize the distribution of PPE and a host of other critical questions, but you were missing in action.

Mr. POLOWCZYK. Ma'am, I don't mean to interrupt but you—

Mrs. MALONEY. Excuse me?

Mr. POLOWCZYK. I'd like to clarify. I've only been here since the 19th of March. So, I would love to answer that from January to March, but I was only moved from the Pentagon on the 19th of March.

Mrs. MALONEY. OK. Well, the administration was missing in action, and according to the trade group, quote, folks in the industry saw that things were getting worse and their requests for guidance were increasing week by week, end quote. They told us, quote, everyone was asking the same questions, but guidance wasn't coming, end quote.

On March 28, the President of the industry's trade group sent a letter, literally begging the administration to, quote, provide the strategic direction needed to more effectively target PPE supplies based on greatest need, end quote.

So, Admiral, with all due respect, these companies told us you or the administration failed to provide the guidance that they needed.

Now I want to move on. There's another issue that's even more troubling. Admiral, did your agency or anyone else in the Trump administration ever press U.S. companies to purchase PPE from a specific state-subsidized Chinese company at exorbitant prices?

Mr. POLOWCZYK. First, to answer the priority question, we hold—

Mrs. MALONEY. Excuse me. I'm going forward because I only have five minutes.

Mr. POLOWCZYK. OK. I hold daily—

Mr. SCALISE. Could I ask a point of order, Mr. Chairman? The gentlelady from New York literally accused a rear admiral of the United States military of being missing in action. Can he at least be able to defend himself? That's an absurd claim. No one should make a claim to a witness who's a military service member to say he was missing in action. She referred to him by name. That's absurd. He ought to have the opportunity to defend himself, Mr. Chairman.

Mrs. MALONEY. Point of order, Mr. Chairman.

Mr. CLYBURN. I understand I'm aging a little bit, but I thought she said the administration was missing in action.

Mr. SCALISE. Well, she said he was missing in action. He made it clear that he wasn't even here during that time.

Mr. CLYBURN. He made it very clear.

Mr. SCALISE. And she said the administration when she started by saying he was missing in action. He's a rear admiral of the United States military. He does not deserve to be talked to that way, and he at least ought to have the ability to defend himself.

Mr. CLYBURN. You've stated your point of order.

Mrs. MALONEY, you're recognized.

Mrs. MALONEY. OK. I apologize. I respect the military. My father served in the military, my husband and my brother. I respect the military tremendously. I was referring to the administration not being there when the people of this country needed them. So, now I'd like to get back to my questions, if I could, Mr. Chairman.

Mr. POLOWCZYK. Yes, ma'am, I'll quickly answer the follow-on question. There's always been a firewall between the requiring individual and the person who is actually doing the buying. So, I know of no direction, manipulation, or pressure of a contracting official to enter into an agreement with any company.

Mrs. MALONEY. Thank you.

But according to our investigation and the companies who agreed to talk to us, not one but several of them told us that the Trump administration pushed them to buy PPE for weeks through one particular Chinese company called BYD, which is heavily subsidized by the Chinese Government.

One company told us that HHS pressed them to buy PPE from BYD at, quote, a price that was fairly high, end quote. Another company told us that they, quote, made the decision to decline purchasing from BYD because of the high price, very uncertain supply chain, end quote.

Were these companies lying, Admiral?

Mr. POLOWCZYK. Ma'am, as the head of the Supply Chain Task Force, I did no business with BYD because, one, they were not proven and, two, I can't speak to the price, but they did not have a proven track record or were not FDA-approved. It's also the same company that I think the state of California took lots of risk and bought a lot of masks from, but I know of no forcing of anybody to go do business with BYD.

Mrs. MALONEY. Admiral—

Mr. CLYBURN. The gentlelady's time has expired.

Mrs. MALONEY. May I ask for an additional second? I have a minute. I have a very important point to make, and there was a lot of disruption during the questioning.

Mr. CLYBURN. OK. I recognize the gentlelady.

Mrs. MALONEY. OK. Admiral, these companies warned that there is, quote, way too much reliance on these Chinese [inaudible] companies, rather than a public/private partnership to procure necessary PPE, end quote.

And I believe this shows clearly the need for us to produce more PPE here in the United States, and I believe this could be a bipartisan issue. That's why I am introducing a bill that would require 10 percent of the PPE in the Strategic National Stockpile to be pro-

duced domestically. We can't put ourselves in this position again. This bill is a good first step toward promoting a stronger manufacturing base for critical medical equipment.

Thank you to the panelists, my colleagues.

And, Mr. Chairman, I yield back.

Mr. CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Mr. Luetkemeyer.

Mr. LUETKEMEYER. Thank you, Mr. Chairman, and thank our witnesses today for their service to our country and the—all the hard work that you've put in to get our country back up and running here and protect our citizens from this deadly virus.

Admiral Polowczyk, I'll followup on Ms. Maloney's questions here with regard to the supply chain. You've worked on this a lot, and it's really your job at this point, I guess. What do you see as the percentage of PPE that is now being produced in this country versus previously?

