EXAMINING THE NATIONAL RESPONSE TO THE WORSENING CORONAVIRUS PANDEMIC: PART II

HEARING

BEFORE THE

COMMITTEE ON HOMELAND SECURITY
HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

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EXAMINING THE NATIONAL RESPONSE TO THE WORSENING CORONAVIRUS PANDEMIC: PART II

Wednesday, July 22, 2020

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOMELAND SECURITY,
Washington, DC.

The committee met, pursuant to notice, at 9:08 a.m., in room 2118, Rayburn House Office Building and via Webex, Hon. Bennie G. Thompson (Chairman of the committee) presiding.

Present: Representatives Thompson, Jackson Lee, Richmond, Payne, Rice, Correa, Torres Small, Rose, Underwood, Slotkin, Cleaver, Green of Texas, Clarke, Titus, Watson Coleman, Barragán, Demings, Rogers, Katko, Higgins, Lesko, Green of Tennessee, Joyce, Crenshaw, Guest, and Bishop.

Chairman THOMPSON. The Committee on Homeland Security will come to order. The committee is meeting today to receive testimony on "Examining the National Response to the Worsening Coronavirus Pandemic: Part Two."

Without objection, the Chair is authorized to declare the committee in recess at any point.

To remind Members, we are following the Attending Physician's guidance on wearing face coverings at all times while not under recognition, and the Chair will only recognize those who are following the guidance.

Today the Committee on Homeland Security is meeting for Part II of our hearing to examine the National response to the worsening coronavirus pandemic. Two weeks ago, the committee heard from the State and local officials about how the Trump administration's failure to respond to the pandemic has harmed their communities and our Nation.

We invited FEMA Administrator Peter Gaynor to that hearing, but he declined to attend based on White House guidance prohibiting administration witnesses from appearing before Congress remotely. To be clear, that self-imposed guidance is intended to undermine Congressional oversight of the administration. But the committee will move forward with its work today.

I would note that the committee also invited the Department of Health and Human Services to participate in this hearing. HHS refused to send a witness, even though the committee scheduled this in-person hearing to accommodate the administration's request. That refusal is yet another example of the Trump administration

shirking its responsibility to answer to Congress and the American people on its bungled response to COVID–19.

That being said, we are pleased that Administrator Gaynor is here to respond to Members' questions about the pandemic, which has now claimed lives of over 140,000 Americans. The number of U.S. coronavirus cases continues to surge, with 60,000 new cases just yesterday. The country also recorded more than 1,000 coronavirus deaths in a single day, yesterday, for the first time in July.

Nations around the world, like Canada, Australia, Japan, Korea, and many in Europe have managed to bring their outbreaks under control through coordinated responses, consistent messaging, and measures, such as face coverings, testing, and contact tracing.

But here at home the Trump administration's response to the coronavirus has been an abject failure, and the American people have suffered the consequences. The President's gross incompetence and incoherent plan to respond to the pandemic has cost lives.

South Korea reported in its first COVID–19 case the same day as the United States, but we have suffered 470 times the number of deaths they have. Tragically, in many ways, we are no more prepared now to address the pandemic today than we were at its outset.

We still have a shortage of medical supplies and equipment, like masks, gowns, and gloves. Wait times for COVID–19 tests results are climbing. Most alarmingly, there is an urgent demand for ICU beds in States where the virus is spinning out of control.

Doctors and nurses in the greatest country on Earth should not have to plea for the essentials they need to save lives and protect their own. Just yesterday, months into the pandemic, after repeated calls for face coverings from doctors and scientists in his own administration, the President finally called on Americans to wear a mask. We are hoping that this is an indication that President Trump may, at long last, be willing to take the advice of the experts on responding to the pandemic.

We need real leadership at the Federal level if our country is to overcome the COVID–19 pandemic and prevent more lives from being lost needlessly. Administrator Gaynor and his agency have a Herculean task ahead in many ways, made all the difficult by the President himself.

Today our hearing is not about blaming China for the Trump administration's failure to take care of its own people. Frankly, we do not have time for such ridiculous attempts to distract from the crisis at hand. Instead, I hope to hear from Administrator Gaynor today about where we currently stand and how the administration can improve its response to the public health emergency. The American people are counting on us.

I thank Administrator Gaynor and my colleagues for participating in this hearing today.

[The statement of Chairman Thompson follows:]

STATEMENT OF CHAIRMAN BENNIE G. THOMPSON

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Two weeks ago, the committee heard from State and local officials about how the Trump administration's failure to respond to the pandemic has harmed their communities and our Nation.

We invited FEMA Administrator Peter Gaynor to that hearing, but he declined to attend based on White House guidance prohibiting administration witnesses from appearing before Congress remotely. To be clear, that self-imposed "guidance" is intended to undermine Congressional oversight of the administration, but the committee will move forward with its work today.

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Nations around the world like Canada, Australia, Japan, Korea, and many in Europe have managed to bring their outbreaks under control through coordinated responses, consistent messaging, and measures such as face coverings, testing, and contact tracing. But here at home, the Trump administration's response to the coronavirus has been an abject failure, and the American people have suffered the consequences. The President's gross incompetence and incoherent plan to respond to the pandemic has cost lives.

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Instead, I hope to hear from Administrator Gaynor today about where we currently stand and how the administration can improve its response to this public health emergency. The American people are counting on us.

Chairman THOMPSON. The Chair now recognizes the Ranking Member of the full committee, the gentleman from Alabama, Mr. Rogers, for an opening statement.

Mr. ROGERS. Thank you, Mr. Chairman.

I am glad we are finally meeting in person. Our experiment with virtual hearings hadn't gone all that well. Nearly everyone was marred by technical issues that caused prolonged delays and frustrated Members on both sides of the aisle. Going forward, I hope we will continue to have these in-person hearings.

Doing so improves our productivity and facilitates participation by administration witnesses, like Mr. Gaynor.

I understand your frustration with the administration's restrictions on appearing at virtual hearings, that is why I appreciate your working with FEMA to facilitate the administrator's in-person testimony today.

As I said before, our hearts go out to those who have lost their loved ones to COVID–19 and those who are currently undergoing treatment. COVID–19 is an unprecedented global pandemic that requires an unprecedented response.

Unfortunately, the administration's response effort was undermined from the start as China hid the disease from the world. The Chinese Communist Party hoarded life-saving medical supplies while they encouraged foreign travel, seeding the virus across the globe.

Facing an extraordinary public health crisis and China's deadly cover-up, the Trump administration has responded with a whole-of-Government response. Since March, FEMA has helped lead the response effort. The agency has coordinated the delivery of over 20 billion items of PPE to medical personnel, emergency responders, and critical infrastructure workers, administered 56 major disaster declarations covering every State and territory, and obligated over $145 billion to support Federal, State, and local response.

While those efforts should be commended, more hard work is ahead. The number of positive cases continue to rise, and hospitals in some areas are reaching capacity. Demands for PPE and response funding from FEMA will continue to grow. I am interested in hearing from the administrator about what our States need, where the bottlenecks exist in supply chain, and whether our domestic manufacturing capacity for PPE and medical supplies is sufficient.

As hurricane season heats up, I am also interested to hear FEMA's plan to deal with the COVID crisis while managing response to major natural disasters. Our country has faced outbreaks of serious disease in the past. In each case, we have marshaled our collective resources and ingenuity to overcome the crisis. I am confident that will be the case with COVID–19.

Thank you, Mr. Chairman. I yield back.

[The statement of Ranking Member Rogers follows:]

STATEMENT OF RANKING MEMBER MIKE ROGERS

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Thank you, Mr. Chairman. I yield back.

Chairman THOMPSON. Other Members of the committee are reminded that, under committee rules, opening statements may be submitted for the record.

As you know, most of—our committee room is too small, and that is why we are meeting here in the Armed Services Committee to accommodate the full committee. I thank them for allowing us to use their committee room.

Members are also reminded that the committee will operate according to the guidelines laid out by myself and the Ranking Member in our July 8 colloquy.

I welcome our witness. We have with us here today the honorable Peter Gaynor, FEMA administrator. Administrator Gaynor was confirmed by the Senate on January 14, 2020. Prior to his current role, he served as acting administrator for 10 months and was previously confirmed to serve as FEMA's deputy administrator in October 2018.

Administrator Gaynor previously served as the director of the Rhode Island Emergency Management Agency. Before his emergency management career, Administrator Gaynor served in the United States Marine Corps for 26 years.

Without objection, the witness' full statement will be inserted in the record.

I now ask Administrator Gaynor to summarize his statement for 5 minutes.

STATEMENT OF PETER T. GAYNOR, ADMINISTRATOR, FEDERAL EMERGENCY MANAGEMENT AGENCY

Mr. GAYNOR. Good morning, Chairman Thompson, Ranking Member Rogers, and distinguished Members of the committee. My name is Pete Gaynor, and I am the FEMA administrator. Thank you for this opportunity to discuss the actions taken by FEMA to protect the health and safety of the American people during the COVID–19 pandemic.

On behalf of the men and women of FEMA, I would like to begin by offering my condolences to the loved ones of over 142,070 Americans who have lost their lives to COVID–19. One life lost is one life

too many, and our hearts go out to all those that have been affected by the pandemic.

This has been a trying time for our country, and FEMA has been working around the clock to help our Nation respond to this historic global pandemic and other natural disasters. As the FEMA administrator, it has been my honor to work alongside the dedicated professionals of FEMA.

Today, I want to acknowledge that work force and our many partners for their commitment to the Nation during this response. This response continues to be one that is locally executed, State-managed, and Federally-supported.

President Trump made the unprecedented decision to declare a National Nation-wide emergency on March 13, and since that time, the entire team has worked tirelessly to make a positive impact, and many have risked their own health and safety to do so.

For the first time in American history, we have a major disaster declaration in every State, territory, and the District of Columbia, and one Tribe concurrently. Today, FEMA is responding to 114 active disasters and 97 emergencies. The magnitude of this pandemic has required us to re-examine our past practices and to keep the risk to our staff as low as possible, all the while refusing to fail in meeting our mission.

COVID–19 has been a global crisis with most countries competing for the exact same medical supplies. Every government across the Nation has been competing for the same resources, such as personal protective equipment, or PPE. To further complicate matters, most PPE is made in Asia where the virus significantly slowed manufacturing and where U.S. law has limited authorities.

During more common natural disasters, FEMA typically manages an abundance of resources for disasters that are limited in geographic scope and impact. In responding to COVID–19, FEMA has met a more difficult task of managing the lack of critical medical supplies and equipment. Rather than managing resources, we are managing shortages.

We have worked tirelessly to find medical supplies and equipment across the globe and rapidly move them to America. We quickly prioritized resources to ensure that locations with the highest risk of COVID–19 cases and deaths would not be in danger of running out of supplies and life-saving equipment.

Using the HHS Strategic National Stockpile early on, it became clear that the scope and scale of this pandemic went far beyond what the stockpile was designed for. It could not be relied upon as the single solution for pandemic supplies in the United States.

To address these wide-spread shortages, the supply chain stabilization task force was swiftly assembled by FEMA and its Federal partners. In less than 10 days we established an Airbridge to expedite critical supplies already purchased and owned by some of the Nation's largest medical distributors with the goal of providing temporary relief until supply chains could begin to stabilize. Our goal was to supplement not supplant.

This Airbridge cut international shipments from 37 days by sea to just 1 day by air. From March 29 through July 1, we have completed over 249 flights carrying life-saving supplies to the American public.

In addition to expediting supplies into the United States, the Federal response has focused on stabilizing the lives of Americans in many impactful ways. Since March 13, we have provided over $8.4 billion in obligations to States for COVID–19-related activities, with the first $1 billion obligated in just 11 days.

Another $1.7 billion has been allocated in support of title 32 National Guard troops, as well as the deployment of 5,300 DOD title 10 medical professionals who have provided critical medical support to numerous hospitals under stress.

To further bolster the medical infrastructure of our country, FEMA, through mission assignments to the U.S. Corps of Engineers, constructed 38 alternate care facilities and deployed 41 Federal medical stations. As part of the administration's testing blueprint, FEMA has procured and delivered more than 41 million swabs and 32 million units of media.

While we continue to respond to COVID–19, we want to ensure that we are using all our available assets and resources to address these critical shortfalls. To do so, the Federal Government has utilized the Defense Production Act to increase the amount of medical equipment manufactured domestically to ensure our Nation's future preparedness is not overly reliant on foreign producers.

This increase of domestic manufacturing will also allow FEMA to pivot toward hurricane season preparations as well as other natural disasters. As part of this pivot, FEMA recently released a planning guidance for the 2020 hurricane season to help local officials best prepare for more common disasters in the context of a pandemic. The operational guidance is scalable, flexible, and functions as an all-hazards planning document.

Regardless of the challenges FEMA will continue to confront, the bedrock of our mission remains constant: To protect the American people before, during, and after disasters. The framework by which we accomplish this remains unchanged. Responses are most effective when they are locally-executed, State-managed, and Federally-supported. The Nation is counting on us to accomplish our mission, and we will do so in accordance with our core values of compassion, fairness, integrity, and respect.

This unprecedented response to the COVID–19 pandemic will continue to require a whole-of-America effort, and FEMA looks forward to coordinating closely with Congress as we work together to protect the lives of the American people.

I would like to thank the committee for authorizing the many resources necessary for FEMA to meet these historic mission requirements and for the opportunity to testify today, and I look forward to your questions from the committee today. Thank you.

[The prepared statement of Mr. Gaynor follows:]

PREPARED STATEMENT OF PETER T. GAYNOR

JULY 22, 2020

Good morning, Chairman Thompson, Ranking Member Rogers, and distinguished Members of the committee. My name is Pete Gaynor, and I am the administrator of the Federal Emergency Management Agency (FEMA). Thank you for the opportunity to discuss FEMA's response and the actions currently under way to protect the American people during the coronavirus (COVID–19) pandemic, as well as the agency's on-going engagement with the emergency management community to enhance disaster preparedness within a COVID–19 environment.

On behalf of the men and women of FEMA, I would like to begin by offering my condolences to the loved ones of the 140,000 Americans who have lost their lives to COVID–19. One life lost is one life too many, and our hearts go out to all those who have been affected by the pandemic.

For the first time in the United States' history, there are 114 concurrent Major Disaster Declarations—at least 1 in every single State, 5 territories, the Seminole Tribe of Florida, and the District of Columbia. From islands across 2 oceans to the cities and farms of America's heartland, the scale of this historic event has required FEMA to adapt its response practices and workforce posture in order to both respond to COVID–19 and simultaneously maintain mission readiness for more common disasters such as hurricanes, earthquakes, floods, or wildfires.

Regardless of the challenges that FEMA continues to confront, the bedrock of our mission remains constant: Helping people before, during, and after disasters. The Nation is counting on us to accomplish our mission, and we will do so in accordance with our core values of compassion, fairness, integrity, and respect.

Since March 13, FEMA has obligated over $8.3 billion from the Disaster Relief Fund to support State, local, Tribal, and territorial (SLTT) partners in their COVID–19 response-related activities, with the first $1 billion obligated in 11 days. One-point-six-seven billion dollars has been allocated in support of the National Guard and Title 32 troops, as well as the deployment of 5,300 DOD Title 10 medical professionals who have provided critical medical support to numerous hospitals under stress. To further bolster the medical infrastructure of SLTT partners, we have constructed 38 Alternate Care Facilities and deployed 41 Federal medical stations through mission assignments to the U.S. Army Corps of Engineers.

As part of the whole-of-America response, as of July 10, FEMA, HHS, and the private sector combined have coordinated the delivery of approximately 181.8 million N–95 respirators, 746.5 million surgical masks, 30.6 million face shields, 329.1 million surgical gowns, and over 19.1 billion gloves.

FEMA's unprecedented support for SLTT partners extends well beyond financial support or the distribution of personal protective equipment (PPE). FEMA's response has served to stabilize lives in the most fundamental ways, as demonstrated by the distribution of $27 million in commodities through services such as emergency food shipments, and $56.5 million in support for crisis counseling across 53 States and territories providing free, confidential counseling through community-based outreach and educational services.

I would like to thank the Members of this committee for authorizing many of the resources FEMA and SLTT partners need to meet these complex and historic mission requirements, as well as prepare for future disaster considerations. Today's testimony will offer an overview of FEMA response efforts and strategies for COVID–19, some of the lessons we have learned, and implementable planning considerations as we pivot to prepare for future disasters during a pandemic response.

OVERVIEW OF FEMA RESPONSE

On March 13, 2020, President Trump declared a Nation-wide emergency pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). As part of this unprecedented Nation-wide declaration, all SLTT partners became immediately eligible for FEMA Public Assistance (PA) Category B, emergency protective measures as authorized by section 403 of the Stafford Act and funded by the Disaster Relief Fund. Such assistance includes, but is not limited to, funding for Alternate Care Facilities, Tribal medical centers, non-congregate sheltering, community-based testing sites, disaster medical assistant teams, mobile hospitals, emergency medical care, and the transportation and distribution of necessary supplies such as food, medicine, and personal protective equipment.

Subsequent to the President's Nation-wide emergency declaration, all States, territories, and some Federally-recognized Tribes requested Major Disaster Declarations. To date, all 50 States, 5 territories, the District of Columbia, and the Seminole Tribe of Florida have been approved for Major Disaster Declarations to assist with additional needs. FEMA is also working directly with 85 Tribal governments under either the Nation-wide emergency declaration or a Major Disaster Declaration.

In keeping with the Stafford Act, FEMA allocates funding to cover 75 percent of costs of Public Assistance, and SLTT governments are responsible for the remaining 25 percent. To help SLTT governments nimbly respond to and recover from COVID–19, the Department of Treasury recently announced that Coronavirus Relief Fund dollars, provided under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, may be used to pay for FEMA's cost share requirements under the Stafford Act.

On March 19, FEMA's role in the pandemic response changed. Under the direction of the White House Coronavirus Task Force, FEMA moved from playing a supporting role in assisting the U.S. Department of Health and Human Services (HHS), which was designated as the initial lead Federal agency for the COVID–19 pandemic response, to coordinating the whole-of-Government response to the COVID–19 pandemic.

Upon transitioning into this management role, FEMA merged interagency priorities to help guide the everyday operations of the Federal Government's response. In keeping with the leadership of the White House Coronavirus Task Force, the top priority was to protect the health and safety of the American people by executing an unprecedented whole-of-Government and whole-of-America effort. To best accomplish this objective and combat the public health crisis confronting the country, FEMA continued to coordinate response practices in alignment with the medical priorities previously established by HHS's Assistant Secretary for Preparedness and Response—shield the vulnerable, shelter the susceptible, save the sick, and sustain supplies.

FEMA further infused its own operational priorities into the whole-of-Government response by emphasizing the need to preserve the workforce and take proactive measures to protect response employees, continuously conduct mission-essential emergency management functions within a COVID–19 degraded environment, and lead Federal operations on behalf of the White House Coronavirus Task Force.

In Washington, DC, the National Response Coordination Center (NRCC) transformed into the fulcrum of Federal interagency coordination efforts under the Unified Coordination Group (UCG), which is co-chaired by me within my capacity as the FEMA administrator, and Robert Kadlec, M.D., HHS's assistant secretary for preparedness and response. Eight task forces were quickly assembled to address top priorities for the pandemic response in coordination with the NRCC and focused upon mission-critical functions such as: Gaining and maintaining situational awareness of medical equipment supply and demand, including laboratory testing supplies and protective equipment required for health care professionals or critical infrastructure workers; establishing a decision matrix for the allocation of finite resources within the context of shifting hotspots; ensuring effective cross-communication and coordination with SLTT partners to increase their response capacities; maintaining positive response momentum by protecting and rotating staff for rest periods; increasing the size of the workforce; and keeping mission-essential employees constantly but safely engaged.

In addition, FEMA's 10 Regional Offices have served on the front lines of the response, to include the activation of their respective Regional Response Coordination Centers (RRCC). In support of this whole-of-Government effort, there have been personnel from agencies such as the DoD, HHS, Centers for Disease Control and Prevention (CDC), Department of Veterans Affairs (VA), U.S. Army Corps of Engineers (USACE), Defense Logistics Agency (DLA), Cybersecurity and Infrastructure Security Agency (CISA), and Customs and Border Protection (CBP) imbedded within the NRCC and RRCCs to coordinate response and recovery efforts both Nationally and at the local level.

