The Honorable Christi Grimm  
Principal Deputy Inspector General  
Office of the Inspector General  
U.S. Department of Health and Human Services  
330 Independence Avenue SW  
Washington, DC 20201  

Dear Principal Deputy Grimm,

We write to formally request your office open an investigation into the mismanagement regarding the stocking and deployment of materials from the Strategic National Stockpile by the Department of Health and Human Services (HHS). Our states’ health care institutions and workers are struggling with a severe shortage of medical supplies in the fight against COVID-19. The Stockpile has failed our states, despite months of warning from experts about the risk of an outbreak in the United States. As such, we have grave concerns about how HHS has maintained the stockpile, prepared for known potential threats, and responded to states’ needs as they confront the pandemic.

Our states and our constituents have suffered greatly during the COVID-19 outbreak. According to the Centers for Disease Control and Prevention (CDC) as of April 12, there are 525,704 cases of COVID-19 and 20,486 deaths in the United States. Unfortunately, public health experts expect these numbers to worsen over the coming months. Many of our states’ Governors have ordered residents to stay at home, closed schools, and shuttered all but essential businesses to slow the virus’s spread and save as many lives as possible. Meanwhile, our health care workers are working around the clock to ensure that the health care system is ready to provide care to the coming surge of COVID-19 patients. We owe a great debt to the heroic doctors, nurses, and other health care workers who take care of patients even though an inadequate supply of personal protective equipment puts them at a higher risk of contracting the virus themselves.

It is deeply troubling that the Strategic National Stockpile was unable to provide the support necessary for our states to adequately protect our health care workers’ response to the virus. In March, the Stockpile did not adequately fulfill our states’ first requests for personal protective equipment, ventilators, and other material to fight COVID-19. The second and third shipments from the Stockpile were even more woefully inadequate. Since then we have been informed that the Stockpile is depleted of all personal protective equipment, and the President has repeatedly told the governors “they’re on their own” to find equipment to support their states’ responses to COVID-19.
The federal government’s lack of preparedness is completely unacceptable. Pandemics are not an unanticipated threat: over the past decade, we have seen outbreaks of influenza, Ebola, and even other coronaviruses claim thousands of lives across the globe. In 2017, the then-Director of the CDC said that a mass pandemic is what kept him up at night.\(^1\) Indeed, there is broad consensus that the best way for society to be prepared for pandemics and other public health emergencies is by maintaining an everyday system that can be quickly scaled up.

Unfortunately, for the past three years this Administration has clearly not taken preparedness for pandemics and other threats to the public health seriously. In their annual budget requests, HHS has repeatedly proposed large cuts to the CDC and infectious disease response programs.\(^2\) In May 2018, then-National Security Advisor John Bolton dismissed the Senior Director for Global Health Security and Biothreats, meaning no senior Administration official has been focused on global health security for the past two years, all but ensuring that it would be unclear who would be in charge during a pandemic like the one we’re living through now.\(^3\)

Reports of an outbreak of COVID-19 in China began to emerge in January. Unfortunately, the Administration repeatedly downplayed the threat, wasting precious time in preparing for the virus’s likely arrival in the U.S. In February, President Trump predicted without clear evidence to substantiate his claim that the virus would “go away in April with the heat, as the heat comes in.”\(^4\) This public lack of seriousness was matched by the Office of Management and Budget’s February request for a paltry $1.25 billion in supplemental appropriations to respond to COVID-19.\(^5\) This is significantly less than what previous Administrations had requested to confront other pandemics.

We are disappointed that even as the shortages of supplies have become more severe, the President has been inexplicably reluctant to fully utilize his powers under the Defense Production Act to mobilize domestic industry and coordinate the allocation of personal protective equipment our health care workers need to keep fighting COVID-19. Even at this late date, these actions would save lives.

On April 3\(^{rd}\) the Assistant Secretary for Preparedness and Response changed the language on the Strategic National Stockpile’s website to reflect the Administration’s narrow view of the Stockpile’s mission and relationship with state and local preparedness efforts.\(^6\) Even while the resounding message

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\(^2\) Centers for Disease Control and Prevention, Justification of Estimates for Appropriation Committee Fiscal Year (FY) 2021: https://www.cdc.gov/budget/documents/fy2021/FY-2021-CDC-congressional-justification.pdf


heard by states and governors from the President is “you’re on your own,” the federal government has outbid them for materials, worsening shortages and exacerbating price increases.7

We believe this negligence and failure of leadership with regards to the maintenance of the Strategic National Stockpile has put our health care workers and our constituents in grave danger. We urge you immediately announce an investigation into the following concerns:

1. Please provide the amount of material each state requested from the Strategic National Stockpile in calendar year 2020 alongside the amount of material each state received.
2. Please provide the amount of time elapsed between when HHS received a state’s request for material from the Stockpile and when that material was shipped.
3. What process or procedure did HHS use to decide how to respond to each state’s request when it became apparent that there was not enough material to fulfill every request?
4. How has the Stockpile prioritized maintenance and upkeep of the inventory of personal protective equipment and other material in its possession, especially as materials passed their expiration dates? How did this maintenance, or lack thereof, compare to industry standards?
5. What notification did HHS provide to state public health department that they should be preparing their own stockpiles in accordance with the Administration’s apparent view that the role of the Stockpile was solely to supplement state and local resources?
6. Did HHS make any attempts to begin securing additional equipment for the Stockpile as soon as reports of the COVID-19 outbreak emerged in China? When did HHS begin securing additional equipment in response to COVID-19? Please provide details of how this decision was made and whether requests to do so were made by anyone within the Department prior to the ultimate decision to begin securing these materials.
7. How did the elimination of senior officials for pandemic response at the National Security Council affect cross agency preparations and planning for pandemics?
8. Did the shift in oversight for the Stockpile from CDC to the Assistant Secretary for Preparedness and Response change planning and procurement operations for the Stockpile?
9. Did the Secretary adequately consult with the Public Health Emergency Medical Countermeasures Enterprise before including in or releasing from the Stockpile nontraditional therapies to fight COVID-19?

We appreciate your prompt attention to this important matter and request a commitment to begin this investigation by April 30, 2020.

Sincerely,

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Abigail D. Spanberger
Member of Congress

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Gerald E. Connolly
Member of Congress