Mr. POLOWCZYK. It's going to range by product. N95 mask, I think we're going to, as Mr. Fahey mentioned, as we go through the summer and into the fall, we will be almost wholly really holistically domestically reliant, and then further on down is where we're trying to do some effort. It's a potential—other DPA actions—is nitrile gloves. We essentially make zero nitrile gloves in the United States, and I think we're working hard to ramp up that production. But that's going to be rheostat, not a light switch. So, each product line has a different dimension to it, sir.

Mr. LUETKEMEYER. OK. Thank you.

Admiral Fahey, I think—Honorable Mr. Fahey, I think this question may be for you. But in the acquisition of these—of the PPE, did you see hoarding going on by China? There appears to be some evidence to that effect. Did you see that yourself?

Mr. FAHEY. Sir, I did not personally see it, but I had heard it was going on early in the process, and I know through HHS that we put things in place to make sure that we checked the supply that was coming from China.

Mr. LUETKEMEYER. OK. I know in my state, we wound up with about 48,000 faulty masks that came from China. Did you see a lot of other faulty PPE that came from China as a result of—you know, I don't know why—whether they just incompetent or whether they trying to undermine our safety of our citizens, but apparently there was a lot of that. Did you see that as well?

Mr. POLOWCZYK. Congressman, if I could—this is Admiral Polowczyk—if I could take this for Honorable Fahey. So, yes, I was extremely worried about the quality of material coming from overseas. So, what specifically we did, before anything was procured, we used the Department of State and folks from embassies to go visit warehouses, to go visit places that we hadn't done business with before, and a lot of times we found out that there wasn't anything there. So, we didn't make any of those procurements. The second thing we did was we let a contract with Underwriters Laboratories to go do inspections for us to prevent that. So, we did not procure anything because there were reports of very faulty material coming from China.

Mr. LUETKEMEYER. Very good.

Admiral Giroir, one of the things that's going on is Operation Warp Speed, which is to develop a vaccine. I think an important part of not only developing the vaccine is to be able to get it distributed, should it happen. You know, we don't know for sure if it will. But if it is developed, and it is made available to our citizens, we need to get it out as quickly as possible. Are you working on plans to supplement Operation Warp Speed's development with plans for distribution as well?

Mr. GIROIR. Yes, sir, Congressman. I'm not personally involved in that but, of course, as the assistant secretary, I have good knowledge of that. There was truly a comprehensive program to not only develop a vaccine, to secure hundreds of millions of needles which the supply chain is involved with, as well as distributing that—and I want everybody to understand, too, that the distribution of vaccine will indeed depend on the vaccine's characteristics. We hope it can be distributed to the most vulnerable, those in high need, but we need to wait until the trials come out to figure out where it works, how it works most effectively. But there is a comprehensive program led by General Perna, who is really the logistics guy in the country, as well as Dr. Slaoui, who is widely recognized as truly one of the foremost vaccine developers in the world.

Mr. LUETKEMEYER. One more quick question for you, Admiral. With regards to reporting of deaths from a COVID situation, there are reports, and I've been talking to medical professionals, as well as I think there's evidence that even the Governor of Colorado found out, there's been misreporting of deaths for people who may have been involved in, for instance, an auto accident but had COVID in their system and that death is being reported as a COVID death because there apparently is a perverse incentive to do that. They get paid more. The hospitals get paid more for a COVID death than they do for an auto accident. Is there any truth to that, or how does this work?

Mr. GIROIR. So, the CDC that gathers the statistics is completely dependent upon the reports of the local coroners, which are also dependent on the reports of the attending physician who lists the causes of death. So, the Federal Government is dependent on the loss, but, yes, there appear to be some mis-incentives to overcode. We hear anecdotal versions of that, but I can't give you an estimate of whether that's 2 percent, 5 percent, 10 percent, but it is something that has to be done at the local level, all the way down to the level of the physician. It's impossible for the CDC to go back and investigate those individually.

Mr. LUETKEMEYER. I'm from Missouri, but my youngest daughter lives in Denver, Colorado, and in discussing it with her and seeing news report to this respect, the Governor of Colorado had all of his COVID deaths reviewed I think around the end of May, first part of June, and found that 12 percent of them were misrepresented. That's a pretty significant number, and I think that's something that HHS needs to look into to make sure that the numbers and the data that we're getting is accurate. Somebody who, you know, is unfortunately in an auto accident but is reported as a COVID death, that is a ridiculous statement and a ridiculous part of our

data. It needs to be cleaned up. So, I would certainly hope that you would take a look on that and see if we can get something fixed.

Mr. GIROIR. Yes, sir.

Mr. LUETKEMEYER. With that, Mr. Chairman, I yield back.

Mr. CLYBURN. I thank you for yielding back.

The chair now recognizes Ms. Velázquez.

Ms. VELÁZQUEZ. Yes, Mr. Chairman. Thank you very much.

I want to respond briefly to the claims that nursing home deaths were caused by the actions of a few Governors. That is simply false. The facts are clear. During this crisis, Americans have died in nursing homes in every state in the continental USA. In many states, such as Florida, more than half of the deaths from coronavirus occurred in nursing homes. In Ohio, an estimated 7 to 10 coronavirus deaths were in nursing homes.