At its peak, over 50,094 Federal personnel were deployed in this coordinated process to bring the full resources of the Federal Government to bear. This includes 3,200 FEMA employees and 4,200 U.S. Public Health Service Commissioned Corps officers from HHS deployed in support of the response, as well as the 42,000 National Guard members responsible for conducting testing and PPE distribution, among other COVID–19 response support missions Nation-wide. Additionally, there were the 13,680 Title 10 forces, including 5,300 medical personnel, working to support the response to the public health emergency. To further bolster SLTT medical infrastructure, 17,636 U.S. Army Corps of Engineers personnel assisted with the construction of Alternate Care Facilities.

Building Surge Capacity

One of the first priorities for FEMA, HHS, and the UCG was to increase the surge capacity of SLTT hospitals. In order to accomplish this objective and protect the safety of patients, health care providers, and the American public, FEMA directed the USACE to work closely with SLTT officials to construct Alternate Care Facilities (ACF). An ACF is a building such as a dormitory or civic convention center that is temporarily converted into a medical treatment facility during a public health emergency to provide additional space if traditional health care institutions are filled beyond capacity. These locations were identified and constructed through close partnerships between USACE and SLTT officials, with local COVID–19 considerations and future projections in mind. Upon construction, the ACF is then State- or locally-managed, and eligible for FEMA Public Assistance Category B funding under the

Stafford Act for both their construction and continued operations. In total, we have constructed 38 Alternate Care Facilities.

Another type of ACF utilized by FEMA and our Federal partners during the COVID–19 response are Federal Medical Stations (FMS). An FMS is a pre-packaged ACF, and it is composed of Federal equipment and supplies that are deployed and operated by the Federal Government using supplies from the Strategic National Stockpile (SNS). In total, 41 FMSs were deployed through mission assignments to the USACE. However, due to the scale of the COVID–19 pandemic and significant demands for finite supplies within the SNS, FMSs served to augment SLTT medical infrastructure in critical areas of urgent need and could not be deployed to meet every community's requests.

Managing World-wide Critical Shortages

From the outset, a key element of FEMA's response has been managing shortages of medical supplies needed to combat the pandemic, such as PPE, ventilators, swabs, and the chemical reagents required for testing. This effort alone has presented an historic challenge for FEMA and its Federal partners. COVID–19 has been a global crisis—leaders across over 150 countries have simultaneously been competing for the same medical supplies. We have been further challenged as most of the manufacturing for PPE occurs in Asia, where the virus significantly slowed down private-sector production capabilities.

Concurrently, American medical professionals on the front lines of the pandemic have required an exponentially increased volume of PPE and other medical supplies. On average, the United States began consuming a year's worth of PPE in a matter of weeks. FEMA worked closely with HHS to ensure that locations in danger of running out of supplies within 72 hours received life-saving equipment from the Federal Government's reserve within the Strategic National Stockpile (SNS), as administered by HHS.

Phase 1: Distributions from HHS's Strategic National Stockpile

From the beginning, FEMA and HHS understood and acknowledged that the SNS alone could not fulfill all of our Nation's requirements. The SNS was never designed or intended to fully supply every State, territory, Tribe, and locality in the United States concurrently and cannot be relied upon as the single solution for pandemic preparedness. It was principally designed as a short-term stopgap buffer to supplement State and local supplies during a public health or National security emergency.

During the SNS distribution process, the Federal Government worked to balance each State's requests with the need to prioritize hotspots and locations in danger of depleting their own life-saving medical supplies within 72 hours. Emergency supply shortage notifications were relayed from the local level to State emergency managers or public health departments, who then passed them on to the Regional Response Coordination Centers to be vetted by FEMA, HHS, and CDC. These requests were then prioritized and shared with the National Response Coordination Center (NRCC) to adjudicate. The NRCC had the benefit of a National perspective to inform the decision-making process. This National perspective incorporated understandings of increasing or decreasing disease activity and its effects, a broad picture of where resources were needed most urgently, and the resources available in the SNS.

Given the finite number of medical devices such as ventilators in the SNS and the limited capacity of the private-sector supply chains to meet the demand, the Federal Government adopted a process to manage Federal ventilator resources to ship them to the States only in the quantities needed to manage the immediate crisis. As such, ventilators were designated as strategic National assets to be distributed in accordance with immediate need. Ventilator donations from the private sector and Federal partners such as the DoD made meaningful contributions to SNS distributions, and although there was an extremely finite supply of ventilators available, we were able to fulfill every State's validated request. Due to these whole-of-America efforts, improved treatment techniques in hospitals, and Federally-supported innovations within the American health care community to modify or retool medical devices such as anesthesia machines, we are proud to say that no one who needed a ventilator went without a ventilator.

Decisions on where to allocate these limited medical resources were thoughtfully and deliberately informed by a series of intervening variables and a data-driven approach. Considerations such as the number of cases, deaths, available Intensive Care Unit (ICU) beds, available ventilators, prevalence of vulnerable populations, and knowledge of a location's medical infrastructure helped to inform FEMA and HHS decision making. A series of influenza models, such as the University of Wash-

ington's Institute for Health and Metrics (IHME) Model funded by the Gates Foundation specifically for COVID–19, also played a critical role in helping FEMA allocate medical resources.

Phase 2: The Supply Chain Stabilization Task Force and Project Airbridge

To address the imbalance between supply and demand for PPE and other medical supplies, the Supply Chain Stabilization Task Force, under the direction of Rear Admiral John Polowczyk, was swiftly assembled on March 20 to address wide-spread shortfalls amidst the global competition for life-saving equipment. The Task Force consisted of a multi-faceted team across the U.S. Government, and liaisons from the private sector. In support of this whole-of-Government effort, there have been over a dozen agencies and departments—such as the DoD (including the Defense Logistics Agency (DLA)), HHS (including the CDC), the Department of Homeland Security, and the Department of Veterans Affairs (VA)—embedded within the Supply Chain Task Force to coordinate response efforts.

The Task Force, in conjunction with other agencies and Task Forces, sourced PPE, swabs, ventilators and other critical resources for points of care Nation-wide, with a special consideration given to supporting health care workers on the front line and then other priority groups including first responders and critical infrastructure workers in lifeline industries who are unable to practice social distancing due to the nature of their work.

To maintain the country's existing medical supply chain infrastructure efficiently, the Task Force, along with FEMA and HHS, has sought to supplement—not supplant—the overall supply chain through a variety of strategies. Efforts to date have focused on reducing the medical supply chain capacity gap to both satisfy and relieve demand pressure on medical supply capacity. To execute a strategy maximizing the availability of critical protective and life-saving resources, the Task Force applied a four-pronged approach of Preservation, Acceleration, Expansion, and Allocation to rapidly increase supply today and expand domestic production of critical resources to increase long-term supply capabilities.

Through these lines of effort, the Task Force worked with the major commercial distributors to facilitate the rapid distribution of critical resources in short supply to locations where they were needed most. This partnership enables a whole-of-America approach to combat the pandemic.

A key example of this public-private partnership in action is Project Airbridge. Established in less than 10 days, Project Airbridge expedited the movement of critical supplies from the global market to medical distributors in various locations across the United States. FEMA covered the cost to fly the supplies, enabling the delivery of PPE into the United States from overseas factories. To be clear, the Federal Government does not own the content of these flights, but simply facilitated the rapid transportation of these materials to the United States on behalf of the 6 largest American medical distributors who have partnered with the Supply Chain Task Force.

Remarkably, this Airbridge cut the duration of transporting international shipments down from 37 days on a ship to just 1 day by air. Under the leadership of the White House Coronavirus Task Force, FEMA and its partners successfully innovated to deliver PPE to America 36 times faster. Put another way, the Airbridge ensured that PPE was delivered to the United States in less than 3 percent the amount of time it traditionally takes to transport PPE.

After the cargo was flown in via the Airbridge, 50 percent of the supplies on each plane were sent by the distributors to points of care in areas of greatest need. These areas were determined by HHS and FEMA personnel within the National Resource Prioritization Cell (NRPC), based on information provided by States and CDC epidemiological data. In addition, distribution decisions have been informed by the immense amounts of data provided by the 6 distributors who partnered with Project Airbridge. These companies are Cardinal Health, Concordance, Owens and Minor, McKesson, Medline, and Henry Schein.

These 6 distributors allowed us to see what inventory is coming in and where it is going—down to the zip code. This data has provided the Task Force the ability to prioritize hospitals, nursing homes and other health care facilities with the most critical needs and highest COVID–19 rates. This information was updated frequently by the NRPC to provide an accurate view of evolving conditions, PPE accessibility, and shifting hotspots.

The remaining PPE from Project Airbridge was distributed through the companies' regular networks into the broader U.S. supply chain. Prioritization was given to hospitals, health care facilities, and nursing homes around the country. In some cases, the Federal Government may have purchased some of the supplies upon arrival to provide to States with identified and unmet needs. This is truly an historic

accomplishment by FEMA and its Federal partners. The result was a data-informed process that helped FEMA better ensure the right supplies got to the right places at the right time to save lives.

Project Airbridge was integral to the Federal strategy to manage critical shortages of PPE and other medical supplies by accelerating international deliveries until domestic and foreign manufacturers could increase production to well above pre-COVID–19 levels and standard supply chains could begin to stabilize. From March 29 to June 30, Project Airbridge completed 249 flights and expedited the delivery of nearly 4.5 million N95 respirators, almost 1 billion gloves, approximately 122 million surgical masks, and more than 60 million surgical gowns, among many other critical medical supplies. As of July 1, Project Airbridge has ceased all activities, but retains the ability to be reactivated in accordance with shifting conditions.

Phase 3: Transition to Expedited Shipping and Increased Manufacturing

Although Project Airbridge was able to fill critical shortages of PPE and other medical supplies, it was never intended to be a permanent component of a stabilized supply chain. As global production levels continue to increase, we have transitioned toward traditional and expedited sea lane shipping with cargo ships able to carry considerable volume. On May 10, FEMA's first shipment of N–95 respirators arrived by sealift in the Port of Long Beach, California, with a subsequent delivery of N–95s arriving on May 21. Subsequently, we have scheduled additional sealift delivery through the month of July. This will provide an additional 62.7 million N–95 respirators, 1.3 million gloves, and 6.2 million gowns into the United States. This is approximately 390 cargo containers of material.

As part of the whole-of-America response, as of July 14, FEMA, HHS, and the private sector combined have coordinated the delivery of approximately 181.8 million N–95 respirators, 746.5 million surgical masks, 30.6 million face shields, 329.1 million surgical gowns, and over 19.1 billion gloves.

Expansion of the industry has also been simultaneously taking place. Manufacturers are enhancing domestic production capacity with additional machinery, and in some cases re-tooling assembly lines to produce new products. As an example of this work, the Food and Drug Administration (FDA) is providing assistance to manufacturers who have produced other products, such as automobiles, on adding production lines or alternative sites for making more ventilators during the COVID–19 public health emergency.

In addition, the Supply Chain Stabilization Task Force is working through over 350 leads to match American businesses who have excess raw materials, workforce, or factory production capacities combined with an overwhelming desire to provide their support to the National response effort. Task Force members are actively working to facilitate the creation of private-sector partnerships to pair companies that have offered their excess factory production capacity, the talents of their workforce and access to their raw material supply chains with critical supply manufacturers who have expertise in producing PPE, ventilators, and other needed equipment.

As part of the Federal efforts to scour the globe for PPE and consider all opportunities, FEMA and its Federal partners explored thousands of leads both overseas and across our country. Whether a lead came from the White House Coronavirus Task Force, Members of Congress representing businesses in their State, or through an enterprise's unaffiliated inquiry, we processed all leads through standard vetting procedures and the Federal procurement process. To be clear, FEMA follows the law and all applicable procedures prescribed in the Federal Acquisition Regulation and other agency procedures when entering into contracts. To further support this effort, a firewall was established between those responsible for identifying leads and those responsible for the procurement of contracts. In response to the COVID–19 pandemic, FEMA has awarded a total of 676 contract actions for a total value of $1.60 billion to date on behalf of HHS and other Federal partners in support of SLTT partners.

To help FEMA pivot toward hurricane season preparations, on April 28, FEMA's role within the Federal response to the COVID–19 pandemic began to evolve. The White House Task Force, DOD, HHS, and the Supply Chain Task Force (SCTF) agreed that the DOD would assume responsibility for procuring emergent PPE items in response to COVID–19 on behalf of FEMA and HHS. The official transition concluded May 29, 2020. Moving forward, new procurements for COVID–19 will largely reside with the DOD's Defense Logistics Agency, which has a robust procurement and distribution capacity and capability.

This transition will help FEMA to better prepare and support the upcoming hurricane season and other potential disasters Americans may face. As FEMA and its partners begin returning to steady-state operations, the 8 Task Forces within the

NRCC have begun transitioning into Working Groups. All personnel previously assigned to the 8 Task Forces have either been demobilized or realigned under 6 corresponding working groups. Regardless of FEMA's role in the management and distribution of critical resources, this COVID–19 response effort will continue to be Federally-supported, State-managed, locally-executed, and in this instance, private sector-enabled.

Like all task forces assembled to confront specific challenges in crisis, the Supply Chain Stabilization Task Force's lines of effort require longer-term institutional solutions to ensure that America is ready for a sustained response to COVID–19 and other pandemics. The expansion of our domestic industry to increase the production of PPE and other supplies is key to our ability to conduct a sustained response. One of the most prominent examples of efforts to expand the domestic industry is demonstrated by interagency efforts to leverage the Defense Production Act.

The Defense Production Act

The Defense Production Act (DPA) of 1950, as amended (50 U.S.C. §§ 4501 et seq.) is an authority the President may use to expand the production of supplies and services from the private sector needed to promote the "National defense," a term that includes emergency preparedness and response activities conducted pursuant to Title VI of the Stafford Act and protection and restoration of critical infrastructure operations. The authority to use the DPA for health and medical resources for COVID–19 was delegated to the Department of Homeland Security (DHS) and HHS in Executive Order 13911, "Delegating Additional Authority under the Defense Production Act with Respect to Health and Medical Resources to Respond to the Spread of COVID–19." The Secretary of Homeland Security delegated its authority to me, as the FEMA administrator. FEMA specifically has relied on the DPA, as delegated and in coordination with our Federal partners, to focus on increasing the production and distribution of ventilators, N–95 masks, and medical countermeasures.

Beginning on March 19, the Unified Coordination Group (UCG), which I chair, and which includes leaders from FEMA, the Department of Health and Human Services, the Department of Defense (DOD), and other Federal agencies, reviewed all requests for use of the DPA for COVID–19 and elevated them to the White House Coronavirus Taskforce for decision.

In response to the COVID–19 pandemic, DPA authorities can be used to address disruptions in medical and health care lifelines necessary for the continuous operation of critical Government and business functions which are essential to human health and economic security. The DPA enables the Federal Government to leverage domestic industry's ability to supply materials and services in support of the National defense. In addition to using the DPA to protect essential health resources and combat materials shortages, the Federal Government is also using the DPA to increase domestic manufacturing capabilities, which will help to ensure the United States' future preparedness for pandemics is not overly reliant upon the foreign production of medical supplies which, as we have seen, may be vulnerable to supply chain disruptions.

For response to the COVID–19 pandemic, FEMA's authorities under the DPA are described in Titles I, III, and VII of the Defense Production Act.

DPA Title I—Priorities and Allocations

Title I of the DPA provides the Federal Government with the authority to require contracts and orders to be accepted and to receive priority over non-rated contracts and orders not prioritized by the Federal Government for the National defense. Priority-rated contracts and orders take precedence over all unrated contracts and orders, when necessary to meet delivery dates specified in the rated orders. Priority ratings can be added to contracts and orders to procure health resources, including PPE, to ensure the Federal Government has the necessary resources to combat COVID–19.

In response to a Presidential Memorandum, "Memorandum on Order Under the Defense Production Act Regarding 3M Company," on April 3, 2020 FEMA issued a DPA order to 3M for 166.5 million respirator masks from its factories in China, South Korea, and Singapore, to be delivered from April to July 2020. FEMA is using this rated order to fill State requests for support and to help fill normal supply chains for PPE.

DPA Title I also authorizes FEMA to allocate limited supplies of materials, services, and facilities in the domestic market, which allows the Federal Government to control the distribution of scarce, high-demand health resources. FEMA has also exercised its delegated allocation authority under Title I to impose export limitations ensuring that critical medical supplies needed for the domestic response to COVID–19 are preserved for domestic use. In furtherance of President Trump's

April 3 "Memorandum on Allocating Certain Scarce or Threatened Health and Medical Resources to Domestic Use," FEMA published a Temporary Final Rule to allocate 5 categories of scarce medical items. These categories include N–95 respirators, surgical gloves, PPE surgical masks, and other air-purifying respirators for domestic use. FEMA reviews planned exports of these items and may purchase them, return them for distribution in the domestic market, or, if they fall within one of several established exemptions, allow them to proceed to export. FEMA coordinates closely with our Federal partners in implementing this order, including DHS's CBP, the U.S. Department of Commerce, HHS's FDA, and the U.S. Department of State.

DPA Title VII—Voluntary Agreements with Private-Sector Partners

Based on a finding that COVID–19 presents a direct threat to the National defense and its preparedness programs, FEMA has also initiated efforts under Title VII of the DPA to establish a Section 708 voluntary agreement for the response to COVID–19 and future pandemics. Under Title VII, FEMA plans to enter into a voluntary agreement with private-sector manufacturers and distributors of critical health care resources necessary in a pandemic. Participants in a voluntary agreement are granted relief from antitrust laws for actions taken pursuant to a voluntary agreement at the direction of the Federal Government.

As part of the effort to develop a voluntary agreement, FEMA held an open meeting on May 21 to present the draft agreement and solicit stakeholder feedback. Consistent with positive feedback and interest expressed by industry partners, FEMA is in the process of finalizing the agreement. If this agreement is approved by the Attorney General and the Federal Trade Commission, this agreement would formalize the unity of effort between the private sector and the Federal Government for integrated coordination, planning, and information sharing for the manufacture and distribution of PPE, pharmaceuticals, and critical health care resources identified as necessary to respond to COVID–19 and future pandemics.

DPA Title III—Expansion of Productive Capacity and Supply

Title III of the DPA allows the Federal Government to make loans, loan guarantees, and to take other actions to facilitate increased production capabilities needed to maintain, expand, or protect services and materials essential to the National defense. The Coronavirus Aid, Relief, and Economic Security (CARES) Act (Pub. L. 116–136) allocated $1 billion for Title III projects related to COVID–19. Title III funds are held in the DPA Fund, managed by the DOD. These funds have been allocated to support increased production capacity and speed of production by DOD and HHS for critical health care resources including N–95 respirators, test kits, vaccines, and other pharmaceuticals.

LESSONS LEARNED

FEMA has responded to this pandemic while continuing to adapt its operations and procedures to support preparation for complex future crises. Among the first lessons learned was the need to preserve PPE and prioritize its distribution.

Prioritization and Preservation

Within the context of a disrupted supply chain, it quickly became apparent that health care workers, first responders, patients, and critical infrastructure workers needed prioritization for distributed PPE. While increased production capacity was coming on-line, FEMA, CDC, and other partners ensured that scarce PPE was allocated to those on the front lines of the pandemic, and also maximized the utility and useful life of available PPE by releasing guidance to reduce, reuse, and repurpose this PPE. Due to global PPE shortages, the implementation of contingency and crisis capacity plans were sometimes necessary to ensure the continued availability of protective gear.

The BATTELLE Critical Care Decontamination System (CCDS) became another component of the plan to preserve PPE. These units can decontaminate compatible N95 respirators using a mobile CONEX box-based Vapor Phase Hydrogen Peroxide (VPHP) generator. It is the subject of an emergency use authorization issued by FDA, with capacity to decontaminate 80,000 such respirators daily. The Federal Government purchased 60 systems and distributed 45 for use Nation-wide, and FEMA continues to support their distribution.

Next-Generation SNS

Moving forward, we must have a ready and responsive SNS, which is why FEMA, HHS, and DoD are continuing to work together on the President's vision for a Next-Generation SNS. A transformation is required for a holistic supply chain ecosystem responsive to the unique needs of each region of the United States. This includes

developing supply chain intelligence, strengthening local, State, and Federal partnerships, and expanding domestic manufacturing for a successful future. This strategic commitment to modernize the SNS is necessary for a stronger Nation prepared to meet any local, regional, or National event. Thanks to U.S. production, we now have 49,849 ventilators in the Strategic National Stockpile as of July 16, which is more than we did before the pandemic. Similarly, before the COVID–19 pandemic, the SNS had fewer than 18 million N95 masks, and we are now growing the reserve through the DPA to include 300 million. Furthermore, whereas the SNS previously did not contain ventilator pharmaceuticals, it will now have a 3 months' supply in stock.

Rapid Testing for Vulnerable Populations

Given the wide selection of platforms to administer COVID–19 diagnostic testing and the supply chain limitations for the materials needed to support them, FEMA supported HHS efforts to prioritize rapid testing for vulnerable populations such as those found in nursing homes. Prioritizing the limited number of rapid tests for populations with underlying health considerations was key to facilitating a rapid response and the strategic distribution of scarce supplies. COVID–19 diagnostic platforms with longer turnaround times were found to be more appropriate in situations with lower risk of rapid spread and escalation. In further support of vulnerable populations within nursing homes, FEMA has coordinated 26,222 deliveries totaling a 14-day supply of personal protective equipment to all 15,400 Medicaid and Medicare-certified nursing homes.

Rapid testing was also proven to be an effective tool in places such as the Navajo Nation, in which limited medical infrastructure and high rates of chronic illnesses combined to create an at-risk demographic. Rapid testing, as supported by HHS, Indian Health Services, and FEMA, has allowed for increased diagnostic screenings above the National average.

As part of our agency's efforts to support HHS-led community-based testing strategies, FEMA continues to support the White House Coronavirus Task Force and the administration's Testing Blueprint. Beginning in early May, large quantities of testing swabs and transport media began shipping to help increase testing capacity in support of individualized State, territorial, and Tribal plans. As of July 10, FEMA has procured and delivered over 36.9 million swabs and 28 million tubes of transport media. Each State, territory, and Tribe will develop its own distribution strategy to align with its testing plan and unique needs. Nationally, partnerships with major retail companies and local independent pharmacies to increase testing access will provide Americans with faster, less invasive, and more convenient testing for under-tested and socially vulnerable communities.

Rumor Control and Myth Busting

Throughout all stages of FEMA's COVID–19 response, we have consistently worked to correct misconceptions about the agency or Federal Government's actions and established a Rumor Control Page on our website to assist in this effort. The agency frequently gets questions regarding FEMA "seizing" or "commandeering" critical PPE. To be clear, FEMA does not seize PPE from its Federal, State, local, Tribal, or territorial partners, hospitals, or any entity engaged in lawful transactions to distribute these resources. FEMA does not divert any PPE orders to replenish the Strategic National Stockpile.

However, it is true that certain individuals and businesses are trying to profit from the confusion and fear surrounding COVID–19, hoarding scarce resources with intent to resell them at prices in excess of prevailing market prices. This price gouging profoundly harms the Nation's ability to fight the COVID–19 pandemic and protect those men and women on the medical front lines of that fight. The U.S. Department of Justice (DOJ), under the direction of Attorney General William Barr, established the COVID–19 Hoarding and Price Gouging Task Force, focused on the detection, investigation, and prosecution of illegal hoarding and price gouging related to the pandemic. In some instances, FEMA has assisted the DOJ in its anti-price gouging efforts by issuing rated orders requested by the Hoarding and Price Gouging Task Force to purchase hoarded stockpiles that DOJ has identified as being involved in price gouging efforts.

In addition to concerns about price gouging, FEMA is aware of the threat posed by fraudulent PPE being manufactured, acquired, and shipped to customers desperate to obtain PPE for use in health care and other industries. The U.S. Government, academia, and the private sector are working collaboratively to minimize the risk to Americans posed by fraudulent PPE.

Firefighter Grant Modernization Efforts

To better support SLTT partners and first responders within the context of the COVID–19 pandemic, FEMA has adapted its Assistance to Firefighter Grant (AFG) and Staffing for Adequate Fire and Emergency Response (SAFER) Grants programs. For example, FEMA's grant modernization efforts have evolved to allow for virtual consultations with the fire services on program development and virtual peer reviews. These new capabilities have reduced risk for participating parties and accelerated the reviewal process, with competitive AFG-Streamlined applications able to be completed in under 1 month instead of the typical average of 6 months for the traditional AFG Program.

Furthermore, Acting Secretary Wolf of DHS exercised his discretionary authority to relax certain requirements within the SAFER Grant Program. By waiving salary caps, cost shares, and prohibitions on supplanting previously budgeted funds, we have reduced financial burdens on applicants and expanded the number of fire departments able to apply. With many municipalities facing a reduction in tax revenue, the waivers for the fiscal year SAFER Grant Program will allow fire departments to retain or rehire firefighters facing layoffs. DHS and FEMA will provide these fire departments with 100 percent of the funding needed to hire firefighters over the next 3 years. FEMA anticipates opening the fiscal year 2020 application later this calendar year.

DISASTER PREPAREDNESS IN A COVID–19 ENVIRONMENT

COVID–19 is not the first nor the last pandemic the American people will face. It is, therefore, imperative that we continue to prepare at all levels of government, within our communities, and across the private sector by learning from our experience with this novel coronavirus. Furthermore, building a culture of preparedness through a whole-of-America response could become an important component of our ability to most effectively respond to other disasters such as hurricanes or wildfires during a sustained pandemic response.

Operating in overlapping disaster environments will create new intricacies within already complex mission requirements. For example, there will be a new need to evacuate strategic National assets such as ventilators or key pharmaceuticals. Evacuating people within the current COVID–19 environment will present an even larger challenge, and it will likely require the wide-spread availability of non-congregate sheltering. Furthermore, COVID–19 may slow down State, territorial, and Tribal abilities to conduct damage assessments for disasters such as flooding, severe storms, and hurricanes. Response to other disasters, in turn, can slow down the ability of officials to collect crucial information about COVID–19 cases and stymie their ability to share the critical data needed to combat it. Consequently, there is a potential for a compounded effect that could result in a larger emergency than each disaster would be on its own. These are just some of the considerations FEMA has accounted for as we pivot to prepare for what could become active hurricane and wildfire seasons.

2020 Hurricane Season Operational Guidance

With a watchful eye on hazards of any type, on May 20, FEMA released COVID–19 Pandemic Operational Guidance for the 2020 Hurricane Season to help emergency managers and public health officials best prepare for disasters, while continuing to respond to and recover from COVID–19. The guide describes anticipated challenges to disaster operations posed by COVID–19, as well as actions emergency managers and public officials can take to prepare for those challenges. By creating a shared understanding of expectations among FEMA and our SLTT partners, the Nation will be better positioned to achieve successful operational outcomes in disaster response and recovery efforts. While this document focuses on hurricane season preparedness, most planning considerations can also be applied to any disaster operation in the COVID–19 environment, including no-notice incidents, flooding and wildfires, and typhoon response.

FEMA expects to maintain COVID–19 activation into the 2020 hurricane season in order to best support SLTT operations. To ensure that operational decisions are made at the lowest level possible, consistent with the National Response Framework, FEMA is organizing to prioritize resources and adjudicate accordingly, if needed.

FEMA personnel who are currently deployed will be prepared to pivot to support emergent needs. FEMA regions continue to provide technical assistance and coordination for a range of program areas with their respective SLTT partners. FEMA is also well-positioned with thousands of personnel in the field supporting existing operations, thousands more available ready to support emergent disaster operations,

and more personnel joining the agency through virtual on-boarding every 2 weeks. In order to better adapt plans in this environment and support our partners, FEMA programs will continue to provide assistance to survivors, but many programs may require on-line or phone registration processes (in lieu of in-person), remote assessments or inspections, and adapted program delivery within impacted areas experiencing localized outbreaks or periods of peak COVID–19 activity. However, if and when SLTT partners are overwhelmed, FEMA is prepared and postured to provide program support, regardless of delivery method.

At such a pivotal time for this country, the FEMA workforce has risen to these unprecedented circumstances and met our mission each and every day. We are adaptable, resilient, and support each other. To help protect our workforce, FEMA released to a roadmap for the agency in June concerning the opening FEMA facilities in the future. All FEMA facilities will be required to have safety protocols established prior to welcoming any employees back into a physical facility. This phased approach will ultimately result in a much smaller permanent footprint in our facilities than we had prior to the pandemic, without sacrificing services. As an example of our agency's continuing services in a protective workforce posture, FEMA's Congressional and Intergovernmental Affairs Division has completed over 600 engagements with Congressional and SLTT officials since shifting to wide-spread telework practices.

CONCLUSION

In closing, I would like to emphasize my pride and gratitude to the men and women of FEMA, as well as my gratitude to our partner departments and agencies for their adaptability, hard work, and endurance during this unprecedented response. Many have risked their health during the COVID–19 response, and their safety and well-being remain at the very top of our agency's priorities.

Furthermore, this agency would like to thank all Americans. Through coordinated social distancing campaigns across the country, the sacrifices made by millions of Americans bought valuable time as part of this whole-of-America response. These contributions by the public allowed FEMA and its partners to strategically allocate, and then continuously shift, globally scarce resources such as ventilators to hotspots where they could immediately save lives within a 72-hour window. This whole-of-America response was personified by leaders in places such as Washington State who voluntarily donated their ventilators to new hotspots in locations like New York.

Finally, I again express my appreciation to Congress and the President for providing FEMA with the necessary resources to meet very complex mission requirements and conditions. This unprecedented response will continue to require a whole-of-America effort, and FEMA looks forward to closely coordinating with Congress as we work, together, to protect the health and safety of the American people during the COVID–19 pandemic. Thank you for this opportunity to testify. I look forward to answering any questions that you may have.

Chairman THOMPSON. I thank the witness for his testimony. I remind each Member that he or she will have 5 minutes to question the witness. I will now recognize myself for questions.

Mr. Gaynor, can you talk to us about why a lot of Members in Congress are still hearing from hospitals that they are short on PPE?

Mr. GAYNOR. Yes, sir. I can't talk to the specific hospitals, but I will just talk generally where we are with the pandemic. Just, you know, for context, this is a global pandemic, and I said in my opening statement that every country that has COVID–19 disease in their country, to include every Governor and mayor, Tribal chief in the United States is looking for the same exact PPE.

We don't make it here in the United States. We make very, very little. We make virtually no rubber gloves in the United States, as an example. You know, we are in competition still for PPE around the globe. The place we are in today is much better than we were 60 days ago, although we are not going to buy our way out of this with just money. We are going to have to improve the industrial

base to make these critical items in the United States so we are not at the whim of our global competitors.

We have talked to every single State director, emergency management director in the country, and got a feel for what they have in stock in States. It is actually pretty positive. Sixty, 90, 120 days, States have stockpiled today.

Now, there may be shortages, micro shortages across the country based on COVID–19 cases, you know, increased hospitalizations, and those hospitals or those front-line workers that have a shortage should work with their local emergency management director, their local public health director, and identify those——

Chairman THOMPSON. I——

Mr. GAYNOR [continuing]. To the State and then obviously to us so we can fulfill those requests.

Chairman THOMPSON. So your testimony is that all a hospital has to do to get the requisite requirement for PPE is talk to a local emergency manager?

Mr. GAYNOR. There are many different ways to do it. That is one way. You know, the commercial medical grade PPE distribution is very healthy today. So, if they can't get it via their normal supply chain—there are 6 big medical distribution companies in the country—if they can't get it there, we can help. We have insights through our——

Chairman THOMPSON. Yes. Well, my point is——

Mr. GAYNOR [continuing]. Supply chain control policies to help those hospitals or who else may have a shortage.

Chairman THOMPSON. My point is that it is still a problem. Can you provide any written direction to the committee as to how you suggest they can share with their constituents how they can get access to more PPE, if required?

Mr. GAYNOR. Yes, sir. I want to be clear, you know, we have a ways to go on making sure we have enough PPE. This is not as simple as just throwing a light switch and we just magically make more. We still have many months to go before we start making enough in the United States to supply the demand. As cases grow in the sunbelt, demand goes up.

But if there is a hospital or a Tribe or a county, city that needs PPE, contact their local emergency manager to go to the State and obviously to us so we can fulfill that or address that——

Chairman THOMPSON. Well——

Mr. GAYNOR [continuing]. Through either Federal supply or commercial supply.

Chairman THOMPSON. Well, I am glad to hear that because it is still part of what most Members hear in their district.

Moving forward, last week, our Nation topped 75,000 new cases of COVID–19 in a single day for the first time. We have 4 percent of the world's population, about a quarter of all deaths in the world from COVID–19. Clearly, our National response to the pandemic has been woefully inadequate.

When we were—when we held part one of this hearing on July 8, Governor Pritzker of Illinois, Tupelo, and Dr. Shah of Harris County Public Health in Texas all said that inconsistent messaging is severely hurting our ability to respond to this crisis.

Does it help FEMA's response effort when the President repeatedly says things about the coronavirus that are not accurate, such as he did Sunday when he claimed that the coronavirus is going to disappear?

Mr. GAYNOR. Sir, you know, my role in the administration is to make sure that I focus on leading Federal operational coordination, making sure that all the things we need to overcome COVID–19, whether it is rising cases, hospitalizations, need of staff, PPE, pharmaceuticals, beds, my role is to make sure that every request from every Governor, from every mayor, from every Tribal chief is fulfilled to the best of our ability based on what we have.

Chairman THOMPSON. Well——

Mr. GAYNOR. That is my role in fighting COVID–19.

Chairman THOMPSON. Thank you. But consistent messaging, all the experts say, is important if we are going to get through this and get over this.

Let me ask you this: Has FEMA ever been directed by anyone at the White House to procure supplies from any source?

Mr. GAYNOR. No, sir.

Chairman THOMPSON. Well, I want to put on the screen a contract between FEMA and a contractor that FEMA provided us upon request. The procurement of N95 model RP 88018 and RP 88020 respirators, it says, "Order directed by the White House." You all provided that to us.

So what I want you to do, if you can't explain it now, because part of the conversation we have been hearing is that agencies have been directed to do certain things and use certain contractors, and you have said—I have provided you with documents that you provided us, and I just want you to go back and check your people to make sure that you are not saying something that is not true from FEMA's perspective.

Mr. GAYNOR. Well, I am absolutely confident what I just said about not receiving direction from the White House is absolutely 100 percent true. That document that we provided is really an administrative note by one of our contracting officers where we got many different inputs from where we could find supplies from COVID–19.

I received at the high point 50 emails a day from people trying to offer me PPE, where we can buy it, all pushed into the system. I received phone calls from mayors. I received phone calls from Governors about a local producer had PPE. I received information from the Vice President and the task force where people would call up hospitals and say, "Hey, I know of a PPE provider and look into this."

So that is a reflection of just where I—or where we got all sorts of information from everyone. I got calls from Senators and Congressmen saying, "Hey, I have a person that produces PPE in my agencies. Can you put that into the contracting chain?" That is a reflection of just that, thousands and thousands of unsolicited requests from many different people around the country trying to be very helpful, and it comes from all different directions.

You know, the gap between somebody offering a supplier, whether it is true or whether it is—they don't have anything, they are just trying to——

Chairman THOMPSON. I——

Mr. GAYNOR [continuing]. And the gap between us contracting, and I have said it before, is as wide as the Grand Canyon.

Chairman THOMPSON. I understand, but I want you to look at it, that particular information, and after you have, get back to us and say it was exactly what I said. I am fine with it.

Mr. GAYNOR. Sir, I have looked at it. I will tell you right now—I will save you the time—it is exactly what I said it is.

Chairman THOMPSON. OK. Thank you. I yield back.

The Chair recognizes the Ranking Member of the full committee.

Mr. ROGERS. Thank you, Mr. Gaynor, for being here.

As you know, hurricane season began June 1, and the Chairman and I both represent States that are on the Gulf Coast, and hurricane season is a big deal for us. Is FEMA capable of managing COVID–19 response and the hurricane season simultaneously?

Mr. GAYNOR. We are, sir. I have stated publicly before, I don't think FEMA has been more ready than we are today. We have not only dealt with COVID–19 response, on-going response, we have dealt with flooding in Michigan. We have dealt with earthquakes in Puerto Rico. We have dealt with tornados, and we are completely ready for the hurricane season.

Early on, after we were tasked by the President to provide—or begin—or take over the lead for Federal operational coordination, we knew we were going to be in hurricane season, and so we drafted a plan called the "COVID–19 Pandemic Operational Guidance for the 2020 Season." This was done and issued on May 20. We did this in 21 days.

We took all the lessons learned up to that time about how to integrate, respond to COVID–19, and the hurricane season. This is—actually you could use this for any hazard, so whether it is wildfires or flooding. The lessons learned in this apply to all hazards across the country.

You know, we want to make sure that jurisdictions look at their existing plans about evacuation and sheltering and apply the lessons that you are going to need to apply that we have learned in COVID–19. You are going to need more time. You are going to need more space. You are going to need to do more cleaning, all those kind of things.

You are going to have to—again, I was a local emergency manager in a city, and I was a State emergency manager. You are going to have to go through all those plans to make sure you update those so you are ready for whether it is a hurricane or a tornado or a wildfire.

We have provided some planning guidance across the Nation to make sure that not only the Federal Government is ready but our partners, locally-executed, State-managed, and Federally-supported, it is a team effort. It all has to work together. Of course, we need our citizens to be ready for disasters also. So it is an all-of-community effort.

Mr. ROGERS. Do you find those local partners being willing to participate in a cooperative manner with you in trying to prepare?

Mr. GAYNOR. I missed a word, sir.

Mr. ROGERS. Do you find that those local governments are willing—are cooperative partners?

Mr. GAYNOR. Yes, sir. We just came back from a road trip to the Gulf Coast last week. I spent a significant amount of time in Baton Rouge, Louisiana; New Orleans; Mississippi, Gulf Port; Mobile, Alabama, and checked on local and State preparedness for the hurricane season and how they are doing on COVID–19.

Many, if not all of the emergency managers that I talked to, to include Governors, have taken these guides, guidelines under consideration and are making and have made preparations for hurricane season to make sure that they are completely ready not only for a hurricane but a hurricane while responding to COVID–19.

Mr. ROGERS. You know, the Chairman was talking to you about PPE and some of the shortages that we have experienced. You know, we know that China has been a source of—primary source of production of PPE, and I think you are going to see our country move away from that in the future.

But my understanding from your responses to the Chairman's questions is you feel like that we now have found alternative sources that are sufficient for this kind of equipment going forward. Is that accurate?

Mr. GAYNOR. Like I said before, we are in a much better place than we were coming out of March and April. However, we are not out of the woods completely with PPE. Again, the majority of PPE is made offshore: China, Malaysia, Vietnam. So one of our efforts early on with the supply chain control stabilization force was to accelerate that PPE to the United States, take preservation methods to—or measures to preserve PPE that we had, and to increase industrialization in the United States through the use of the DPA.

All those things have happened. They continue to happen. We are producing N95 masks in the United States. We need to produce other items. Through our partnership with the Federal Government, DOD, DLA, and many other partners, we are working toward that. But it is not a light switch. It is more of a rheostat, and we have some distance to travel.

Mr. ROGERS. Great. Thank you.

I yield back, Mr. Chairman.

Chairman THOMPSON. The Chair now recognizes other Members for questions they may wish to ask witnesses. I will recognize Members in order of seniority, alternating between Majority and Minority. Members joining the hearing via Webex are reminded to unmute themselves when recognized for questions and to mute themselves once they have finished speaking, and, to the extent practicable, to leave their cameras on so they may be visible to the Chair.

The Chair now recognizes gentlelady from Texas, Ms. Jackson Lee, for 5 minutes.

Ms. JACKSON LEE. Chairman, I thank you very much for this hearing, and I thank the Ranking Member for his presence here. We are at such a catastrophic crisis in this Nation that, however we are able to come together, Mr. Chairman, I am appreciative very much, virtual and/or in person.

Americans are dying. They are dying. I don't know how many times I need to say this. They are dying. Our hearts are broken: 144,000 and the number is growing.

Administrator, I do want to thank the hard-working FEMA employees and contractors and others. Thank you for your embedded commitment. You are a man that deals with crisis, and that is your work, and I think it is your passion.

I would appreciate it if you would give me yes or no answers because my time is limited. I come from an epicenter, and I am dealing with my colleagues across the State. Congressman Gonzalez has indicated, if you can help them in Hidalgo County, and they are short of oxygen. You can contact Judge Cortez and Dr. Melendez. They have no oxygen. People are dying.

My colleague Congressman Vela, please contact Judge Trevino. They would like another super testing site. They have no morgues and crematoriums. People are dying. Congressman Gonzalez said that 500 to 600 people a week are dying.