And from my state, New York, I grieve for every New Yorker who lost their life in this crisis. But I'm incredibly proud of New York's response. Our state followed CMS guidance at every stage in the process including on nursing homes. CMS guidance on March 13, 2020, allowed nursing homes to accept COVID patients.

Question: When should a nursing home accept a resident who was diagnosed with COVID-19 from the hospital? Here is the answer put out by CMS: A nursing home can accept a resident diagnosed with COVID-19 and still under transmission-based precautions for COVID-19 as long as the facility can follow CDC guidance.

Our state was following guidance put out by this administration which was often changing daily. What we lacked, however, was strong support to testing and access to testing and Personal Protective Equipment into nursing homes quickly to prevent the spread of the virus, and even as the virus recedes in states like New York that were initially, other states like Texas and Florida are seeing spikes in new cases. Over the June 28 weekend, Arizona hit a single-day record of more than 3,800 cases and fatalities approach 1,600. And though each state is required to report cases and deaths in nursing homes to the CDC, they are not required to share this publicly. And states like Arizona are choosing not to.

As of early June, more than 43,000 long-term residents and staff have died from COVID-19, representing over a third of the Nation's known coronavirus deaths. This includes blue states, red states, and purple states. So, let's get the data from nursing homes that the select committee has requested and also here, from CMS [inaudible] health and safety regulations and put this talking point to rest, while Americans are dying, Republicans and Democrats.

So, Admiral Giroir, an April HHS whistleblower complaint by Dr. Bright alleges that he was pressured to award contracts based on political connections to the Trump administration and his family. Doesn't it concern you that there are reports of contracts that prioritize political connections to the Trump administration over science and the safety of the American people?

Mr. GIROIR. Thank you, ma'am.

I don't have any knowledge of any contract that had a priority other than science and what was right for the American people.

Ms. VELÁZQUEZ. And did you read the article in *The New York Times*?

Mr. GIROIR. I'm sorry? Did I read what article?

Ms. VELÁZQUEZ. Rick Bright, does he exist, Dr. Bright? Does he file a complaint?

Mr. GIROIR. Yes, ma'am, I know Dr. Bright. I'm sorry. I really am sorry. It's hard to hear the question, ma'am. I really do apologize. I'm trying to answer, but could you maybe repeat that?

Ms. VELÁZQUEZ. Is he a real person, Dr. Bright?

Mr. CLYBURN. She's asking is he a real person, I think she said.

Mr. GIROIR. Is he a real person? Yes, I know Dr. Bright.

Ms. VELÁZQUEZ. OK. And did you read the article in *The New York Times*?

Mr. GIROIR. No, I don't read *The New York Times*.

Ms. VELÁZQUEZ. Oh, OK.

Mr. GIROIR. I just don't. I'm too busy doing what I'm doing. I'm happy to answer a question, but I don't routinely read *The New York Times*.

Ms. VELÁZQUEZ. Sir, you don't read an article that I'm sure your staff brought up to you based on the fact that Dr. Bright raised a complaint as a whistleblower about behavior from the Trump administration—

Mr. GIROIR. Right.

Ms. VELÁZQUEZ [continuing]. Prioritizing political connections.

Mr. GIROIR. So—

Ms. VELÁZQUEZ. And let me ask you—

Mr. GIROIR. I'm just saying the Department takes every whistleblower complaint seriously. I know it's being investigated by the Secretary. I don't have any knowledge of any pressure on Dr. Bright.

Ms. VELÁZQUEZ. And after that complaint and discussion in the media on political connections, have—what steps have you taken to make sure that there is a level playing field in the Federal marketplace so that everyone has the opportunity to compete based on experience and the products and services that they can deliver at a time when so many Americans are dying?

Mr. GIROIR. I certainly agree with your premise, ma'am. We always do everything possible to make sure we have as fair procedures as possible, and I'm sure the complaints by Dr. Bright are being investigated through our general counsel, according to, and I know the Secretary takes every whistleblower complaint seriously, as I would. I'm just not involved with Dr. Bright on that level.

Mr. CLYBURN. The gentlelady's time has expired.

Let me be clear with your answer. You know Dr. Bright, and you are familiar with this allegation.

Mr. GIROIR. Yes, sir, of course.

Mr. CLYBURN. And you say it is being investigated.

Mr. GIROIR. I'm not investigating it, but the Secretary has put out statements that he takes whistleblower complaints very seriously. I know that's the attitude of the Department, and it is being investigated by the normal channels.

Mr. CLYBURN. Very good.

Mr. GIROIR. Yes, sir.

Mr. CLYBURN. Thank you very much.

The chair now recognizes Mrs. Walorski.

Mrs. WALORSKI. Thank you, Mr. Chairman.

I appreciate our witnesses that are here today, and I want to extend so much appreciation for my district in Indiana for the services of all of our witness here today. You three guys face an impossible task. China and the WHO lied about the extent of the crisis, and it's well documented that China used that time to hoard PPE that was vital to this country. To make matters worse, the Obama Administration name depleted the N95 mask from the Strategic National Stockpile during the 2009 H1N1 influenza outbreak and never replenished it. The odds were against you guys from the very beginning.

Then you had a national media super eager to paint the worst possible picture. So, for instance, *The New York Times* published an article on March 25 that said: Amid desperate need for ventilators, calls grow for Federal investigation, which said that the U.S. needed as many as 1 million ventilators to adequately respond to the pandemic. We only had 200,000 thousand available.

Admiral Polowczyk, did the U.S. really need 1 million ventilators?

Mr. GIROIR. Maybe I'll answer that. As an intensive care physician, I was incredibly involved early on with the allocation of every single ventilator, every single request. No, we did not need a million ventilators. And we did not need 40,000.

Mrs. WALORSKI. In fact, *The New York Times* article mischaracterized the study by the Society of Critical Care Medicine, which estimated that, over the course of the pandemic, as many as 1 million people could require ventilator treatment. That's a huge difference from needing 1 million ventilators. Whether this was an honest mistake or not, such an eye-popping number got a ton of attention. The figure was used in a second *New York Times* article, repeated by the other news outlets, and rocketed around Twitter and Facebook. A *New York Times* reporter tweeted the incorrect figure and then said the Trump administration was dooming people to die. It was retweeted 471 times. He eventually tweeted a correction three days later. The correction was retweeted just 15 times, and he didn't even delete the original incorrect, apocalyptic tweet.

This is malpractice in the service of an agenda in service of creating a narrative at whatever cost. Frankly, this reminds me of the Russia collusion hoax that was a hoax we saw play out over the last few years: Report breathlessly an alarming report, and by the story falls apart and has been disproven, everyone's moved to the next outrage.

Mr. GIROIR. Let me just say that during that time, we had the president of the Society of Critical Care Medicine at FEMA working with us to understand specifically what the ventilators need was. My group put out guidance on how to dually ventilate people, along with the American Society of Anesthesiology, who had been working on transition of anesthesia machines. So, we were involved. Every single ventilator decision went to the UCG to weigh the needs. And as far as we know, not a single person in this coun-

try was denied ventilation. And now because of the DPA use, we'll have over 50,000 ventilators in the stockpile by next week.

Mrs. WALORSKI. Thank you.

And just curious. How many ventilators did New York end up receiving?

Mr. POLOWCZYK. Ma'am, I do not have the actual specific number, but I know that it was first they asks asked for tens of thousands which I think that number might have been 30 or 40, but we—New York ended up getting maybe about 10,000 ventilators. But I will need to provide the committee with the actual specific numbers, if I could, but the initial thought was a lot, but they got less than that.

Mrs. WALORSKI. And, Admiral Polowczyk, again, you created a control tower to monitor medical supplies and demand. What's the status of the control tower on the role of the Federal Government and the Strategic National Stockpile and obtaining and distributing medical supplies to the states?

Mr. POLOWCZYK. Ma'am, so we've got information from essentially 90-plus percent of the health medical supply chain. I can see it coming in from manufacturing, whether it be U.S. or overseas, be it in the warehouses and distributed down to first responders, nursing homes, hospitals. We're also in the process of building that out, getting actual wired connections to the 6,800-plus hospitals in the United States, to get on hands daily information, along with adding state warehouses to this. So, you'll have a holistic approach and understanding of the supply chain from states, hospitals, national stockpile, and from the commercial side.

Mrs. WALORSKI. And I just want to say that, when President Trump enacted the Defense Production Act, the state of Indiana got on board immediately, even in my district, and we are still producing domestically supplied PPE today. Thank you for your service, gentlemen.

I yield back, Mr. Chairman.

Mr. CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Mr. Foster.

Mr. FOSTER. Thank you, Mr. Chair, and thank you to our witnesses for their service.

I'd like to first ask unanimous consent to enter into the record a letter from the DuPage County Health Department, a county in my district, outlining their experience attempting to get adequate PPE and testing supplies. And so to summarize it, they attested that the lack of appropriate personal protective equipment and medical testing supplies had seriously hampered the ability to control the spread of SARS-CoV-2.

Mr. FOSTER. So, this is—so I understand pursuant to committee rules, it's being transmitted electronically to the staff and all members, and we have copies here for anyone.

But they have numbers here on what they requested versus what they got: N95 masks, 1.6 percent of what they requested; gowns, 1.6 percent; eye protection, 1.4 percent; and on and on. And, you know, as they say, this has caused additional, many additional cases and hampered their spread and so I just—you know, it's not entirely a good news story here.

I think it strikes me that the biggest thing that you're facing here is that we've seen a resumption in the exponential growth of COVID cases. We're seeing nationwide doubling of time of about two weeks. We're seeing hotspots in sunbelt states. We're seeing several days' doubling time.

And so my question, I guess, starting with Rear Admiral Polowczyk, how many more doublings can you tolerate before a supply chain breaks?

Mr. POLOWCZYK. I'm going to answer you with not a direct answer to the doubling because I'm not a medical professional, and I'm not—

Mr. FOSTER. You understand the demand. It doubles and double and doubles.

Mr. POLOWCZYK. Yes, sir, I get that.

Again, states in my conversations, in my understanding, in my work with every state, every regional manager and our large hospital systems, most, 70-some-odd, going on 75 percent, have at least 30 to 60 days of supplies on hand.

Mr. FOSTER. Right. And what does that do if the demand doubles and doubles and doubles again? I mean, it seems like that in less than 30 days, we're going to have a huge crisis, unless we start seeing, you know, real self-control on this.