In my own district of Harris County, the numbers now are extreme. People are dying. It is crucial that we know that Texas has almost 5,000 dead. It has 58,000 cases in Harris County and Houston. There are 83,000 cases just in the last 24 hours, 784 dead.

My question to you is that when the National declaration was declared of an emergency, did you get handed a strategic plan for the Nation dealing with testing and dealing with masks? I just need yes or no. Did you get a plan handed to you from the White House?

Mr. GAYNOR. Are you talking about from the very first day?

Ms. JACKSON LEE. Yes.

Mr. GAYNOR. No. But we had an existing pandemic——

Ms. JACKSON LEE. Mr. Administrator, let me——

Mr. GAYNOR. I know, ma'am, and I want to be respectful——

Ms. JACKSON LEE. You can finish with a sentence.

Mr. GAYNOR [continuing]. But it deserves more than a yes or no answer. We had a plan that was up there in 2018 called the PANCAP plan, the Pandemic Crisis Action Plan. That plan was updated on March 1 to work into what we were seeing with COVID–19——

Ms. JACKSON LEE. I thank you very much.

Mr. GAYNOR. So we had a plan, yes, ma'am.

Chairman THOMPSON. You had a plan March 1. We discovered COVID–19 on October 2019. I don't want to hold that to you, but that was testimony in this committee by another member of the administration.

Mr. GAYNOR. Yes, ma'am. That PANCAP plan was written and updated in 2018.

Ms. JACKSON LEE. Thank you. But that plan you did not get when you were handed the responsibility of supervising COVID–19.

Despite concerns from local officials that a lack of Federal testing support could cause further spread of the virus, in late June, the Trump administration confirmed it would no longer provide funding for 13 sites, including sites in States like Texas, which are experiencing rises in confirmed cases. Only 2 sites in testing have been extended until the end of July.

Every medical expert says testing is diagnostic. I would appreciate it—2 questions: Why are they cutting sites? In that, I am requesting that the National Guard be continued past August 31 or at least until August 31 to continue our testing sites.

Then I want to understand, in your plan, did you give States the urgency of the need for stay-at-home orders? As you well know, there was a White House task force report that was hidden and kept from States in terms of members or local authorities. My local mayor did not have it.

In that report, moving onto that report, it indicated that Bexar County and Harris County were hot spots and that we should rewind back on our opening. Did FEMA get that report? Was there a reason why that report was kept? Should we now be rewinding in these hot spots because of that report? Mr. Administrator.

Mr. GAYNOR. Yes, ma'am. So let me try to answer what all your questions are. First, on the community-based testing sites, when we first started community-based testing sites—we call them 1.0, the first version of that. There are 41 of those across the country run and funded by the Federal Government to really get testing started in the local community.

That has morphed into—we are in version 3.0 where there is more than 700 testing sites across the country. Most of those now accessible in places like Walmart, Walgreens, CVS stores, Krogers, where anyone can walk up and get a test.

To the original Federal testing sites, it was not an issue about stopping funding. It was really about an issue of passing control and running the administration of those testing sites to States. Still running today some of them, I think the last 4 in your district.

I know you and I have had conversations about keeping those running because they are important to your community. We have adapted since the beginning, and I think this is why we have been successful. We adapt as we go because we learn new things, and so I think testing sites is really a testament to how we adapt to the testing need.

On the National Guard extension, I think we have already had 2 extensions.

Ms. JACKSON LEE. We need another one.

Mr. GAYNOR. The most current extension runs out on August 21. That extension is up for consideration. We spoke about it—I spoke about it with the President, the Vice President, and the Coronavirus Task Force. There is not a week that goes by where I don't have the conversation with the Governor about extending it.

That will be—I believe the administration, we are talking about all that. I think in time you will learn, we will learn what the decision is on that. But I have confidence that the National Guard continues to provide critical support to Governors across the country. At the high point, 40,000 guardsmen and -women across the country providing all sorts of support. You know the kinds of things that they do in your community we need them to continue while we battle COVID–19.

The last one, I believe, was the stay-at-home orders. Well, the Federal Government doesn't issue orders to Governors, States' rights. I think what we provided to Governors and mayors and Tribal chiefs is guidance. Here is the best guidance, CDC guidance.

You know, I have learned a lot in my role on the Coronavirus Task Force. I was talking to Dr. Fauci the other day, and there are some fundamentals that we all have to do: Wear a mask, social distance, stay away from loud, large crowds, you know, don't go into

bars, and good hygiene. If we do those 4 things, we can continue to crush COVID–19.

So, again, we want to make sure that, you know, whatever—every State is different, every locality is different, locally-executed, State-managed, and Federally-supported. My role is to make sure I support those State Governors and those local elected leaders if they have a resource deficit.

Chairman THOMPSON. The gentlelady's time has expired.

The Chair recognizes the gentleman from Louisiana for 5 minutes, Mr. Higgins.

Mr. HIGGINS. I thank the Chairman for holding this meeting and the Ranking Member, and I thank our witness for joining us today. The supply chain has been brought up several times by my colleagues on both sides of the aisle. I agree: One thing that has become very apparent during this pandemic is that the United States' reliance on overseas foreign countries, most notably China, where this virus originated, let us remember, to provide important medical supplies PPE, et cetera—I would argue many, many other items—it is very apparent. We have to change, as much has been done by the President's administration, to bring manufacturing work back to the United States. I think we need to take a deep look at our supply chains and bring back the capability to produce domestic products of strategic importance, such as medical supplies or food security.

I would argue we are not just talking about China. We have to consider transit across the Pacific. We can't quickly or efficiently bring supply chains back to the United States without making the determination to do so, and we have to have the courage and the will in Congress to make those moves.

From the Executive branch, we need action, as we have seen President Trump's administration, to bring manufacturing back to the United States and in our reliance on overseas nations for our medical supplies and focusing on sources that exist. What can easily be produced regionally should be a top priority of Congress.

Administrator Gaynor, do you agree with the premise of what I just stated, sir, regarding shifting to regional supply chains? That would include not just manufacturing in the United States proper but using our reliable partners in the Western Hemisphere, especially Mexico and Canada, through the new USMCA agreement. Would you agree with that assessment?

Mr. GAYNOR. Yes, sir. I think just in a more general sense and, you know, we have to—this is a National security issue, PPE, and we have seen how critical that is to protecting lives and minimizing suffering. So we are on a path to increase U.S. production in the United States.

The recent CARES Act provided $1 billion under Title 3 to bring some of these resources back to the United States. So investments in test kits and reagents, N95 masks and PPE, prioritize pharmaceuticals, vaccine delivery systems, and supply development are all initiatives that are under way in partnership with our DOD comrades and DLA, Defense Logistics Agency.

Mr. HIGGINS. Yes, sir. Thank you for that thorough response. Obviously, we are still in the middle of this thing, and the strategic steps we need to take to be ready for future pandemics, that be-

comes increasingly clear as we continue to progress through this current challenge.

My question now to you, sir, is, are agencies right now looking at what regional assets are available in North and South America, especially again the USMCA partners, to supplement and eventually replace our dependence on medical supplies and other strategic products that are currently being produced in China and elsewhere?

Are you identifying strategic, capable locations and facilities with our reliable Western Hemisphere trading partners to replace the threat we have now? They could shut—they could just turn the valve off, or we could have some sort of a challenge that would restrict us from crossing the Pacific. Are you identifying these assets now in the Western Hemisphere?

Mr. GAYNOR. So I can't speak to any specifics because it is really not in my current roles and responsibility. But I know, generally, just because there are conversations going on in the administration, supply chain task force, and other places that we are looking to maximize, you know, on-shore production of PPE and any other safe and resilient partner we can. Again, I would have to defer to Defense Logistics Agency or the DOD about how far they have gotten on some of those initiatives.

Mr. HIGGINS. Right. Well, your part in the administration has taken historic actions to respond to this pandemic, and that means you are in the room. So you certainly—although this might not be the specific role that you play, according to your job description, do you have a sense from the Executive that we are looking beyond the scope that we have been restricted to by previous administrations?

Let us not focus on the Obama administration or the Bush administration. This reliance on foreign production of important and strategic products has happened over the course of decades, and President Trump inherited that. It is being changed greatly now in response to this current threat. Would you generally agree with that and answer that question?

I will yield, Mr. Chairman.

Mr. GAYNOR. Yes, sir. I think generally we are looking under every rock. We are turning over every way we can bring more production to the United States, have better partners with more reliant streams of PPE or other medical supplies critical to the health and safety of the United States.

Chairman THOMPSON. The gentleman's time——

Mr. HIGGINS. Thank you, sir, for your appearance here today.

Mr. Chairman, I yield. Thank you, good sir.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentleman from Louisiana for 5 minutes, Mr. Richmond.

Mr. RICHMOND. Thank you, Mr. Chairman.

Mr. Gaynor, let me ask, do you—or FEMA has any role in procuring testing?

Mr. GAYNOR. Yes, sir. The FEMA role has been—is to provide—so just to step back. So the administration provided a testing blueprint to Governors so they could build a testing initiative project,

regime, based on their needs or their unique States. Our role has been to supply materials so they could conduct their test.

Mr. RICHMOND. Right.

Mr. GAYNOR. So the 2 things that we have been doing since May is providing swabs and transport media to States. In my opening statement, we have shipped 42 million swabs and about 32 million——

Mr. RICHMOND. But are you shipping test kits? No.

Mr. GAYNOR. I am not—FEMA is not shipping test kits. I think a majority of test kits either come from the commercial sector. You can get them via the normal——

Mr. RICHMOND. Well, let me just cut to the chase. In retrospect, would it have been a wise decision to take the tests offered by the World Health Organization when this pandemic first started?

Mr. GAYNOR. I would defer. So I have many great partners, and FEMA is——

Mr. RICHMOND. Well, the short answer is we could use more tests right now.

Mr. GAYNOR. We have done 50 million tests.

Mr. RICHMOND. That is not my question. Can we use more tests right now?

Mr. GAYNOR. I think we have enough testing platforms in the United States. I think we have to maximize those testing platforms.

Mr. RICHMOND. Wait. Let's start over then. You are saying right now, as the FEMA administrator, the United States has enough tests right now?

Mr. GAYNOR. We have enough testing capacity. It is really the challenges of maximizing all that capacity. There are occasions——

Mr. RICHMOND. OK. Let's—I am going to go to another subject. We want students back in school, correct?

Mr. GAYNOR. Yes, sir.

Mr. RICHMOND. The President has declared a disaster. Through public assistance, which is run by FEMA, are you all going to include reimbursement for protective measures for school districts, such as masks for children?

Mr. GAYNOR. Yes, sir. We have been looking at our authorities under the Stafford Act, what we can buy under emergency protective measures. I think one of the things that the administration wants to be thoughtful about is through many supplementals, like the CARES Act, through the Stafford Act, how can you best maximize those funding resources?

I think when you look at the funding that has been provided by Congress to schools, it is pretty significant. I think that there is enough money out there that Governors and mayors can use that money to do those things that you are talking about before they come to FEMA.

Mr. RICHMOND. But——

Mr. GAYNOR. It doesn't exactly fit into our authority.

Mr. RICHMOND. But that is not true. I mean, look, I am from New Orleans. I am familiar with project worksheets. I am familiar with public assistance. I am familiar with all of those things. Protective measures always fall within the Stafford Act and FEMA when you are talking about public assistance.

So I don't understand—it is fine to say, well, we think they have money other places. But normally protective measures, such as thermometers, shields, and all of those things, would and should be—so we have an administration saying, "Go back to school," but we are not providing the school districts or others with the funding.

Now, the HEROES Act that provides so much funding for public schools is wasting away in the Senate. Now, so we are not going to approve public assistance eligibility for masks. Is that what I am hearing?

Mr. GAYNOR. So what I am saying is there is 17 different funding streams in supplementals that are specifically aimed at schools and public education.

Mr. RICHMOND. Right. I am not talking about 17. I am talking about you. I am talking about FEMA and very specifically public assistance eligibility.

Mr. GAYNOR. Again, I will go back—you know, what is most effective, how can you maximize——

Mr. RICHMOND. I am just asking if you made a decision.

Mr. GAYNOR. We have not made a decision.

Mr. RICHMOND. I am not asking for your train of thought.

Mr. GAYNOR. We have not made a decision because there are other alternatives that are much better than——

Mr. RICHMOND. Sir, so you have not made a decision?

Mr. GAYNOR [continuing]. Stafford Act funding.

Mr. RICHMOND. So FEMA is not going to provide eligibility for masks. That is what I am hearing. If that is the case, just say "no" and we can move on.

Mr. GAYNOR. So I learned in this business never say "never."

Mr. RICHMOND. OK.

Mr. GAYNOR. So we have examined our authorities. We are looking at how the situation develops. We are looking at other authorities that have other money put to this task.

Mr. RICHMOND. Let's move on to one last thing. What about a city's ability to pay hazard pay for things—I have a letter from a sanitation company whose guy is on the back of the trucks, increased cost for the city in dumping. Would cities be able to apply for eligibility under public assistance to pay increased costs for dumping and sanitation and hazard pay for sanitation workers?

Mr. GAYNOR. I would have to go back and look at the rules on that. I couldn't tell you whether it is eligible or ineligible.

Mr. RICHMOND. Thank you, and I yield.

Mr. GAYNOR. But I will follow up with your staff on that specific item.

Mr. RICHMOND. Thank you, and I yield back.

Mr. GAYNOR. You are welcome.

Chairman THOMPSON. Thank you.

The Chair recognizes the gentlelady from Arizona for 5 minutes, Mrs. Lesko.

Mrs. LESKO. Thank you, Mr. Chair.

First, I want to say I think it is mildly amusing that, after you in your opening statement bashed the President, then, at the end of the statement, you said this is not about bashing the administration or Trump. I don't think any of us really believe that.

But in any case, the next thing I want to say that in my district, my staff checks on a weekly basis with all of our hospitals and Congressional district aid in Arizona, and they have all told me they have enough PPE.

Also, I want to address the things about the schools. We voted for relief for the schools. We gave billions of dollars to the schools to deal with coronavirus. In fact, $850 million went to Arizona alone, and that was to buy PPE, masks, tablets, whatever they needed for coronavirus.

Next, I want to thank you, Mr. Administrator, for having your regional FEMA people get on conference calls with me because, early on in Arizona, you know, everyone was worried about having enough masks, enough ventilators, everything. Your regional people would get on conference calls with me, the hospitals in my district, the Arizona Department of Emergency Management, and the Arizona Department of Health Services, and they would directly answer questions to the hospitals. So I thought it was very helpful, and please pass onto them that I think they did a good job.

Also, I wanted to address about giving money to States and cities for this. We have given billions of dollars to States and cities to deal with coronavirus. So certainly what was mentioned by Mr. Richmond could be used for that.

My next question, Mr. Gaynor, is about nursing homes. I have read that—I am just going to read it—FEMA has shipped 28,562 deliveries of medical supplies to nursing homes to 53 States and territories. FEMA coordinated 2 shipments totaling a 14-day supply of personal protective equipment to all 15,400 Medicaid- and Medicare-certified nursing homes.

I also want to say that I joined Dr. Ben Carson, who personally came to Arizona to one of the nursing home facilities in my district. So I appreciate that the administration did that.

But can you tell me, Mr. Gaynor, "nursing homes," usually that term is not used in the industry. Does that mean skilled nursing homes, or does that include assisted living homes, or what does that include?

Mr. GAYNOR. The 15,400 are the 15,400 registered nursing homes with CMS, Medicare, Medicaid. So I am not sure—there may be different categories in that, and I would defer to Administrator Verma maybe to get the details on what all that consists of.

Mrs. LESKO. OK. Thank you.

Mr. Administrator, the last one is: I know you have done a lot of work—FEMA has—with the Navajo Nation in Arizona and in other States. Can you expand on what FEMA has done or is doing with the Navajo Nation in Arizona?

Mr. GAYNOR. Yes, ma'am. Thank you for recognizing my region. You have one of the finest regional administrators assigned to you out there, Bob Fenton. So I would like to give him a shout out. But we have been working with the Navajo Nation nearly from the beginning. We continue to be out there. I think we have about 25 people on the ground from FEMA, to include many other partners from the Indian Health Service, CDC, ASPR.

We have provided almost $85 million in funding together, you know, about $5 million from FEMA and about $80 million from other sources. We have provided ventilators. We have provided

surge capacity. We have provided medical staff, both DOD and HHS and logistics support to make sure that that community can respond to COVID–19. We continue to be out there. We will stand strong with them until we put COVID–19 in the rearview mirror.

Mrs. LESKO. Well, and I want to say thank you to you and your staff, and I yield back.

Chairman THOMPSON. The Chair recognizes the gentleman from New Jersey for 5 minutes, Mr. Payne.

Mr. PAYNE. Thank you, Mr. Chairman and Ranking Member. It is an honor and a privilege to be here this afternoon—this morning, actually.

I would just like to start out with responding to the gentlelady from Arizona's comments. You know, it is no one's pleasure to have to bash the administration, but I see that that is not necessary in Arizona. You know, we have to be mindful that we are here as oversight obligation and as part of our duties. You know, just like in the Obama administration, if there was need for criticism and bashing, we did it, and I don't think any administration should be above it.

We are just glad to hear that there are States that are getting support, great support from this administration, New Jersey. Based on the comments from the gentlelady from Texas and the gentleman from Louisiana, our States have been lacking. So I guess we are not in favor with the administration. So I guess it is who your friends are is how this is going to work during this pandemic.

Mr. Administrator, with reference to going back to school, do you feel that we have the capacity right now to keep students, teachers, bus drivers, administrators, anyone involved in the school day safe at this point?

Mr. GAYNOR. Yes, sir. Again, no 2 States are equal, no 2 cities are equal, nor counties or Tribes. So there is lots of guidance out there that has been provided by CDC and others about what does a safe environment look like. I think Governors have to assess their risk about going back into school.

Some States, you know, in New England, for example, are in pretty good shape. Other States in the sunbelt see a rise in coronavirus cases and hospitalizations. They are going to have to assess that risk and make the best decision for their constituents. So, again, I think what the administration has done is provide guidelines so we enable and empower Governors and mayors to make really good decisions for their constituents.

Mr. PAYNE. Do you think—you know, I hear the message you are sending out, but it is not necessarily the same message that comes out of the White House. What can we do to coordinate the message so people across the Nation can be getting the same message and the same guidelines?

You say one thing, and then the White House comes out with totally the opposite. I mean, I know you don't have very much control of that, but don't you think that if there was a coherent, solid message from everyone across the board, that we would be in a better position?

Mr. GAYNOR. Yes, sir. You know, I think, from my position on the White House Coronavirus Task Force, I meet most every day with the task force members, to include the Vice President, about a

number of different things, to include messaging, messaging on schools, messaging on PPE, you know, what are the facts, and what is the narrative.

So I think we are very thoughtful about not just creating a narrative and then finding the facts. We are trying to find the facts and create the narrative based on those facts. What I just stated about going back to school is, you know, what I subsumed from being in the presence of the task force. So whether it is Dr. Fauci or Dr. Birx or others, I think the message that we are all sending is the same.

Mr. PAYNE. One last question.

With the rise in cases in Texas and other States, why would FEMA be closing testing sites as you see an increase in the need for those sites? It doesn't make sense to me that as a State is escalating you are pulling out. You did it in New Jersey at a kind-of nearing a leveling-off time, but we were still having an issue and you left New Jersey.

But to see Texas and what they are going through in Houston and other communities, how do you justify closing sites?

Mr. GAYNOR. Yes, sir. So, again, facts and narrative. So the facts are, when we first started testing in the United States, back in March, we had 41 sites, 41 Federally-run sites. In some cases, we closed sites because they were not needed anymore. In some cases, we moved sites because where we were testing was not the place to be testing at, so we moved them.

In most cases, we transferred the responsibility of testing sites from the Federal Government to the State so they would run their own testing programs. Again, locally-executed, State-managed, Federally-supported.

Today, we have 750—more than 750 test sites across the country. So it is not a single point in time. We have been flexible and adaptable and innovative as we move along.

Testing will probably change over the next weeks and months to something different, something more appropriate based on what we are seeing with cases and hospitalizations. This is not a static problem. This is a dynamic problem. I think testing is reflected in that.

Chairman THOMPSON. The gentleman's time——

Mr. PAYNE. OK. Well, thank you.

Chairman THOMPSON. Thank you very much.

Mr. PAYNE. Thank you. I yield back.

Chairman THOMPSON. The Chair recognizes the gentleman from Pennsylvania, Mr. Joyce, for 5 minutes.

Mr. JOYCE. Thank you, Chairman Thompson and Ranking Member Rogers.

Thank you for being here today, Administrator Gaynor, and for sharing your insights on emergency response to COVID–19, truly a novel coronavirus introduced from China to the world and here then in America.

This virus has challenged us on many different levels. Thank you and your team for ramping up what has been an incredible response.

In the face of the on-going needs of personal protective equipment, which you outlined for us, such as masks, gowns, gloves, do you agree that bringing protection home to America—and by that

I mean bringing the production of the masks, the gowns, and the gloves home—will allow us to better respond and replenish supplies?

Mr. GAYNOR. Yes, sir. I have said it before, it is a National security issue. This is my own point of view, is that PPE, life-saving equipment, is just as important as building an aircraft carrier. We need to have that capacity here in the United States. We cannot rely on our peer competitors to manage our destiny. We need to take hold of it, and we need to bring it back to America and build those things that are important to the Nation.

Mr. JOYCE. Administrator Gaynor, in the face of so many of these PPE supplies coming from China, would you again agree that bringing these production lines onshore to America would allow us not to be beholden to the Chinese Communist Party?

Mr. GAYNOR. Yes, sir, I think my previous statement stands. I mean, it is in our best interest.

Mr. JOYCE. Do you feel that the Defense Production Act has allowed FEMA to better perform your duties?

Mr. GAYNOR. Yes, sir. We have used the DPA 14 times. We continue to use it for a variety of challenges that we see.

Again, it is just not as easy as flipping the switch and moving from making toasters 1 day to making vents the next day. There is thoughtful consideration about using DPA.

One of our initial beliefs was we wanted to do no harm to the system, make sure we understood, if we did this, what was going to be the result of that, unforeseen consequence.

So we use it deliberately. We use it precisely to make sure that we get what we need at the right amount of time. I think the production of ventilators is an excellent example of how the administration used DPA to save lives and minimize suffering.

Mr. JOYCE. You addressed National security and safety. Do you feel that bringing safely home the production of medicines, both prescription and over-the-counter medicines, vaccine production and therapeutics, personal protection equipment that we have discussed, are all necessary components for an effective National security and safety of all of our citizens?

Mr. GAYNOR. Yes, sir, and I want to thank Congress for providing a billion dollars to the Department of Defense and the Defense Logistics Agency to do all those things. You know, how do we become more resilient by bringing some of those things back home.

Mr. JOYCE. Thank you, Administrator Gaynor, for being here today, to addressing our questions, and for working hard as we fight this novel coronavirus. Again, thank you.

I yield the remainder of my time.

Chairman THOMPSON. Thank you.

The Chair recognizes the gentlelady from New York for 5 minutes, Miss Rice.

Miss RICE. Thank you, Mr. Chairman.

Mr. Gaynor, when we held part one of this hearing a few weeks ago, Governor Pritzker of Illinois noted that Project Airbridge was—and I am quoting him—"an utter and complete failure" in his State of Illinois. I think that this was in part because Project Airbridge and the medical supply companies that you at FEMA have partnered with on this project are moving supplies from over-

seas to existing customers instead of distributing those supplies by need.

It is my understanding that Project Airbridge has now conducted 249 flights. What percentage of the National need for PPE was supplied by the Airbridge project?

Mr. GAYNOR. Yes, ma'am, and thank you for giving me the opportunity to once again clarify the—I think the Governor of Illinois is misinformed about the purpose of Airbridge. If he is calling it a failure, I will just say that we shipped to his State, Illinois, a million face shields, 841 million gloves, 60 million gowns, nearly 12 million N95 masks, and nearly 45 million masks. So if it was a failure, then I guess that is a failure.

The purpose of Airbridge——

Miss RICE. Mr. Gaynor, if I can interrupt you there for a second. I am asking specifically about Airbridge. I am not talking about—I mean, I don't know if you saw there was a report back in May from *The Washington Post* that reported overall that Project Airbridge flights had distributed 768,000 N95 masks, which is far fewer than the 85 million N95 masks procured through conventional Federal relief efforts.

So I am asking you to confine the numbers that you use specifically to the Airbridge project, not other conventional Federal relief efforts.

Mr. GAYNOR. Yes, ma'am. Again, you brought up Governor Pritzker. I just want to make sure we set the record clear about what is fact and what is an uninformed narrative.

Airbridge, again, I said in my opening statement, was our effort to accelerate PPE from around the globe to the United States to prevent suffering and to save lives. Very simple. We partnered with the 6 biggest commercial medical grade distributors in the country, companies like McKesson and Cardinal and others, to partner with them to bring this PPE to the United States.

Again, typically, it takes 37 days to put PPE on a container ship and get from Shanghai to Los Angeles, and we did this in 1 day with an Airbridge flight.

Miss RICE. So, Mr. Gaynor, let me stop you there, because I have very limited time. I understand that it sped up the time it took for stuff to get here. If it is not going where it needs to go, for instance—for instance—you know, nursing homes don't have previous relationships necessarily with medical supply companies. It is my understanding that once the PPE got here, it was basically left up to the medical distributors to decide where it was going to go. There was a requirement that it go in order to justify the subsidized cost of the flight, that it had to go to States with the most need. But that is not how it happened because they prioritized people with whom they had prior relationships.

Mr. GAYNOR. Yes, ma'am. Again——

Miss RICE. So you can tell the success of how long it took to get stuff here. But if it is not going where it needs to go—and we know it didn't—that doesn't help.

Mr. GAYNOR. It is not—and, again, I want to be respectful—but that is not how to worked.

So our agreement, our written legal agreement with the big 6 manufacturers and distributors was 50 percent of all the PPE that

we moved via Airbridge, to include what commercial distributors brought in on their own, 50 percent of all that was directed to hotspots.

Those hotspots were prioritized by us, FEMA, HHS, Dr. Birx with her daily data, to make sure that we are aiming, again, life-saving PPE to the places that need it the most.

The commercial companies did not—could not pick and choose where they sent it. A certain percentage, yes, they could use a certain percentage to service their customers. But for the majority of that PPE, they directed it, because we prioritized it to where it was needed the most. We did that every 96 hours to make sure that we understood where are those places that need it the most and directed those distributors to do it.

One of the great things about Airbridge and our supply chain control tower, we can see down to exactly into all the 6 commercial distributors what is on the shelf, what was ordered, what ZIP Code it went to, and what hospital it went to. We supplied all that data every week, we still do it every week, to Governors to show here is all the PPE, whether it is donated, whether it is Airbridge, or whether it is Government, it all goes to these exact places. Governors have complete transparency on the use and distribution of PPE, whether it is Airbridge or whether it is through the commercial sector.

Miss RICE. Thank you, Mr. Gaynor. My time is up. But I just think it is important to note, because this was raised before, I don't know if you answered this or it was a question to you, about how President Trump inherited the stockpile.

The fact is that he sat on that stockpile, should have been aware that it was not sufficient, for 3 years. So he can't blame anyone other than his own administration for not heeding the warnings that a pandemic was coming and not making sure that we had the supplies that we needed of PPE well before March of this year, which is why Project Airbridge even had to be conceived.

So thank you for your testimony here today.

Mr. Chairman, I yield back.

Chairman THOMPSON. The gentlelady yields back.

The Chair recognizes the gentleman from North Carolina, Mr. Bishop, for 5 minutes.

Mr. BISHOP. Thank you, Mr. Chairman.

Mr. Gaynor, you have been in emergency management for a long time. Is the morale of the American people important to successfully responding to the pandemic, in your judgment?

Mr. GAYNOR. Is the morale of the American public important?

Mr. BISHOP. Yes.

Mr. GAYNOR. Oh, I believe so, yes, sir.

Mr. BISHOP. Do appeals to panic and recriminations advance your mission or make it more difficult?

Mr. GAYNOR. Panic does not help in any disaster, sir, whether it is a hurricane or whether it is COVID–19 response.

Mr. BISHOP. If appeals to panic and recriminations are fed by misinformation and distortions, that is doubly so, isn't it?

Mr. GAYNOR. It makes the job a little bit harder, sir, because not only are you trying to deliver solutions to those most in need, you are trying to fight a narrative that sometimes is untrue.

Mr. BISHOP. Do simplistic criticisms that belie the complexity of the situation you are dealing with, do those help you or retard the effort you are making?

Mr. GAYNOR. I guess I would have to hear how simple the interpretation of what we are talking about is. But I think facts, solid facts based on data, and that is what we have been doing at FEMA, data-driven decisions based on everything that we know. I am not saying we know everything, but within our limits of knowing, we make data-driven decisions. It is our goal to make sure that data, facts drive the truth and the narrative.

Mr. BISHOP. You testified in response to Mr. Richmond's question that we have adequate testing in the United States. I think, I am not sure I am recapitulating your statement perfectly, whether we need to maximize or we need to maximize the utilization of it, I think. Something like that.

Would you, if you recall what I am talking about, would you address that and elaborate, explain that?

Mr. GAYNOR. Yes, sir. So early on when the testing—even before the testing blueprint was published, because I was a member of the White House Coronavirus Task Force, we wanted to make sure that we knew where all the testing platforms are in the United States, every single one, from doctor's offices, to universities, to colleges, to veterinarians, who had a platform that can do testing. Through a lot of hard work by a lot of talented people, we identified all of the testing platforms around the country and gave those to Governors. Our goal was to enable Governors to devise a testing program that fit their State and their needs.

Not every State is equal. Cases aren't equal. Hospitalizations aren't equal. ICU use and ventilators are not equal. So each State had its own unique demand signal on testing.

Now it has changed. We focused on New England and New York and New Jersey a couple of months ago and now we are looking at the Sun Belt. I am not going to say that testing is not stressed in those, in the Sun Belt, because it is, but we provide resources to States to make sure they have enough to do that.

I think it was announced a couple of days ago that the administration is purchasing testing machines for every single registered nursing home in the country, 15,400 testing machines to make sure we take care of our most vulnerable.

So, again, this is a dynamic situation. We adapt as we go. We learn as we go. If we had a shortfall or mistake we take that on board and we correct it.

Emergency management and crisis and this historic COVID–19 response, no one has done this before. We learn as we go. I have 20,000 dedicated employees that work hard every day. There are 40 other actions that are in support of FEMA and HHS as we battle COVID. Tens of thousands of dedicated employees out there making sure we do the best thing. If we fall a little short, we will pick up, we will adjust, and we will make it better the next iteration. That is how it works.

Emergency management, responding to crisis is not a perfect game. There will be mistakes made. But we learn from them and we adapt and overcome. We will be successful. I have no doubt about it.

Mr. BISHOP. In testimony referred to earlier, Governor Pritzker of Illinois insisted that if the administration had just used the Defense Production Act and just taken everything, it would have been magic, we could have resolved all problems with respect to the PPE. Is that true or false?

Mr. GAYNOR. It is—I believe it is false, sir. Let me give you an example. I talked about doing no harm with the DPA.

If you remember back, there was a large demand, still a large demand today, but a truly large demand for N95 masks. So when you asked the producers who make those to make more, they willingly did it. So whether they are making them in the United States or they are making them in China or somewhere else, they did it.

But the material for N95 masks is the same material for gowns. So the result of making more masks is now you don't have enough material for gowns.

So you have to be thoughtful about how you run those levers on industry. It is just not simple, we are going to turn a light switch and today it is toasters and tomorrow it is N95 masks. It doesn't work that way. We want to be thoughtful about it, and we want to make sure we do no harm to a system that in some cases, when it is medical grade PPE, is under stress.

So we use the DPA very deliberately, we use it very precisely, and we have great success stories, like ventilators, to show for it.

Mr. BISHOP. Thank you, Mr. Chairman. My time has expired.

Chairman THOMPSON. Thank you very much.

Mr. Gaynor, your testimony to this committee is that we use the Defense Production Act in a timely manner.

Mr. GAYNOR. Well, I am not sure I used the word "timely." I am saying we use the Defense Production Act when we understood when and how to use it.

So, again, this is what I said before, do no harm. So just to radically use it from Day 1, you don't know what the consequences are downstream.

Chairman THOMPSON. Well, I understand what you are saying.

Mr. GAYNOR. So conversations with industry, conversations with our private partners to understand, "Hey, if you do this, this other thing will suffer," those conversations were going on with the administration, with the task force, with FEMA, with HHS, with DLA, DOD, to understand, "Hey, if you do that, you may get a negative result on this."

So when we understood that, hey, we are going to use DPA for the best result, then we executed it.

Chairman THOMPSON. So your testimony is that when the Defense Production Act was used, it was used in a timely manner?

Mr. GAYNOR. Those are your words, Mr. Chairman. I am saying——

Chairman THOMPSON. No, I am asking you.

Mr. GAYNOR. I just explained how we used it.

Chairman THOMPSON. I am asking you that in the execution of the Defense Production Act, was it used in a timely manner?

Mr. GAYNOR. From my point of view, we used it when we needed to use it, when we understood the entire environment about the pros and cons of executing the DPA, whether it was Title I, Title III, Title VII. We wanted to understand all of those things.

Chairman THOMPSON. Well, you did all of that, yes or no?

Mr. GAYNOR. My answer stands as answered, sir.

Chairman THOMPSON. Yes, well, OK.

The Chair recognizes the gentleman from California, Mr. Correa, for 5 minutes.

Mr. CORREA. Thank you, Chairman Thompson, for holding this most important hearing. Our Nation is failing in our response to COVID–19.

Let me, if I can, talk a little bit about Main Street in my district where today, almost on an everyday basis, I begin to hear the names of individuals that I know that are dying.

I live in a hotspot, Santa Ana, Anaheim, California, home to the happiest place on Earth, Disneyland, that has been closed for a number of months now. A lot of unemployment, a lot of people suffering, a lot of people dying.

Mr. Gaynor, thank you for being here today.

You mentioned that you are part of the COVID Task Force. Is that correct, sir?

Mr. GAYNOR. Yes, sir.

Mr. CORREA. Would you say that we are still learning about COVID–19, we just don't have enough data? We are learning right now, yes?

Mr. GAYNOR. Well, I mean, I think one of the Members mentioned it is a novel disease, right?

Mr. CORREA. Yes. So we are still learning.

Mr. GAYNOR. It didn't exist on the planet.

Mr. CORREA. But little bit that we know of COVID–19, I mean, can we agree on some basic things, like social distancing works, face masks work?

Mr. GAYNOR. Yes, sir.

Mr. CORREA. I am hoping we have a National message that actually tells people that these basic things, the little bit that we know, that face masks work. Because the confusion in my district, OK, folks dying, the horror stories I hear of people out there with no face masks at social events is terrible.

You mentioned do no harm, you mentioned watch out for unforeseen consequences, and you also mentioned that we are still importing almost all of our PPE.

You are on the planning task force for COVID–19. Can you tell me when can we expect to be functionally supplied in this country? When can we manufacture, for our own Nation's defense, PPE, enough PPE?

My wife is a doc. She came home 2 weeks ago and said, "Guess what happened last night?" I said, "What happened?" She said, "Somebody stole my protective equipment." She delivers babies. She is around positive COVID–19 patients on a daily basis.

When can we, sir, expect to have America manufacture PPE for our population? When can we be there, sir?

Mr. GAYNOR. Yes, sir. So let me just go back to the mask thing, because I just want to—I want to help you.

Mr. CORREA. It is a yes or no. Do they help, yes or no? It is a basic answer to the question.

Mr. GAYNOR. No, I explain it—you made a previous statement. I would just like to hopefully help the dialog about wearing a mask.

Mr. CORREA. Yes. I only have 2 minutes left.

Mr. GAYNOR. So wearing a mask really—the message I think we all want is the mask really doesn't protect me, right? Me wearing the mask protects you.

Mr. CORREA. Does wearing a mask help in the COVID environment?

Mr. GAYNOR. Yes, sir. Yes, sir.

Mr. CORREA. Yes.

Mr. GAYNOR. Wearing a mask——

Mr. CORREA. That is all I want.

Mr. GAYNOR. Well, wearing a——

Mr. CORREA. Social distancing works, yes.

Mr. GAYNOR. Social distancing, hygiene, staying out of bars, crowded places, all those things work.

Mr. CORREA. I am going to reclaim my time, Mr. Chairman.

Sir, I am not trying to be argumentative. As a representative of my constituency I want to know, you are on the planning commission for COVID–19, when can we expect to have enough manufacturing of COVID–19 protection gear in this country?

Mr. GAYNOR. I can't give you a date, sir. Again, it is not a light switch. It is a rheostat.

Mr. CORREA. Speculate. I mean, you talked about do no harm. I am seeing consequences——

Mr. GAYNOR. So we are working every——

Mr. CORREA. Go ahead, sir.

Mr. GAYNOR. I am just trying to answer your question, sir, I don't want to get into an argument.

But we have been working on increasing industrial production of PPE for months now. Again, it is happening.

Mr. CORREA. I am going to reclaim my time. Thank you very much.

You know, as I look at post-COVID–19, this is like post-9/11. We are never going to go back to being the way we were before. We may have COVID–20 ahead of us.

I am just hoping COVID–19 again teaches us that lesson that we forgot, that we should have learned from Ebola and Zika. We are asleep at the wheel. This is not blaming anybody.

But I am trying to figure out, you are in that hierarchy at the top levels of planning for the next pandemic. Bad guys around the world have finally figured out a new way to hit us. Heaven forbid, heaven help us if somebody drops a dirty biological, a dirty viral bomb on our country. We are not ready.

That is what you are telling me right now, Mr. Gaynor. You don't know when we will have that——

Mr. GAYNOR. I am not telling you that, Congressman. I am not telling you we are not ready.

Mr. CORREA. I am going to reclaim my time.

Mr. GAYNOR. Your question was about PPE.

Mr. CORREA. If China again decides to lock down and not export PPE, where are we going to be, please?

Mr. GAYNOR. So, first of all, sir, you know, I said in response to a Member that FEMA has never been more than ready. I have said repeatedly this is not just about throwing a bunch of money at PPE

and having it all tomorrow where we want it, when we want it on the United States. It takes time——

Mr. CORREA. In the last 2 seconds, I am going to reclaim my time, sir.

Mr. GAYNOR. I want to answer your question, but I just want to actually speak.

Mr. CORREA. I am out of time, and I look forward to getting an answer to your question in a written form.

VOICE. Mr. Chairman, the gentleman's time has expired.

Mr. CORREA. Mr. Chairman, if I can have 15 seconds.

I just want to say this. I do believe that COVID–19 has brought us to a new environment in this society. We have to plan for these kinds of attacks either by Mother Nature or bad guys in the future.

You are in FEMA, and I hope and I pray to God that you are moving ahead to plan to protect this great country.

Mr. GAYNOR. COVID–19 is not an attack, it is a disease, it is a new disease that we never seen unfold.

Mr. CORREA. That is why I said it is Mother Nature.

Mr. GAYNOR. It is much different from Zika and Ebola. So again, 2—we are comparing apples and oranges to this.

So again, I want to tell you there are tens of thousands of dedicated Americans out there working on this problem today.

Mr. CORREA. Thank you. I look forward to hearing your statement in writing.

Mr. GAYNOR. They have been working on the problem for months. We will overcome it. I can't give you a date, but I can guarantee we will have enough PPE made in America for the next crisis.

Chairman THOMPSON. The gentleman's time——

Mr. CORREA. Excuse me, Mr. Chairman.

When do you guarantee to have PPE ready?

Mr. GAYNOR. I just said I couldn't give you a date.

Mr. CORREA. Thank you very much.

Mr. GAYNOR. But we will be successful.

Chairman THOMPSON. The gentleman's time has expired.

Mr. GAYNOR. I have no doubt of the power of the American public and American industry and American resolve. No doubt whatsoever.

Chairman THOMPSON. The Chair recognizes the gentlelady from New Mexico, Ms. Torres Small, for 5 minutes.

Ms. TORRES SMALL. Thank you, Mr. Chairman.

Thank you, Ranking Member.

Thank you, Administrator Gaynor, for being here today and for all of your work to try to stop the spread of COVID–19.

In preparation for today's hearing we have heard perspectives from the GAO, from a former FEMA administrator, and from State officials. Something I repeatedly heard was that because the administration wasn't able to provide a National strategy to procure PPE and medical supplies, States were left on their own to buy these supplies. That pitted States against each other, creating unpredictable availability and soaring prices.

I really appreciate you recognizing that in your opening statement, the same challenge when it comes to States having to compete to purchase.

Here is the problem for my home State in New Mexico. These bidding wars that States were forced to partake in put smaller and rural States with less purchasing power, like New Mexico, at a disadvantage.