There's also, Admiral Giroir, you know, you can see you've done a great job on increasing testing capacity, but it's linear. You know, you've sort of linearly, a little bit less than linearly sometimes, increased the testing capacity. This can't keep up with an exponential growth in the testing capacity. Do you see any way to keep up with demand that doubles and doubles and doubles again?

Mr. GIROIR. Yes. Thank you, Congressman.

So, my job is to make as many tests available as possible, as quickly as possible, get them to the right people. There are strategies. Again, we're a little bit linear, but we're going to get a little bit more exponential as supply chains kick in for some of the point-of-care tests, but we're exploring different opportunities, and you know that, about pooling of tests, particularly with surveillance.

Mr. FOSTER. Yes, but the pooling breaks if you have a high enough fraction of people infected where every single pool has multiple positive samples in it.

Mr. GIROIR. That's not the case in most places. That would be used in low-prevalence surveillance.

Mr. FOSTER. OK. So, let's see. I'd like to move to antibody testing for a moment here. You know, in the Families First Coronavirus Response package, Congress directed the COVID-19 to be done at no cost to the patient. Now we worked very hard, our staff worked. We got language from HHS to make sure that that was true. And now I am hearing, you know, in my state that HHS is walking this back on in terms of reimbursements. And are you—are you willing to commit that HHS will continue to do the reimbursements necessary to make sure that this will—antibody testing will take place at no cost to the patient?

Mr. GIROIR. I'm not trying to avoid this. I'm not a person who could commit on the reimbursement side, but I can tell you that it is clearly our intention, the Secretary's intention, that diagnostic testing, testing that is done in the context of screening and the

antibody tests that it is in are at no charge to individuals, and we want to work to that yes, sir.

Mr. FOSTER. OK. If you find out that's not true, please get back—

Mr. GIROIR. I actually haven't heard that being an issue, but I'll investigate that and take it for action.

Mr. FOSTER. No, no, it's very important because especially in light of the President's statements that he wants to slow down testing, something he's confirmed multiple times. One technique that he may be using is to charge people money for something that should be free, and slowing down testing is not what we need right now.

Thank you, and my time's up, and I yield back.

Mr. CLYBURN. I thank you very much, Mr. Foster.

The chair now recognizes Mr. Green.

Mr. GREEN. Thank you, Chairman and Ranking Member Scalise.

I want to thank our witnesses for being here today and for their lives of service to this great country. It's true we're seeing an increase in positive COVID-19 cases. The United States is testing more people than any other country, over 35 million thus far with 637,000 on June 25 alone, the most recent data available. The Trump administration has also successfully procured millions of PPE, including through aggressive utilization of the Defense Production Act, as you guys have all mentioned today.

As of June 26, the efforts on the part of FEMA, HHS, and the private sector have led to the delivery of the following: 167.1 million N95 respirators, 682.5 million surgical masks, 27.3 million face shields, 299.2 million surgical gowns and coveralls, and 17.1 billion gloves.

And as far as ventilators go, the administration has assured thus far that we have more than enough, so much so that numerous states are returning their ventilators to the Strategic National Stockpile. Washington State returned 400, California, 500.

But instead of working with the President to help Americans, my colleagues across the aisle would rather politicize this public health crisis. In one sentence, the majority's leadership said, quote, we're not here to place blame, end quote, and then the very next sentence they bashed the President, suggesting his culpability in the deaths of Americans. I mean, that happened just today.

We can't have a true assessment of our response because this hyperpolarized environment makes every single action a political failure. We've got to get past this in our country if we're to come through this.

Additionally, President Trump has had an all-hands-on-deck mentality to develop the COVID-19 vaccine. Historically, it takes an average of 10 to 15 years to develop a vaccine. It's a multistep process that takes decades. Dr. Fauci has stated that we should have a couple hundred million doses of COVID-19 vaccines by the beginning of 2021. This is an incredible feat. It took 42 years to develop a vaccine for chicken pox, 43 for Ebola, 47 for a Polio vaccine.

So, how are we moving so fast that public health experts think we can have a vaccine in 12 months? For one, we're conducting multiple phases and tests simultaneously rather than one at a time, which greatly increases the speed of development but also in-

creases the manpower and the expense. And thankfully President Trump has devoted the full resources of the Federal Government to this crucial endeavor.

Additionally, the Wall Street Journal has noted a combination of other improvements, such as enhancement of sequencing advancements in bioengineering techniques and unprecedented government support. Let me emphasize that last point again. The Journal notes, and I quote, unprecedented government support, end quote, is a primary cause of the breakneck speed of development of the vaccine.

While some prefer to sit on the sidelines and attack the administration, President Trump has been boldly acting to help find a cure. He launched Operation Warp Speed aimed at developing a vaccine by the end of the year. He selected five coronavirus candidates as finalists, pledged future COVID vaccines will be free for vulnerable Americans, prodded top health officials to speed up development, and streamlined FDA approval processes and requirements.

This administration's response has been unprecedented. The committee, this committee, on the other hand, Mr. Chairman, we still haven't held a single hearing or briefing on China's responsibility for COVID-19, not one. According to Columbia University, not necessarily a bastion of conservatism, I might add, and reported by ABC News, certainly not a Republican news organization, had China notified America just one week sooner, Columbia University predicts 60.1 percent of American casualties could have been avoided, meaning China's deception resulted in 60 percent of our casualties.

Have we spent 60 percent of our time looking into China's actions? Aren't we the task force designed to look into the cause of American deaths due to COVID? Have we on this committee spent 50 percent of our time looking into China's failure and deception? They're 60 percent of our casualties, according to Columbia University. We haven't spent a single minute investigating what the scientists at Columbia University said potentially killed 60 percent of our deaths. That is a failure of this committee. Yet all the other side want to do is point the finger at President Trump. That's sad.

Thank you, Mr. Chairman. I yield.

Mr. CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes Mr. Raskin.

Mr. RASKIN. Mr. Chairman, thank you.

And, witnesses, thank you for your service to our country.

Mr. Chairman, I continue to be impressed by the bottomless reservoirs of counterfeit outrage and self-righteousness summoned up by the President's defenders, who are complaining over absolute nonsense like imaginary hoaxes, imaginary constitutional offenses, and, of course, the imaginary repression of the President's quack miracle cures, which have been proven to be a danger to our people.

But let's return back to reality. Let's come back to America where our people are suffering. According to *The New York Times*, new cases are up 80 percent in the last two weeks. We're seeing a startling rise in coronavirus cases in many of our southern and western states including Florida, Texas, Arkansas, Alabama, Ari-

zona, Oklahoma, and many others, 35 states where the virus is now on the rise.

Yesterday, the United States shattered all records with new cases reported in a single day, reaching nearly 50,000. There were more than 800,000 new cases reported in June alone, and Dr. Fauci says we are on course to hit 100,000 cases per day. That is terrifying.

Now since the pandemic began, the Trump administration has insisted upon having no plan. It's up to the states. It's a helter skelter ragtag operation. The Trump administration has made only limited and sporadic use of the Defense Production Act and has mostly relied on the private sector to procure supplies, often from China and other foreign suppliers and the same foreign suppliers to be distributing the supplies.

And we know President Trump, contrary to this mad scramble to distance him from China, we heard that President Trump praised the performance of the Chinese Government and President Xi 37 different times in January, February, March, and April, praising General Xi's good, very good, great performance and his relationship with them, the extraordinary deals that are working together. And if Republicans want to go down that road instead of working to address the needs of people, I'm very happy to do it because it will lead into total disgrace and embarrassment of their arguments and their attempts to blame China for this whole situation. And if China covered up at the beginning, which I think it did, President Trump covered up for China in the process. That's the relationship.

Now, Rear Admiral Polowczyk, I want to ask you questions about demand and supply. You said that the demand for masks may be inflated because some industries think that they need them when they don't actually need them, and I want to make sure I heard you right there. I think you invoked janitorial services as one of those. Do janitors and custodial crews like the ones that are going to clean the Rayburn, the House Office Building this evening, do they not need masks?

Mr. POLOWCZYK. Sir, there's several standards of masks. Right? So, I was referring to medical grade. Those would be covered under NIOSH, and so they are a different standard of mask. So, I'm not saying that they don't need a mask. I'm just saying there's different standards of mask.

Mr. RASKIN. OK. So, let me go to a question of supply then. Then this goes to the question I think Ms. Waters was asking you. You said that you're not certain about what the nationwide supply of PPEs is and that might be understated because you don't know how much PPE and how many masks the states are actually in possession of.

Can you just explain why you don't have that figure, why you don't know that, and will we ever come to a place where we actually have a coordinated national strategy to get Americans the equipment that they need?

Mr. POLOWCZYK. There is a coordinated national strategy. And so the states are working with me to give them—give me their warehouse information data as we work through this. And if you had heard any of my other answers, the supply chain information, you

can't run a supply chain without information, without data. So, the first thing I did was I brought in all the business systems for 90 percent of the healthcare supply chain. So, I've aggregated that at FEMA the data—brought in an information tool from DOD, and I can see—

Mr. RASKIN. My time—

Mr. POLOWCZYK. It's all part of the answer.

And so adding the state warehouses, adding the hospital information, and so Health and Human Services and FEMA are going to have the entire ecosystem of understanding supply and demand across the Nation.

Mr. RASKIN. OK. And, finally, given the explosive demand for PPE right now, because of the pandemic out of control, should we not be using the Defense Production Act more comprehensively and expansively right now to increase the supply for the crisis that's coming?

Mr. POLOWCZYK. Sir, Mr. Fahey may be able to comment on this, but there are multiple areas under development to expand production, whether it be pharmaceuticals, whether it be more cloth and non-molding fabric for surgical masks, whether it be other—nitrile gloves, et cetera. So, of all those take time and investment, decision criteria. But Mr. Fahey may be able to answer the question about the robustness of that answer.

Mr. RASKIN. Mr. Fahey, can you answer?

And I'll yield back after that, Mr. Chairman.

Mr. FAHEY. Yes, sir. We have many efforts going on. As the Admiral talked about, I mean, we think we're pretty good on the medical mask perspective, but in every other category, the process goes that we have an extensive process where we go out and we ask industry what they're willing to do and making sure they understand our requirements and for the other pieces of the equipment, we've done it a lot on masks. We've done it on ventilators.