You testified earlier that your role is to help State and local governments if they have a deficit, and I deeply appreciate that. You also testified that you support a National strategy for increasing domestic production of PPE and medical equipment, and I deeply appreciate that.

Do you also believe that the administration should implement a National procurement strategy to address this National emergency and make it easier for States to get PPE and medical supplies?

Mr. GAYNOR. Yes, ma'am.

So, again, just to go back, we were in global competition for PPE, 150 more countries, every Governor, every mayor, every Tribal chief, looking for the same exact thing, global competition. Where it was made, it was made in China, where manufacturing was ramped down because they were dealing with COVID–19 themselves.

So we have a ways to go to make sure that we have a reliant industrial base that can make PPE in America, not just for while we respond to COVID–19. This is the trick. We need to do that and we need to support those industries for the long haul, right? It is just not for a couple years. We need to support them so they can stay in business, they can be competitive, and we can get PPE when we want. So we have to do that.

Ms. TORRES SMALL. Thank you.

Mr. GAYNOR. We have to——

Ms. TORRES SMALL. Administrator, I just want to—I know I have got other questions.

Mr. GAYNOR. OK.

Ms. TORRES SMALL. I did want to let you go back, but wanted to also make sure I get to ask a few more questions.

So I appreciate you recognizing the National strategy for procurement as well as getting more producers domestically. I am focused on what we do moving forward. I really appreciate your comment that emergency management isn't about perfection, it is about getting better. So moving forward, having that National procurement strategy, as we see increasing cases, again, will be very helpful to rural communities, like the ones I represent.

I also wanted to shift to non-Federal cost share for Tribes. I really appreciate you recognizing the work that FEMA has done and you spearheading the work that FEMA has done to support Tribes.

My State of New Mexico is home to several Tribes and Pueblos, and they have been disproportionately affected by COVID–19. In fact, as of May, in New Mexico, American Indians compose 57 percent of COVID–19 cases, even though American Indians only account for 9 percent of the State's population.

New Mexico is not alone. In Wyoming, American Indians account for 30 percent of the cases compared to just 2 percent of the State's population. In Arizona, the numbers are 11 percent compared to just 4 percent of the population.

Administrator Gaynor, thank you so much for your actions to serve Tribal governments. Many Tribal governments have re-

quested a waiver of FEMA's 25 percent non-Federal cost share. Are you aware of those requests?

Mr. GAYNOR. Yes, ma'am.

[Inaudible.]

Ms. TORRES SMALL. I certainly understand that.

Given the disproportionate impact on Native American and sovereign governments, have you recommended an increase in the current reimbursement level for Tribal pandemic response efforts?

Mr. GAYNOR. We have not, although we have had numerous conversations with the administration and OMB.

One of the things that we are trying to be considerate about is all the other funding that is out there. I mentioned it before, I forget what the topic was, but schools, there is lots of funding out there that may be a—in this case a Tribe could use that has more leverage than Stafford Act.

Ms. TORRES SMALL. I have got to reclaim my time there, just because for Native American sovereign governments, there was an incredible delay in getting the money that was out there from the CARES Act. There was an incredible delay in getting the money that was out there from previous funding streams from the compromise in the earlier legislation.

So now they are being pushed to spend that money very quickly, before the end of this year. So there isn't money out there elsewhere. So I hope that you will reconsider reducing that share.

Mr. GAYNOR. So it is under consideration. The President has the final authority to approve cost shares. So whether it is something less than 75–25. But we are in active conversations with both the administration and OMB about how we actually execute that.

Part of the problem is we are still in response. When does the—if you are familiar with how a disaster works, there is the beginning of the incident, and there is the end of incident. So all those considerations have be to taken into consideration.

So there is not an end date to this, and we just don't want to—we want to be thoughtful and meaningful about how we get to an answer.

Ms. TORRES SMALL. I yield my time.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentleman from New York, Mr. Rose.

Mr. ROSE. Thank you, Mr. Chairman.

Mr. Gaynor, I want to talk to you about a comment that you made earlier where you noted that lab capacity is at sufficient levels. Am I correctly phrasing what you said?

Mr. GAYNOR. So I think Nationally there is capacity. I think based on where a certain jurisdiction is——

Mr. ROSE. Of course. So across the Nation.

Mr. GAYNOR [continuing]. May be stressed.

Mr. ROSE. Right. Across the Nation, if you take into account laboratory equipment, availability of reagents, as a Nation we have enough infrastructure to test, it is just a matter of where the testing is happening, correct?

Mr. GAYNOR. Generally, yes, sir. Again, Dr. Giroir is the testing expert. I don't want to get into his——

Mr. ROSE. Of course.

Mr. GAYNOR. Generally, that is how I——

Mr. ROSE. Based off that proposition then, across the Nation, what does our capacity allow for us to test?

Mr. GAYNOR. I would have to defer on the total.

Mr. ROSE. But you——

Mr. GAYNOR. Today—I mean, we have tested 50 million so far.

Mr. ROSE. No, no, but that is——

Mr. GAYNOR. We are testing about 800,000 a day.

Mr. ROSE. I agree. I think that we need more. I would argue we need much more on a daily basis.

So the numbers are great, especially when you say 50 million. Fifty million, it looks, "Wow. Oh, my God."

That is not enough. That is not enough. We need to test 20 million people a day in this country.

So when you come before us and you say that the capacity is enough, but then when I ask you what the capacity allows for us to test, and you say, I don't know, it is difficult to continue the conversation.

Because I want to then talk to you about, OK, if the capacity is enough, how do we divert tests from one part of the country to another. I want to talk to you about swabs and the fact that we don't have enough swabs, and they are glorified Q-tips. This is the greatest country in the history of the world. Why don't we have enough swabs?

But my hope is that you can take our questions seriously. So if you tell us that we have enough infrastructure in this country, i.e., enough laboratory equipment and enough reagents, I want to know, how much would that let us test?

Mr. GAYNOR. Again, I am not in charge of testing. I would defer the details of specific numbers of testing platforms and all that to Dr. Giroir.

Mr. ROSE. OK.

Mr. GAYNOR. What I am saying, generally, there is testing capacity. It is stressed in locations that have increased cases, increased hospitalizations. There is no doubt about it. We have been shipping—there is not a shortage of swabs. There is not a shortage of media.

Mr. ROSE. So then what is the problem? If what you are saying is, is that we only have particular hotspots in this country where there is not enough testing, whereas in other places there is more than enough swabs, more than enough infrastructure, what is the problem? What aren't we doing well enough as a country?

Mr. GAYNOR. Well, again, like I said in the beginning, we learn as we go. Where we started out with 41 testing sites, now we have 750. As the disease moves from an epicenter like New York and New Jersey to now where it is seeded more differently across the Sun Belt, in virtually every county it is different. So we will adapt as we go.

One of the ways we are adapting is HHS and Dr. Giroir, another initiative is to purchase rapid testing for 15,400 certified nursing homes across the country.

Mr. ROSE. Those are good things.

Mr. GAYNOR. So, again, we learn as we go and we adapt as we go.

Mr. ROSE. Those are good things. But you can see from our perspective how it is difficult to get a specific answer.

What should our goal be as a country? How many tests should we be doing every day?

Mr. GAYNOR. Again, I am not a medical doctor. I would defer to Dr. Giroir on all those medical kinds of things. Our goal is to save lives and minimize suffering. That is our goal.

Mr. ROSE. So you are telling me that you are not—at your disposal, you don't have a National target for testing for this country?

Mr. GAYNOR. What I am saying is I am not in charge of National testing. Dr. Giroir from HHS is. Hopefully, you can get him to explain in detail about the testing strategy.

I know what our role from FEMA is about supplying material like swabs and media to Governors to run their very unique testing programs.

Mr. ROSE. You are saying that we have enough swabs right now?

Mr. GAYNOR. Yes, sir. We shipped 42 million swabs in less than 3 months, and we have shipped 32 million media in 3 months, and we can do more than that.

Mr. ROSE. How many more can you do?

Mr. GAYNOR. It depends on the demand.

Mr. ROSE. Well——

Mr. GAYNOR. How many more can we do?

Mr. ROSE. Yes.

Mr. GAYNOR. We can do millions more.

Mr. ROSE. Could you do a hundred million? I mean, do you have a number for what—what is our capacity for swab production right now?

Mr. GAYNOR. I would have to defer to HHS, who runs the testing program.

Mr. ROSE. OK. So for all testing issues go to HHS. Is that the point that you are making?

Mr. GAYNOR. Other than what FEMA's role is today.

Mr. ROSE. What is FEMA's role in terms of testing?

Mr. GAYNOR. Shipping swabs and media to States so States and Governors can run their testing programs.

Mr. ROSE. OK. So I just asked you, how many swabs can we ship in this country?

Mr. GAYNOR. I can tell you what we have shipped,

Mr. ROSE. But how many could we? That is my—it is just a basic number.

Mr. GAYNOR. Again, I mean, I would have to go to the supply chain [inaudible] to get those numbers.

Mr. ROSE. By the way, it is an acceptable response to say you will get back to us. I am OK with that. What I am not OK with is the hot potato here. I am trying to ask you very simple and——

Mr. GAYNOR. There is no hot potato. It is just a matter that that is not my role at FEMA, is testing. It is HHS's role. There is no hot potato here. I am just telling you the way it is.

Mr. ROSE. But I—and I understand my time is up. But just to review the conversation, you said HHS is testing——

Mr. BISHOP. Mr. Chairman, point of order. The question is answered.

Chairman THOMPSON. Hold on a minute. Hold on a minute.

Mr. Bishop.

Mr. BISHOP. Mr. Chairman, this is the third Member of the Democratic Majority that has exceeded by some distance their time in questioning and persists in asking questions after their time has expired, not only not letting the witness finish their answer.

Chairman THOMPSON. Let me be clear. I have been very, very tolerant with every person who asks questions, and I plan to continue.

Mr. BISHOP. Well, I will bear that in mind.

Chairman THOMPSON. The gentleman from New York may continue.

Mr. ROSE. Mr. Bishop, thank you for your diligence. I will try to be better.

Chairman THOMPSON. Let me just for the record indicate that, Mr. Rose, we invited HHS to be a part of this committee hearing so we wouldn't have the absence of information for testimony.

The Chair recognizes the gentleman from New York, Mr. Katko.

Mr. KATKO. Thank you very much, Mr. Chairman. I am taking the mask off.

I want to just start by saying thank you. This has been a once-in-a-century pandemic that has hit this country. There have been mistakes made, there is no question. Before we start pointing fingers, I just want to say thank you, because we have done so much to try and get it right. It is not easy, and there are mistakes. There is no question about it.

I can tell you some bright spots. In my district, a plastics manufacturer shut down his factory, 1 of his 6 locations, and is converting it into a test manufacturing facility. By the end of this month, he will start producing 1 million tests a month.

That is happening all over the country. We are responding to something that—I credit what you say. It is a moving target. Things are changing quickly. We thought up until recently that once you got—once you tested positive for COVID and if you have the antibodies, you are OK. Now we are finding out the antibodies might not be lasting. That is another wrinkle we didn't test and we could not foresee.

So there have been mistakes. Clearly FEMA has made some mistakes. Clearly, everybody has. Clearly, we have. But the bottom line is I want to say thank you to all the men and women who are on the front lines, like my son who is running a testing center for the National Guard who put his life on the line every day and his kids' life on the line that he is commanding, and the FEMA people out there on the front lines trying to do the right thing.

So thank you, and thank you to everybody in the United States, everybody, who has done their job and is trying to fight this awful pandemic. I know nurses who have given up their jobs and careers and walked into nursing homes that have 100 to 150 positive patients and volunteered to go in there.

There are so many great American stories out there. I would like to just pause for a second and emphasize some of those great stories, because that is what makes America great. Can we be better? There is no question about it. So let's keep it balanced here.

Now, I just want to take a step back. I am sorry, I got here late. I don't know if this question has been answered. Could you give me

the status of what is going on with the Airbridge? Is it still going on? Are there still flights coming in? What is going on with that?

Mr. GAYNOR. Yes, sir. Just to go back and thank you for saying that there are successes. But I like to say there are many more successes than there are mistakes or shortfalls. I want to be on the record.

Mr. KATKO. Yes. Understand, it is our job to commit oversight. So I commend my colleague from New York for probing. But the bottom line is let's keep the balance here, let's keep our eye on the big ball. We have done a tremendous job under unbelievable circumstances. No one could have foreseen what has happened here. So all the front-line workers, just thank you.

Mr. GAYNOR. Thank you, sir.

Airbridge concluded with 249 flights around the 1st of July, bringing back critical supplies from China and other places to the United States. This was a—again, Airbridge is a way to speed, accelerate those critical resources to front-line workers so we can protect lives and minimize suffering.

So Airbridge has been sunsetted. That time that we ran Airbridge has allowed manufacturing overseas to catch up, to get more greater quantities on shipping container ships. So that typical mode of transportation pre-COVID on container ships is now more intact and more frequent and has allowed commercial producers to distribute more PPE across the country.

Mr. KATKO. Great.

Now going forward, I just want to kind-of ask you, what do you think we should be concentrating on to assist you in doing your job? What are some of the things that haven't been done yet that maybe we can consider in the next package?

Mr. GAYNOR. I want to thank Congress specifically for funding the Disaster Relief Fund. This has allowed FEMA to fund PPE and staffing, alternate care sites, all those kinds of things that Governors and mayors need. So I thank you for fully funding that.

I think the challenge for FEMA right now, especially with the outbreak in the Sun Belt, is making sure we have enough adequate staffing. Again, I took a tour of the Gulf Coast last week. The demand for PPE, we didn't hear that. The demand for ventilators, we didn't hear that. The demand for alternate care sites or beds, we haven't heard that yet. The demand is really for medical professionals in hospitals to kind of backfill those kind of needs.

You know, 50 percent of all the cases now are Florida, Texas, California, and Arizona. So that is kind-of our focus. So getting volunteers from other parts of the country to go down and help would be helpful to us to increase that bandwidth.

Medical doctors, nurses, respiratory therapists, they are a high-demand, low-density asset. You have to be really careful about where you get them from. In some cases you would say, well, just we will activate the National Guard or we will activate the Reserves. But those doctors that are in the Reserves are doctors in hospitals today. So there is a delicate balance that we are trying to maintain.

But right now our concern is making sure we have enough medical professionals in those 4 States to deal with rising cases and rising hospitalizations.

Mr. KATKO. You mentioned the Disaster Relief Fund. The last I heard—and it was a while ago, forgive me, I don't know the numbers now—I know it was pretty well-funded. There was at least $75 billion in it. Where are we now with the fund?

Mr. GAYNOR. Yes, sir. So Congress appropriated about $45 billion extra. This is in the beginning of our response, so about $80 billion. We have spent about $8 billion obligated so far, but there is more to come. Again, expenditures lag, because there is——

Mr. KATKO. But also that fund has to be used in case there is a hurricane or whatever else.

Mr. GAYNOR. Correct. So it is for COVID response, it is for natural disaster response, whether it is a hurricane or a tornado or flooding. It funds recovery across the country. So as far back as Katrina that fund is used for that.

Mr. KATKO. Thank you.

Thank you for indulging me, Mr. Chairman. I yield back.

Chairman THOMPSON. Thank you very much. Let the record reflect that you were 1 minute 30 seconds over.

Mr. KATKO. I was 1 minute and 29 seconds. Come on now.

Chairman THOMPSON. I did not call time on you.

Mr. KATKO. Thank you very much.

Chairman THOMPSON. We try to make this thing work.

The Chair recognizes the gentlelady from Illinois for 5 minutes, Ms. Underwood.

Ms. UNDERWOOD. Thank you, Mr. Chairman.

Mr. Gaynor, thanks for testifying today on the administration's response to this pandemic.

As a former senior adviser at HHS, I know that a successful response to a global public health crisis of this scale requires a whole-of-Government response with clearly-defined leadership. I would like to get a better understanding of how this administration approaches that.

Yes or no, is it your understanding that FEMA, as of today, is charged with leading the operational coordination for the Federal interagency response to this pandemic?

Mr. GAYNOR. Yes, ma'am, we are still leading the coordination for the response.

Ms. UNDERWOOD. So with FEMA leading the Federal response, do you report directly to the President on coronavirus matters?

Mr. GAYNOR. Did you say—can you just say it again? It is very faint.

Ms. UNDERWOOD. I said with FEMA leading the response, do you report directly to the President for coronavirus matters?

Mr. GAYNOR. Yes, ma'am, both the President and the Coronavirus Task Force with the Vice President. Absolutely.

Ms. UNDERWOOD. OK. So according to your testimony, FEMA has been, "coordinating the whole-of-Government response," to the pandemic since March 19.

Let me be clear, FEMA employees have worked incredibly hard in the 4 months since. But the truth is that FEMA was not designed for this type of crisis. A pandemic that impacts every State simultaneously and lasts a year or longer is very different from a localized disaster like a hurricane.

So in the 4 months that you have led the response have you asked the President for additional resources or support that you have not received?

Mr. GAYNOR. Well, ma'am, I disagree that we are not designed for this pandemic. I absolutely disagree. FEMA is designed exactly for this, which is interagency coordination. So no matter if it is a hurricane or COVID–19, that is exactly what we do. We problem-solve and we act and we deliver solutions to those most in need. So I disagree with your premise that this is not what we were designed for.

The second part of your question, again, I have trouble hearing what you are saying.

Ms. UNDERWOOD. In the 4 months since you have led the response have you asked the President for any additional resources or support that you have not received?

Mr. GAYNOR. From the beginning—and, again, I want to make sure that facts drive the narrative—the President and the Vice President and the Coronavirus Task Force were very clear with me that anything I needed, whether it is a Federal agency that typically didn't respond, whether it is money, whether it is staffing, whatever I needed was at my disposal as we battle COVID–19. That was made clear explicitly by the President and the Coronavirus Task Force when he declared a National disaster on the 13th of March.

Ms. UNDERWOOD. OK. So did you ask for anything that you haven't received?

Mr. GAYNOR. Again, I have gotten—so, I have great partners on the task force. So from Dr. Giroir on testing, Dr. Hahn from FDA, Dr. Birx, who leads the data——

Ms. UNDERWOOD. I appreciate it. We are familiar with the task force, sir. I am asking you, have you asked for something that you haven't received? If the answer is no, that is fine.

Mr. GAYNOR. Absolutely. No, ma'am, I have gotten everything I have needed from the administration. Everything.

Ms. UNDERWOOD. OK. So the coronavirus has been in this country for at least 6 months, and we still have PPE shortages. So I have a hard time with you saying you have received everything you have asked for. I shouldn't still be hearing about nurses reusing single-use masks, and yet they have gone on strike this month because they don't have the basic supplies they need to do their job safely.

Yet in your testimony, sir, you write that FEMA is, "returning to steady-state." DHS defines steady-state as, "normal operations." You also write that FEMA's role in the coronavirus response are moving to other agencies, and that FEMA's coronavirus task forces are being downgraded.

With FEMA shedding responsibilities and moving back to normal operations, who in the Federal Government is taking over leadership of this on-going crisis? Who is in charge of getting the testing where it needs to be? Who is in charge of making sure teachers going back to school have PPE?

Mr. GAYNOR. So there is a lot in that question, ma'am.

So, first of all, the President is in charge of the coronavirus response through the Vice President on the Coronavirus Task Force,

through the many members, including myself. We execute those priorities and those decisions. I am not sure where the "steady-state" came from. I think maybe that may be a little bit dated.

Ms. UNDERWOOD. That came from your testimony, your written testimony today, sir.

Mr. GAYNOR. Because, again, this is a a dynamic situation that changes from day to day. We still lead the Coronavirus Task Force. I have many great partners, to include HHS.

It is correct that some of the functions have transferred back to HHS because it is more appropriate, because it is medical. Early on, again, we adapted. As we become more confident, we have better systems, we have better data, we understand the problem more, some of those functions have shifted back to HHS.

But let me be clear, FEMA is still in the operational lead for operational coordination. We are glued to the hip with my HHS brothers and sisters. We still meet every day on making sure we can deliver the resources to the Nation, especially those that are most at risk and most under stress of COVID–19 cases and hospitalizations.

Ms. UNDERWOOD. Well, Mr. Chairman, I just have to tell you, Mr. Gaynor's testimony seems to directly contradict his written testimony that he submitted. At the end of page 8, beginning of page 9, he talks about FEMA returning to the steady-state normal operations. Now he is saying that they remain in charge of the operational response.