The other thing we don't mention a lot is a lot of times the supply chain is bottlenecked as a subcontractor. So, we're looking at the subcontractor. So, we have efforts in every line of effort from a PPE medical equipment to expend the domestic capacity here in the U.S.

Mr. CLYBURN. I thank you very much. The gentleman's time has expired.

The chair now recognizes Mr. Kim.

Mr. KIM. Thank you all for coming here.

Admiral Giroir, I wanted to start with you. I wanted to ask you, do you assess that we have successfully flattened the curve in the United States?

Mr. GIROIR. Let me give you two tenses. No. 1, we did flatten the curve during the time to flatten the curve because we expected a lot more cases. Right now, as you know, the case numbers are going up.

Mr. KIM. So, are we flattening the curve right now?

Mr. GIROIR. We are not flattening the curve right now. The curve is still going up.

Mr. KIM. Do you think we're headed in the right direction?

Mr. GIROIR. Right now? And I try to nuance this a little bit. In many counties, we are. In many states, we are. In many states, we

aren't. As you know, four states are accounting for about 50 percent of our new cases, and they're very concerning to all in public health.

Mr. KIM. With those states with increased cases, I often hear and have heard my colleagues here say this last time around that the increase in the positive cases is due to increased testing. In your professional expert assessment, does that account for the increase that we're seeing in those states?

Mr. GIROIR. There is no question that the more testing you get, the more you will uncover. But we do believe this is a real increase in cases because the percent of positives are going up. So, this is real increases in cases.

Mr. KIM. You said today that you think we should be looking at the guidelines of the Opening Up America. I was just looking it up here. It said to satisfy before proceeding to phased comeback, it said: The cases, downward trajectory, documented cases within a 14-day period, or downward trajectory of positive tests as a percent of the total tests within a 14-day period.

Do you know how many states are fulfilling this standard right now?

Mr. GIROIR. So, right now, there's a lot of movement in the system, as you know. Some have drawn back certain activities, and some have kept going. I do want to make the statement, if you will let me, is that what we're really seeing, we have seen states reopen quickly and have had no cases. We've seen states not reopen and have a lot of cases. We really do believe the current outbreak is primarily due to under 35s with a lot of gatherings, not appropriate protection like masks. Yes, it's important to reopen, and we believe in the guidelines, but I think the weight of the evidence is guidelines are not—you know, the personal responsibility is really key right now.

Mr. KIM. Sure absolutely, what we're seeing is increased positive cases that you're talking about that is exceeding what we see in terms of our increase in testing. We all know that we want to continue to have more testing available.

Mr. GIROIR. Of course.

Mr. KIM. So, I understand your written testimony that there is a company that is producing more than 10 million laboratory testing extraction and PCR kits per month, enabling states to complete millions of additional tests.

Mr. GIROIR. Right.

Mr. KIM. However, I also understand that the contract that you highlighted expires in five days. So, I want to ask you, can you commit to this committee today that there will not be a reduction in that testing capacity?

Mr. GIROIR. There is not going to be a reduction in testing capacity. So, the contractor you're talking about, we had initially acquired, we acquired very few laboratory reagents, but we did acquire that because the states were not accustomed to using many of them this one company. And what we're seeing right now is we want—we think the market is stable enough. You've got \$10.25 billion into the states that the states will buy that from that specific company. But we did, because the states—when I say the states,

it is laboratories in the states were not as accustomed to using this type of test with this type of machine——

Mr. KIM. Yes.

Mr. GIROIR [continuing]. That we did sort of cede that by buying it federally and distributing it.

Mr. KIM. Two questions left for you, my home state of New Jersey was hit particularly hard by the virus, and in March and April we were really struggling and very few tests available. We tried to seek additional HHS-backed, FEMA-backed, federally backed test sites. We had two in New Jersey, we were trying to get more, and we were told that that request was denied, and that no more Federal test sites will be stood up in our country in the beginning of April. I just wanted to learn from you who made that decision? And can you tell me how that decision was made not to have any more federally backed test sites?

Mr. GIROIR. So, I think that's not true, because we started 41 completely federally run sites, but the plan had always been to transition those. So, we have 624 federally sponsored, retail pharmacy sites now, because 41 drive-throughs is run——

Mr. KIM. I get that, that was not until May that those were stood up.

Mr. GIROIR. No, that's not true.

Mr. KIM. OK. I would love it, if you don't mind, we can take for the record, and you get back to me with that timeline. That would be really helpful.

Just the last question here, I just want to clarify your position regarding the World Health Organization since you mentioned the earlier today. You said reforms are needed. We get that. You also mention that you were confirmed by the Senate, and I was looking it up that it was in May to be the U.S. Representative on the executive board of the World Health Organization.

So, I wanted to ask you, was it your recommendation that the United States terminate our relationship with the WHO during the middle of a pandemic?

Mr. GIROIR. I was not asked for a recommendation.

Mr. KIM. So, when President Trump made that decision later in that month, after you were sworn in as the U.S. Representative to the executive board of the WHO, he did not seek your advice or your consideration before he made that decision. Is that what you're saying?

Mr. GIROIR. I have not provided a recommendation to anyone, correct.

Mr. KIM. OK. Thank you. Mr. Chairman, back to you.

Mr. CLYBURN. Thank you very much. Let me thank all the witnesses for their appearances here today. I have always opted to yield to the ranking member for any closing comments. And in his absence, I will yield that to Mr. Jordan.

Mr. JORDAN. Thank you, Mr. Chairman. I would just point out that, you know, in the last comments from majority side, that the World Health Organization lied to us. So, I think the President took a pretty commonsense position. He said, we don't have to pay organizations to lie to us, they'll probably do it for free. But I want to thank our witnesses for being here today, even though you had to have one member of the minority say that you were missing in

action, which I find amazing, an officer of the United States Navy missing in action, I find it amazing they would say such a thing.

You had another, give more credence to a *New York Times* article than the word of an admiral in the United States Navy. But we on the minority side appreciate your service to our country and your service in this critical time. We also appreciate what the Attorney General of the United States said two months ago, when he said the Constitution is not suspended during a crisis. And amen to that.

Unfortunately, as we've talked about here over the last couple of hours, I don't know that certain mayors, and certainly Governors, appreciate that fact. At least they have not—at a minimum, they have not appreciated that fact in a consistent fashion. They have a different set of rules for protests.

I understand peaceful protest is fundamental to the First Amendment, fundamental to American way of life. And I support it and I have engaged in it. But there is a big difference between peaceful protest and some of the things we have seen in the streets of our great country and our great cities over the last several weeks.

But peaceful protest is important, but so is your ability to practice your faith, exercise your religious liberty rights under the First Amendment, so is your ability to engage in our livelily and operate your business, so is your ability to attend a loved one's funeral.

So we, I think, would appreciate some—a little more consistent application of the Constitution in our First Amendment liberties by some of the Democrat mayors and Governors around the country. And what we would also appreciate, Mr. Chairman, and we have raised this issue now several times, the gentleman from Tennessee brought it up, you talk about this committee looking forward dealing with this tough time and this crisis that we're in. But sometimes to properly handle, and address things, and look forward, you need to understand what happened.

And two big things that have happened: We talked about if China had told us earlier, lots more people would be alive today in our country and around the world. For some reason, the majority doesn't want to look at that fundamental issue. And just as importantly, decisions made by certain Governors—40 percent of the death in this country happened in nursing homes, and decisions made by Governors in five states that would, in hindsight, frankly I don't even know of any hindsight, that were just ridiculous wrong decisions cost of the lives of so many thousands, thousands of our fellow citizens.

And so, at some point, we would, as I said earlier, as the ranking member said numerous times, we would like to get this information, particularly from the Governor of New York on this decision to put COVID positive people back into nursing homes for 46 straight days. And why the majority won't help us get that information, for the life of me, I can't figure out.

That's where we need to go. We do need to understand some things that happened in the past so we can be forward-looking and help our country deal with this issue.

With that, Mr. Chairman, I would yield back.

Mr. CLYBURN. I thank the gentleman. And I thank all of the witnesses today for their participation and the members of the subcommittee.

I want to—without objection, I would like to enter Mr. Foster's request with unanimous consent for the letter to be inserted into the record. And I'm ordering that that be done. I would also like to enter into the record four letters this committee has received in recent days from organizations representing healthcare institutions and workers: The American Medical Association; the American College of Emergency Physicians; National Nurses United; and the American Association of Medical Colleges.

Mr. CLYBURN. Each of these groups has written to emphasize that healthcare workers around the country are still experiencing shortages of critical supplies, including masks. I ask unanimous consent that these letters be entered into the official hearing record. It is so ordered.

In closing, I want to thank the witnesses and my colleagues on this select subcommittee. Today's hearing made clear that as coronavirus infections and hospitalizations spiked around the country, communities are facing alarming shortages of Personnel Protective Equipment and testing supplies. We need urgent action from the Federal Government to address these shortages now before more people are exposed and the virus spins further out of control. There are clear and tangible steps the Federal Government can take.

First, we need a clear chain of command so the Federal Government can make efficient use of its vast resources and career professionals to identify the need and procure and distribute supplies.

Second, the administration needs to adhere to rigorous contracting practices, including open competition to make sure it is not favoring inexperienced, politically connected suppliers over businesses with a track record of success.

Third, the Federal Government must establish a comprehensive plan to directly procure and distribute critical supplies rather than continuing to defer to the private sector. I cannot emphasize this enough. Our Federal Government has the resources, the manpower, and the legal authority under the Defense Production Act to procure the necessary supplies and quickly get them to the communities that need them. It's time we use them.

I appreciate the hard work of each of our witnesses and their colleagues at FEMA, the Department of Defense, and Health and Human Services, but to ensure this problem gets fixed, we need you to keep Congress apprised of your progress. I am, therefore, calling on FEMA, HHS, and DOD to provide this committee with biweekly updates on the projected supply and demand for PPE and testing supplies. I look forward to continuing to work with each of you to ensure that our government is working to help all of Americans during this national crisis.

With that, this meeting is adjourned.

[Whereupon, at 11:19 a.m., the subcommittee was adjourned.]