I have tried in my 5 minutes, sir, to get an answer, a direct answer to this very straightforward question and, like Mr. Rose, seemed to be getting a little bit of a looped, circular response here.

We are seeing almost 60,000 cases a day, health care workers don't have the PPE that they need, and no part of our Federal Government can be in normal operations at this time. We need an aggressive, coordinated Federal response to contain this pandemic and reopen safely, and it has been lacking from this administration.

I yield back.

Mr. GAYNOR. Yes, ma'am. Just to kind-of follow up on some of your comments.

Chairman THOMPSON. Mr. Gaynor——

Mr. GAYNOR. This is an ever-changing situation.

Chairman THOMPSON. Mr. Gaynor, you don't have to answer. She was just making a comment. She wasn't asking for a question.

The Chair recognizes the gentleman from Texas, Mr. Crenshaw, for 5 minutes.

Mr. CRENSHAW. Thank you, Mr. Chairman.

Thank you, Administrator Gaynor, for being here and being so patient in the face of what are often disingenuous criticisms and accusations. A lot of good questions, I think a lot of reasonable questions, but also a lot of the opposite.

I would like to think that this hearing is about learning lessons and constructive criticism. It should be. We could ask good-faith questions about how to improve our response, taking into account that imperfect results are inevitable in the face of a once-in-a-lifetime pandemic.

It shouldn't be about levying unfalsifiable claims. See, the critics can never be wrong. No matter how much PPE was delivered, no matter how many Airbridge flights were flown, you can always claim it wasn't enough. Perhaps it wasn't.

But if we are going to do constructive criticism the critics should point to pivotal decisions where everybody said, "Do this," and instead you did something else. I have never heard that criticism. Interesting that we haven't.

When it comes to these problems of, say, nurses or doctors not having PPE in their hospital, those are certainly concerning claims. I believe we are lucky in the Houston area, we rarely hear that, if ever.

Do they have a direct line to FEMA? Is that how this works? Again, let's talk about what is the proper lesson learned here. Are they ordering directly from FEMA? If they don't get it, do they call your hotline and request the PPE? Or is that not how it works?

Mr. GAYNOR. Yes, sir. Great question.

So I am going to start with the premise that to be successful in an emergency, it has to be locally-executed, State-managed, and Federally-supported. I spent 8 years as a local emergency manager and I spent almost 4 years as a State director. Now I lead the Federal Emergency Management Agency in this response.

There is a system that we use at FEMA for National disasters, and it is the same system that we decided to use from the beginning of this, a system that people were familiar with from the localest level, mayors and Governors, Tribal chiefs. If you needed something from FEMA, we had a system designed to address that.

I have 10 regions across the country as far west as American Samoa and as far east as the U.S. Virgin Islands, 9,300 miles, 10 very talented regional administrators that are the tip of the spear for FEMA, making sure we address every need that we get from States. So it is——

Mr. CRENSHAW. I am trying to quicken the answer here.

Mr. GAYNOR. It is local, State, Federal.

Mr. CRENSHAW. It goes to regional, it goes to regional offices.

Mr. GAYNOR. If there is a need from a hospital for PPE, they can easily contact their local government and it will get through the pipeline.

Mr. CRENSHAW. Right.

Mr. GAYNOR. Yes, sir. I mean, that is typically how it works.

Mr. CRENSHAW. Understood.

When it comes to nursing homes, there was a priority of delivering PPE to nursing homes, delivering more than 29,000 packages of supplies in 53 States and territories. You saw the vulnerabilities in nursing homes.

In hindsight, is there anything more FEMA could have done to stop Governors in, say, New York, Michigan, and Colorado, from putting infected patients back into confined nursing home facilities? We know in hindsight that was a terrible idea.

Mr. GAYNOR. Yes, sir. So I am not a medical doctor, so I will leave the medical considerations about what you do with patients to those that have an M.D. at the end of their name.

What we do at FEMA and through the——

Mr. CRENSHAW. I don't know what is so funny about that. It is not funny. People died because of that decision.

Mr. GAYNOR. But what we do at FEMA is, again, no matter if it is COVID–19 or it is a hurricane, is we support elected leaders. So whether you are a Governor or a mayor, and you have a disaster, we fully enable you to execute what you need to do in your specific State or locality.

Again, Federally-supported, not Federally-managed and not Federally-executed. The system only works when all those things work together and, of course, when citizens are prepared also.

So we enable Governors through a variety of different systems, to include funding, materials, technical assistance, to address those needs by their constituents.

Mr. CRENSHAW. Talk to me about Project Airbridge. Is it a success? Is it a failure? What could be done better with it?

Mr. GAYNOR. Yes, sir.

So it was an absolute success. Again, it was about speed. It was about, at the direction of the President, go find every piece of PPE around the globe and bring it to the United States. Pretty simple mission order, right? Go do that. Airbridge allowed us to do it.

It is one of things we typically do at FEMA. We have a pretty vast logistics arm. We have used planes and boats before to transport material to disaster sites.

This allowed time so we could, again, build that industrial base, get more produced on-shore, find more confident farm producers that we could rely on, and, again, get that specific PPE to where it was needed the most, those front-line workers, nurses, doctors, caregivers, CNAs in nursing homes where it mattered the most.

So, ultimately, it was about saving lives and minimizing suffering. That was ultimately what it was all about.

Mr. CRENSHAW. Thank you. I yield back.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentlelady from Michigan, Ms. Slotkin, for 5 minutes.

Ms. SLOTKIN. Thank you, Mr. Chairman.

Mr. Director, thanks for being here, and thanks to you and your work force for the really unprecedented challenge that we have ahead of us—or that we have been dealing with and we still have ahead of us.

I am glad to see there is wide bipartisan agreement that the idea that we were buying like over a barrel with the Chinese Government and Asian suppliers on PPE, the fact that I am negotiating for a 78 cent mask with a Chinese middleman in the middle of rural China, means the chickens have come home to roost on manufacturing.

As the State that does the most manufacturing of just about any of them, we have been talking about this since the 1980's, long before this crisis.

Certainly because of GM and Ford and what they did to invest in ventilators, we know personally how hard it was to get the administration to use the DPA. I am glad they are using it now, but we should just acknowledge that it took longer than it should.

But if my colleagues are interested in actually doing something to make sure you are not in this situation again in future

pandemics, there is a bipartisan bill, Strengthening America's Strategic National Stockpile Act, so that we can actually not just use the DPA, which should be an emergency authority, but incentivize American companies to want to make these supplies for you all. So I am glad we are in strong agreement on that.

Let me just ask you about testing. You have briefed us on March 20, April 17, May 8, and again today, and each time I believe you have said we have the supplies we need for everyone who needs a test.

As someone from Michigan, where we went through a really strong, like, March and April, was where our wave was and now watching my peers go through this, is it your testimony that since March 20 everyone who has needed a test has gotten access to a test unless there was a local implementation problem?

Mr. GAYNOR. Again, I would defer to—testing, specifics and details—to Admiral Giroir because he is the test—again, our role is to enable Governors, like Governor——

Ms. SLOTKIN. Whitmer.

Mr. GAYNOR [continuing]. Whitmer, thank you, to run her testing program for her State.

Ms. SLOTKIN. So is it your testimony that you got her all the reagent and all the swabs that she needed for every test that was required by the State of Michigan?

Mr. GAYNOR. So I can't say 100 percent, but I can say—I could give you details about exactly what we delivered to each State, swabs and media, and if there was a—and so each—just to step back, through Admiral Giroir and his engagement with States and Governors, had engagement with every single State Governor about testing and their goals, designed what their testing percentage and goal needed to be by State, and then, with supplies, swabs, and media, applied that number to their program.

Ms. SLOTKIN. OK. But——

Mr. GAYNOR. If a Governor exceeded their goal, then we had enough slack in the supply chain to give, in this case Governor Whitmer, more. So, again, I would have to go back and look at the record about, you know, did she meet her goals, or did she exceed her goals?

Ms. SLOTKIN. It just—it does feel like, especially as we look at other parts of the country having the same problems that we had early on, that we are just—it feels like passing the buck, and we can't just learn from our experience.

There is no way that you can still say as you did on March 20 that we had all the materials we needed to test everyone that we needed to test then, in April, in May, and now today. We don't have to answer that. It is hard to think ahead to another wave.

Mr. GAYNOR. Well——

Ms. SLOTKIN. That is my next question, sir.

Mr. GAYNOR [continuing]. Again, March 20 is months away.

Ms. SLOTKIN. No, please, my next question is for the State of Michigan. We are watching our peers have the same problems in Texas, in Alabama, in Arizona that we went through. I am asking your question as a planner, are you currently planning for a second wave in the States that got hit hardest the first round?

Mr. GAYNOR. You are talking about Chicago, Detroit——

Ms. SLOTKIN. New York, New Jersey, Pennsylvania.

Mr. GAYNOR. So there is constant planning and strategizing about what the next 30, 60, 90 days look like. That is what we do. Right now, we are looking at, again, what is closest to us in front of us is those 4 States that have 50 percent of——

Ms. SLOTKIN. Wave one.

Mr. GAYNOR. Well, it is wave 1.5, right. You know, because we thought we would have a little lull between August—or July and August, and that didn't happen, so, again, we are dealing with what is in front of us right now.

Ms. SLOTKIN. I guess, the question is, help me understand and explain to the public that what happened to us with the shortages on PPE is not going to just keep happening again in a second wave for places like Michigan.

Mr. GAYNOR. Yes, ma'am. I think time makes PPE better. We had just recently completed a—with the supply chain task force, Admiral Polowczyk and the team actually went out to every single State, talked to them one-to-one about, how much PPE do you have on hand?

I will just speak in general terms, not every State is equal, but for the most part, the majority of States have 60, 90, 120 days of PPE stockpiled in their State warehouses. That is a really good sign. I am not saying that is the ultimate solution. We still have to work on making sure we have enough in the Strategic National Stockpile. That is a whole 'nother initiative.

Ms. SLOTKIN. Totally.

Mr. GAYNOR. So there is lots to do. We need to ramp up production so we can have bigger numbers. So there is lots of facets to all this, but I think we are in a much better position today than we were on March 20 when it comes to PPE. Again, every day we get a little bit healthier because we have done all these initiatives along the way. So I have confidence that we will have enough PPE for today and for if there is a second wave in the fall.

Ms. SLOTKIN. Thank you, Mr. Chairman.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentleman from Missouri, Mr. Cleaver, for 5 minutes.

Mr. CLEAVER. Thank you, Mr. Chairman.

Thank you for being here, Administrator. I appreciate your presence and so forth. I think it is good, and I know your job is hard. But in April, FEMA published a new civil rights bulletin entitled "Ensuring Civil Rights During the COVID–19 Response." The bulletin went on to emphasize FEMA's legal and moral obligation to deliver COVID–19 pandemic relief and disaster assistance to communities irrespective of race, color, religion, national origin, sex, and so forth.

But in spite of your welcome bulletin on civil rights, COVID–19 disparities remain. So I am not saying you are doing anything deliberately—I mean, I don't even want to almost suggest that because I think that would be irresponsible for me—but what I want you to address as best as you can please is, do you think that the agency is doing enough of the right things that would reduce the disparity between the people of color who are disproportionately affected by the pandemic? What else could you do, or is there some-

thing you should be sending to the public or those who are out fighting this deadly disease?

Mr. GAYNOR. Yes, sir. Thanks for the question.

So I have been an emergency manager for a few years now, about 13 years at every level of government, and what I have learned is that all the challenges a community faces before a disaster, whether it is poverty, homeless, unemployment, the disaster—and you can use COVID–19 as the disaster—makes it all worse, and it lays bare where the gaps are. I think that is where we are in some of these communities.

I understand there has been, you know, long-standing inequities in health care access, service, and outcomes, but let me tell you what FEMA is doing to try to offset some of this disparity.

Again, thank you for mentioning the equal rights bulletin. It is actually the first time we have ever issued one of these for a disaster, and I think probably it is going to be standard fare. Again——

Mr. CLEAVER. Yes, I appreciate that too, sir. Thank you.

Mr. GAYNOR. Fifty-six major disasters on 1 day, March 13. So we have never been here before, but we focused on things that are in our authorities and things that we get a demand signal from States, things like food, help with food.

So we have a program where we can use Stafford Act money to provide feeding in a lot of innovative ways. I am going to use a couple examples. In California, using Meals on Wheels to deliver food to those that can't get out of their home or are COVID-positive. We have never done that before. So we want to try to be innovative.

Things like housing, homelessness in California, getting them off the street and putting them in a non-congregate sheltering if they are positive, again, to drive down the curve on COVID.

Testing sites, 750 or so community-based testing sites today. Seventy percent of those testing sites are in socially vulnerable communities, and that is deliberate. That is not by accident, and I give great credit to my partners at HHS for driving that. So we continue to do those things. Just like everything else, we can do much better, and we look for every opportunity to do so.

Mr. CLEAVER. OK. Thank you.

My final question, and it is personal, but it is not because I think there are millions of people would ask you the same question if they were here: I have a grandson who is 5 years old and a granddaughter who is 7, almost 7 years old, and I have got to tell you, Administrator, I am scared to death for them to go to school in a few weeks.

I mean, what can I tell my daughter and my son-in-law, what can I tell my wife, and what can I tell my constituents when they want to know, you know, how can schools open safely if they can't get air filters or PPE?

Mr. GAYNOR. Yes, sir. I am going to use the mitigation fundamentals that work no matter if it is a school or it is here testifying at Congress, it is all the things that matter. These mitigation fundamentals work no matter where you are, and we have seen that across the country.

First is wearing a mask, right. So drive the transmission down by wearing a mask and having somebody that is across from you

wearing a mask. You wear your mask not for yourself; you wear your mask so you protect the person across from you. So that is one.

Next is hygiene and hand washing, very simple things. You know, every time I walk by an alcohol pump, whether I need to wash my hands or not, I do it today just because it is good habit. Don't wear rubber gloves. It doesn't help with transmission. Actually, it goes against transmission, so just don't wear rubber gloves. Keep your hands clean.

Mr. CLEAVER. Well——

Mr. GAYNOR. Then social distancing. Stay away 6 feet, and we are all doing it here today. Then, last, don't go into bars and don't go into crowded places like overcrowded diners.

Mr. CLEAVER. Yes, but my grandson is 5. He is not going to go to a bar.

Mr. GAYNOR. If the American public can do all those things, we will crush the COVID wave today.

Mr. CLEAVER. OK. Thank you, Mr. Chairman.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentleman from Texas for 5 minutes, Mr. Green.

Mr. GREEN of Texas. Thank you, Mr. Chairman.

I thank the witness for appearing today. Mr. Administrator, you are a former military person. Is this correct?

Mr. GAYNOR. Yes, sir. I am a U.S. Marine.

Mr. GREEN of Texas. Lieutenant colonel.

Mr. GAYNOR. Yes, sir.

Mr. GREEN of Texas. Do you believe in chain of command?

Mr. GAYNOR. Absolutely, sir.

Mr. GREEN of Texas. Respect it?

Mr. GAYNOR. Yes, sir. It is one of our core values.

Mr. GREEN of Texas. Mr. Administrator, I will come back to this at the end of my questions. But, Mr. Administrator, please accept this as a heartfelt statement with no desire to demean you in any way. But you indicated earlier that we will overcome it, and you are talking about the virus. We will overcome it, but, Mr. Administrator, at what cost? That is the question. At what cost?

Harris County, Texas, according to the intelligence that I have a few days ago, 37,095 confirmed cases, 545 deaths. July 20, 2020, as it relates to the country I love, the United States of America, 3.9 million cases, 143,000 deaths. At what cost?

News article, *Texas Tribune,* dated July 19, 2020: 85 babies under 1 year old in Nueces County have tested positive for coronavirus, and this is since mid-March. Then it goes on to say that a baby younger than 6 months old died. At what cost? At what cost?

We have a President who has talked about injecting persons with disinfectant, who has indicated that the virus will simply disappear, a President who won't wear the mask that you just said we ought to wear. I respect you, and I believe you are sincere, but when the President of the United States of America won't wear the mask that you and I know will protect people and save lives, you have to ask, at what cost?

No reflection on you, Lieutenant colonel. I respect you. I appreciate what you have done for your country. But the question is, at what cost? How many lives? How many more? What is wrong with this man? You and I know that masks protect people, and it is just yesterday that he seems to have come around.

Now, back to the chain of command. I expect you to do what you are doing, to be quite candid with you. You are a Marine. Once a Marine, always a Marine. You have to do what you do. This is how the country functions. So I appreciate you.

But I just want you to know that the cost is too high. It is too high for minorities. It is too high in Houston, Texas, where I have a community known as Sunnyside, one of the hot spots. Minorities are the people who drive the trucks. They pick up the trash. They bag the groceries. I am talking about Latinx. I am talking about African Americans. The cost is too high.

This is why I came to the hearing. I want to thank the Chairman for having the hearing. I appreciate what you said because I agree with you: We will overcome it. But the question is, at what cost? It is a rhetorical question that you need not answer, my dear brother. I hope you are not offended by my saying "my dear brother." There is only one race, human, and we are related. But at what cost? You need not answer.

I yield back the balance of my time.

Chairman THOMPSON. The gentleman yields back his time.

The Chair recognizes the gentlelady from New York for 5 minutes, Ms. Clarke.

Ms. CLARKE. I thank you very much, Mr. Chairman.

Administrator Gaynor, I am pleased that you have joined us today. However, I am not pleased by the administration's deadly mismanagement of this pandemic. Hundreds of thousands of Americans have died, countless small businesses have shuttered because of the Federal Government's failure to address this crisis with the appropriate amount of urgency. To this day, the urgency has not risen to the level of—to meet the level of distress and destruction that this pandemic is reeking across this Nation.

I would like to turn to the strategic stockpile. The Strategic National Stockpile is the Nation's supply of life-saving pharmaceuticals and medical supplies for the use in a public health emergency. Throughout the pandemic, leadership of the stockpile has moved back and forth among CDC, HHS, and FEMA. In March, control of the stockpile was shifted from HHS to FEMA, and in late June, control reverted back to HHS.

So, Administrator Gaynor, could you please describe why control of the stockpile has shifted multiple times, and how does FEMA continue to support the Strategic National Stockpile?

Mr. GAYNOR. Yes, ma'am. Thanks for the question.

So, just to be clear, again, FEMA was never, to the best of my knowledge, in recent history, the owner of the Strategic National Stockpile. I think you are correct: Ownership had been between CDC and ASPR. It now resides under the control of ASPR, Assistant Secretary for Preparedness and Response, Under Secretary Azar at HHS.

Ms. CLARKE. So you don't know—just to be clear, so you don't know why they keep shifting the control of the stockpile between agencies?

Mr. GAYNOR. I don't, and, again, I would defer that question to the Secretary about why those decisions were made.

Ms. CLARKE. OK. No problem.

At a White House press conference on April 2, Jared Kushner, speaking about the Strategic National Stockpile, said the notion of a Federal stockpile was—around the notion of the Federal stockpile was: It is supposed to be our stockpile. It is not supposed to be the State stockpiles that they then use.

This directly contradicted the description of the stockpile's purpose on the website, and shortly thereafter, the text on the website changed to better fit Mr. Kushner's remarks.

Administrator Gaynor, what is your understanding of the purpose of the Strategic National Stockpile?

Mr. GAYNOR. So, again, not being an expert in the history of it, but from my general understanding of the stockpile that we used today, now we are building the next version of that next generation stockpile, but as it existed going into COVID–19, it was really designed—it was not designed for a pandemic of this scale. It was really designed for, again, as I understand it, for an anthrax attack in a very small couple cities in the United States. It was really used to——

Ms. CLARKE. So my question is, my question is: What is the purpose of the stockpile, not what is its usage?

Mr. GAYNOR. So, again, I think the traditional purpose, the way it was designed for was, again, a biological attack in a city, and so the stockpile has many different things in it to include pharmaceuticals and vents and PPE.

It really was and is designed to buy time, you know, get that stuff out the door to where it is needed the most until you can ramp up production or ramp up imports—and, again, I am not talking about COVID–19. I am just talking generally in an anthrax scenario—and then get it through the normal channels. But, again, not designed for COVID–19. It could not be used as a single source for all things PPE across the country, and that is one of the reasons we designed the Airbridge because we had partnerships——

Ms. CLARKE. Thank you for your response, Administrator.

On April 27, as the virus spread to more than 900,000 individuals in the United States killing more than 54,000 Americans, Dr. James Mahoney, a pulmonologist died of complications related to COVID–19. Dr. Mahoney worked for more than 30 years at the SUNY DownState Medical Center, an underfunded, publicly-financed hospital that serves my district in Brooklyn, New York.

Dr. Mahoney was set to retire. Then the pandemic struck. Deferring retirement, Dr. Mahoney, as his brother put it, ran into the fire, continuing to care for patients battling COVID–19. Like other hospitals that served economically disadvantaged communities, the hospital where Dr. Mahoney worked didn't have enough PPE as the virus spread. This occurred back in April. It distresses me to see my colleagues going through the same exact trauma. Here we are, 3 months later, going into the fourth month.

Dr. Gaynor, the failure of the administration to provide PPE to hospitals, to nursing homes, particularly those serving economically disadvantaged communities counts amongst its consequences the loss of many dedicated front-line workers. What specific steps is FEMA taking, if any, to ensure that front-line workers receive the supplies they need to fight the on-going pandemic?

Mr. GAYNOR. Yes, ma'am. Again, you know, we are built as an emergency management agency with a primary goal to save lives and minimize suffering. So, with you, I agree that with one life lost is one life too many. So, you know, it is an indiscriminate disease. It knows no borders. It knows no boundaries. It doesn't care what you look like or where you are from. So just to go back on making sure that we have enough PPE to protect our front-line workers, that has been the goal from the beginning.

To go back on further statements about global competition, not just in the United States but across the globe, everyone is looking for the same exact item, like N95 masks, and we were not managing an abundance of resources. We were managing at FEMA the lack of resources and making hard decisions about priorities about where do these very limited—at the time—very limited resources go to do the best to save lives and minimize suffering.

So those decisions were made at the highest level within FEMA. My partners on the Unified Command group at FEMA, Dr. Giroir and Dr. Calick, we agonized over all those decisions about where do the vents go, where does PPE go. Again, no small task, you know, hard decisions to make, but our goal was to make sure that we had PPE where it was needed the most, and that remains our goal today. We are in a much better place today with PPE than we were in March and April.

Ms. CLARKE. Mr. Chairman, I know that my time is expired, but this has been an abysmal failure, for anyone to try to justify the lack of urgency and the lack of continued preparation for this pandemic across this Nation and to justify by saying that we are managing the best way we can, this is unexpected. We know what we are dealing with now, and this administration continues to fail the American people at the cost of lives and livelihoods.

I yield back, Mr. Chairman.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentlelady from Nevada, Ms. Titus, for 5 minutes.

Ms. TITUS. Thank you, Mr. Chairman.

Administrator Gaynor, you know, I represent Las Vegas, and we have a mask requirement, and we closed and then opened gradually, but now we are seeing a spike in cases. I want to ask you a couple of questions about that.

I think you are probably aware that the State of Nevada made a Title 32 extension request. We sent that in on July 9. We want to continue to use our Nevada National Guard for the mitigation activities. They have done a great job and we need to continue that.

I have a letter from the Governor and an additional support letter from the entire delegation asking for this extension.

With unanimous consent, Mr. Chairman, I would like to enter these into the record.

Chairman THOMPSON. Without objection, so ordered.

[The information follows:]

July 13, 2020.

President DONALD J. TRUMP,
The White House, 1600 Pennsylvania Ave NW, Washington, DC 20500.

DEAR MR. PRESIDENT: We write today as a unified, bipartisan Congressional Delegation on behalf of the State of Nevada to request an extension of 502(f)(2)(A) of Title 32, U.S. Code funding for the Nevada National Guard in support of the fight against Coronavirus Disease 2019 (COVID–19) through December 31, 2020. The current funding for these efforts was approved on April 11, 2020, and an extension is critical to ensuring the safety and health of Nevada citizens as we confront and recover from the pandemic and put our State back to work.

The Nevada National Guard has been critical to our State with their direct support of Nevada's State and local response efforts, and their continued support is more important than ever as we begin to see increases in positive COVID–19 cases and hospitalizations. Hundreds of National Guard service members have been providing valuable support for community-based collection sites, logistics, warehouse distribution, homeless isolation/quarantine shelters, COVID–19 mapping work sites, operations centers, and much more. All of these efforts leverage State and local efforts and are essential to mitigating the impact of COVID–19 on Nevadans.

Nevada is currently experiencing an uptick in COVID–19 cases. Our cumulative test positivity rate has been increasing since June 17 (5.2 percent) and is currently 7.6 percent; hospitalizations of confirmed and suspected COVID–19 patients experienced its highest single day increase (13.5 percent, combined) on July 6; and Nevada's effective reproduction rate has leveled out to a degree, however it remains significantly more elevated than during the State's sheltering order. These and other indicators suggest that Nevada could be following a similar trend as Arizona and Southern California, both areas of which have seen increases that have stressed critical capacity.

Nevada has an aggressive plan to reduce the spread of this disease, preserve critical care space, and protect vulnerable populations. Extending members of the National Guard as requested would allow us to provide essential support for local service providers, particularly in our high population areas of Washoe and Clark County. If approved, these Guard members would be deployed to support all lines of effort associated with testing (sample collection, laboratory testing, and contact tracing), as well as providing support to local and State government entities in providing logistical support for food and essential services to remote and vulnerable populations in our State.

We expect the need for National Guard support to persist through the summer and a possible resurgence in the fall months and share Nevada Governor Steve Sisolak's concern that prematurely easing Federal funding for National Guard COVID–19 support operations will hinder Nevada's ability to respond. This could contribute to a possible second wave of infection. In addition, Nevada is already shouldering dramatic economic impacts, and limited State resources are available to support the listed Nevada National Guard missions.

Therefore, we request that you extend the 502(f)(2)(A) funding authorization through December 31, 2020, with required monthly assessments, in order to allow the Nevada National Guard to continue supporting these mission critical tasks.

Thank you for your consideration of this important matter.

Sincerely,

CATHERINE CORTEZ MASTO,
United States Senator.
DINA TITUS,
Member of Congress.
SUSIE LEE,
Member of Congress.
JACKY ROSEN,
United States Senator.
MARK E. AMODEI,
Member of Congress.
STEVEN HORSFORD,
Member of Congress.

July 9, 2020.

President DONALD J. TRUMP,
The White House, 1600 Pennsylvania Ave NW, Washington, DC 20500.

DEAR MR. PRESIDENT: Thank you for the support you have shown the State of Nevada. You have approved 2,000 members of the Nevada National Guard in Title 32 status through August 31, 2020. These personnel are performing critical support in response to the COVID–19 public health emergency. I write to request your authorization to retain 600 Nevada National Guard Personnel in a Title 32 status through December 31, 2020.

Since your initial authorization of National Guard Forces, Nevada, in coordination with our Federal Partners, has made great progress in combating the virus. Because of this partnership, Nevada has seen remarkable increases in our ability to conduct community-based testing, lab capacity, contact tracing, and other critical capabilities for our effort to reopen and keep open our State in a safe and responsible manner. The need for close cooperation and mutual assistance between the Federal Government and Nevada remains greater than ever.

Nevada is currently experiencing a significant uptick in COVID–19 cases. Our cumulative test positivity rate has been increasing since June 17 (5.2 percent) and is currently 7.6 percent; hospitalizations of confirmed and suspected COVID–19 patients experienced its highest single day increase (13.5 percent, combined) on July 6; and Nevada's effective reproduction rate has leveled out to a degree, however it remains significantly more elevated than during the State's sheltering order. These and other indicators suggest that Nevada could be following a similar trend as Arizona and Southern California, both areas of which have seen increases that have stressed critical capacity.

Nevada has an aggressive plan to reduce the spread of this disease, preserve critical care space, and protect vulnerable populations. Extending members of the National Guard as requested would allow us to provide essential support for local service providers, particularly in our high population areas of Washoe and Clark County. If approved, these Guard members would be deployed to support all lines of effort associated with testing (sample collection, laboratory testing, and contact tracing), as well as aid with logistical support to State and local government entities that provide Our Soldiers and Airmen have played a vital role in Nevada's response to COVID–19. The extension will enable Nevada to continue to take aggressive action to maintain testing sites, stage and distribute medical supplies, and position the State to transition to a regional reopening of the economy. Simply put, the continued support of our National Guard members is essential to our long-term effort to ensure that Nevada can fully respond and recover from this pandemic.

Accordingly, I ask that you approve and direct the Office of Management and Budget, the Federal Emergency Management Agency and the Secretary of Defense to extend Title 32 502(f) authority and funding for up to 600 members of the Nevada Army and Air National Guard through December 31, 2020. I will do everything possible to size our response force based on critical needs and to only use Title 32 502(f) authority and funding as absolutely necessary. I will continue to reassess the State's capacity as the situation unfolds and may request additional support, as necessary.

Thank you for your consideration of my request.

Sincerely,

GOVERNOR STEVE SISOLAK,
State of Nevada.

Ms. TITUS. Thank you very much.

Right now, our use of the National Guard is to end in August, and I wonder if you have any idea when we are going to hear from you, when we will know if that is going to be able to be continued, what the status of that request is?

Mr. GAYNOR. Yes, ma'am. Thanks for the question.

I can't say I have seen that exact letter from Nevada, but we will make sure that we have that. Many Governors, most every Governor has asked for an extension past August 21. We have been discussing that at the administration, DOD, and FEMA, and hopefully we make a decision here shortly because I think we all know how valuable the National Guard has been in helping Governors across the country do many things, heroic things. As a valuable asset, we want to make sure that we appropriately adjudicate all

those requests. So hopefully shortly we will have a decision from the administration.

Ms. TITUS. But I hope it is a positive one because they had been very helpful, and we would like to see them continue to do that as these cases increase.

My second question goes back to the issue of test kits. We have just been getting mixed responses from the administration in this area like in so many others. First, we were told that they would be provided by the Federal Government. I think the CDC coordinated by you, through June 30.

Then as July 1 approached, we got word, and I think Mr. Rose referred to this a little bit that, no, not to worry; indeed you would be continuing them through the end of the year to January 1. We really need these test kits, and I wonder if you can give me anymore specifics. Are they going to be continued? Can we count on that, or do we need to provide our own test kits?

Mr. GAYNOR. Yes, ma'am. When you say "test kits," and, again, I would defer—there is different machines with different requirements, and so, generically, FEMA is providing testing supplies, swabs, and media to Governors. If there is a specific ask from Nevada about a specific kind of kit, I will engage HHS and Dr. Giroir to see if there is a shortage that we need to correct or adjust.

Ms. TITUS. Well, thank you. So it is not cut it off now because we are in July, that we are going to continue to have this relationship?

Mr. GAYNOR. Yes, ma'am. Yes, ma'am. Production is much greater than it was, you know, 90 days ago.

Ms. TITUS. Well, now, for one more just kind-of more general question. Yesterday, I joined some of my colleagues, the Chairman on this committee, and the Chairman on the Transportation and Infrastructure Committee, and I have asked you about this before, but I will ask you about it again, see if the situation has changed.

We are very concerned about the number of vacancies at the top level in FEMA, especially as we try to deal with and coordinate and figure out and take charge of what is going on with the pandemic.

But on top of that, now we are into hurricane season and it looks like this is going to be a pretty vicious season. What is happening with these different positions? Are you filling them? Can you not find people? Are you covering it all by yourself? Can you give us some idea?

Mr. GAYNOR. Yes, ma'am. In general, just on—so a couple different categories of vacancies. So, generally, vacancies across FEMA, we have hired in the past 6 months—actually from fiscal year—this fiscal year, from 1 October to now, we have hired 22 percent more people than we have hired ever before.

So we have on-boarded more people in the past couple months than we have done historically, which is a great sign. We have done that while responding to COVID–19, through virtual onboarding and telework. It has been quite amazing.

Vacancies on career SESes, as of today, there is only 1 vacancy for an SES out of about 105 or so SESes in FEMA. There is only 1 vacancy that just came up a couple days ago. The rest either have a selected individual, or they are in a process of selecting in-

dividuals. So, again, we have never been in this spot before. We have virtually had no career vacancies. We are pretty proud of that.

Then the last category is politicals. So I think we have lost some politicals, Dan Kaniewski, who ran resilience, resigned early January, as did Jeff Byard, who ran operations. But let me assure you: We continue to fill political spots. We continue to fill career spots. We continue to do hiring.

Again, the pool of talent that I have at FEMA is quite breathtaking. I have no lack of confidence about our ability to perform, respond to COVID–19 or to a hurricane or anything in front of us. We have never been more ready as an agency, and that is a belief I take with me, having worked through COVID–19 response over the past 140 days or so.

Ms. TITUS. So you feel like you have enough of a senior leadership team to make some of these key decisions that we have been asking about through the course of this hearing?

Mr. GAYNOR. Yes, ma'am. We have been making decisions, and, again, where there was a vacancy, you know, we are designed to have deputies. Again, I will put up any one of my politicals or careers against anyone else when it comes to talent and dedication and enthusiasm for the mission. They have been outperforming even my expectations, so I think we are—you know, obviously we need a couple more politicals and we will work on that, but I think, as an agency as a whole, we are in a really good spot.

Ms. TITUS. Well, Mr. Gaynor, I know you are a professional, and I think you are doing a good job, but in so many of these agencies we see people appointed who come to the agency that they have tried to get rid of when they were in Congress or they would come to the agency from an industry that they are supposed to regulate.

So, when you talk about having politicals, I hope you will look for experts who know how to handle this problem and you will make some policy decisions based on science and good crisis management and not just on somebody who is a friend or a connection or has a business interest with Mr. Kushner.

Mr. GAYNOR. Ma'am, I cannot speak more highly of the politicals that I work with today. Absolutely talented emergency managers, never worked with a greater bunch, whether that they are here now or that, like Dr. Kaniewski and Jeff Byard, no better men and women that I have worked with here at FEMA when it comes to politicals.

Ms. TITUS. Thank you.

Thank you, Mr. Chairman. I yield back.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentlelady from New Jersey, Mrs. Watson Coleman, for 5 minutes.

Mrs. WATSON COLEMAN. Thank you, Mr. Chairman.

Thank you, Mr. Gaynor, for your testimony today and for the hard work that you all are doing.

I want to share some information that I have because we have talked about the fact that we are at this place and we are doing the best we can trying to catch up with things as we move.

But the understanding I have is that we had an indication that we had a problem as far back as November 2019, and even though

the President refused to deal with any of this information, we knew that this was coming, and we knew that he was given this information even in his daily briefings as early as January.

I also want to take note of the fact that there were independent research studies done, one by Columbia University and one by another organization that said, had we implemented social distancing guidelines as far back as March 1, we would have possibly decreased the death rate from COVID between 80 and 90 percent. So it is not like we didn't have earlier information upon which to act.

I know that my colleagues on the other side have asked you questions like are there—the appeals to panic and recriminations, is that in any way having an impact on how our citizens are reacting to the space in which they live right now? Now, what about the confusions that may have been shared between what the experts are saying and what the administration is saying?

Well, my question is, well, how about the conflicts and the lying that have been shared from the White House and the head of the task force, the Vice President of the United States. You all said that you make your decisions based on facts and data, your data-driven decisions.

So I want to ask you a couple of responses to things that the President of the United States has said and you tell me whether or not they are or are not true. On May 8, the President said that coronavirus "will go away without a vaccine." Mr. Gaynor, yes or no, is that true?

Mr. GAYNOR. Something about a vaccine. I didn't hear your whole question.

Mrs. WATSON COLEMAN. On May 8, the President said that the coronavirus "will go away without a vaccine." Is that—yes or no, do you believe that? Yes or no.

Mr. GAYNOR. Again, ma'am, I think the administration is working hard for——

Mrs. WATSON COLEMAN. I just need you to——

Mr. GAYNOR [continuing]. To identify——

Mrs. WATSON COLEMAN. Do you believe that this is going to happen? I am not asking you to defend the administration with this incompetence. I want you to answer my question. Yes or no or I don't know. Yes, no, or you don't know.

Mr. GAYNOR. Well, yes, ma'am, but, again, I think this question deserves more than a yes or no answer, and, again, if you could just——

Mrs. WATSON COLEMAN. I don't really care what you think it deserves. This is my time that I am reclaiming, and I need you to say yes, no, or I don't know.

Mr. GAYNOR. Yes, ma'am. What I would like to say is that the administration worked hard to identify therapeutics and vaccines——

Mrs. WATSON COLEMAN. Do you think——

Mr. GAYNOR [continuing]. NIH——

Mrs. WATSON COLEMAN. So then are we going to acknowledge the fact that it needs a vaccine moving forward?

Mr. GAYNOR. Yes, ma'am. The administration and NIH early on, within days——

Mrs. WATSON COLEMAN. On June 17, the President—Mr. Gaynor, I reclaim my time from you. I reclaim my time.

On June 17, President Trump said the coronavirus is "dying out." Is the coronavirus dying out right now, Mr. Gaynor? Yes or no.

Mr. GAYNOR. Well, I think if you look across the country, it ebbs and flows. You know, the epicenter in March and April was——

Mrs. WATSON COLEMAN. It might be ebbing and flowing, but is it dying out is my question?

Mr. GAYNOR [continuing]. In New York and New Jersey, Detroit, Chicago, Los Angeles, Washington State, and now——

Mrs. WATSON COLEMAN. Now we are seeing spikes all over, particularly in the West and in the South. So is the answer to that question yes or no? Why are you finding it so difficult to say what you are seeing? Yes or no?

Mr. GAYNOR. Because, again, ma'am, I think your questions deserve an answer that is just more than yes or no.

Mrs. WATSON COLEMAN. I really don't care what you think. I don't care. Let me just ask you this question——

Mr. GAYNOR. Ma'am, I am just here trying to share the facts as I know them.

Mrs. WATSON COLEMAN. At one point, the President of the United States said, anybody that wants a coronavirus test can get a test. Is that true? Can anybody that wants a coronavirus test get one right now?

Mr. GAYNOR. Well, I will tell you my own experience. I was just on the Gulf Coast——

Mrs. WATSON COLEMAN. Is that a yes or no? You are the head of this outreach and support to the States and the communities. You know the answer to the question.

Mr. GAYNOR. Well, I am just trying to give you a real-life example. I was on the Gulf Coast last week.

Mrs. WATSON COLEMAN. I don't want an example. I want an answer.

Mr. GAYNOR. I traveled to Louisiana. I traveled to Mississippi and I traveled to——

Mrs. WATSON COLEMAN. I don't want your——

Mr. GAYNOR [continuing]. Alabama. I came in contact with a——

Mrs. WATSON COLEMAN. Mr. Gaynor, if you are going to refuse to answer my question, this is almost a futile interaction between you and me.

Let me just put one more question out there, and you can say whatever you want to say with the little bit time I have left. Because the President said, on June 8: "So we want the continue blanket lockdown to end for the States. We have some embers or some ashes or we may have some flames coming up, but we will put them out. We will stomp them out. We understand this now. We will stomp them out, and we will stomp them out very, very powerfully."

Have we stomped out these embers or ashes of the coronavirus?

Mr. GAYNOR. Ma'am, I am sure that you can see through, across the Nation, there are hot spots, places like Florida and Texas, Louisiana, Arizona, California that have flared up. If you look back to March and April to New York, New Jersey, Connecticut, Rhode Island, those States have it under control. So, again, this is a dy-

namic situation. It changes from day to day. Mitigation works and so, again——

Mrs. WATSON COLEMAN. It requires leadership. Yes. Thank you, sir. This requires leadership, no question about it. We are doing so well in New Jersey because my Governor saw it spiking up just a tiny bit, and he delayed the opening of certain businesses. So we definitely need leadership, something that we have not had from the President of the United States.

Let me just say in closing—and, Mr. Chairman, I am going to yield back—when I listen to where you are, when I listen to what FEMA has had to deal with, when I have listened to how this country in general, this leadership has responded to this pandemic and failing to keep our hundreds of thousands and even millions of citizens safe or alive, I don't believe that you are ready for both the coronavirus that is going to take place during the hurricane seasons and the States in which we are going to have these devastating seasons.

I want to say to you that you need to ask for what you need. You need to understand what you need, which I think you do, Mr. Gaynor, but you need to be bold enough to ask for it, and you need to be bold enough to let us know whether or not you are getting it.

With that, I yield back. Thank you.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentlelady from California for 5 minutes, Ms. Barragán.

Ms. BARRAGÁN. Thank you, Mr. Chairman, for holding this important hearing.

Administrator, when did FEMA—when did you get involved with FEMA in addressing the coronavirus? Was that roughly around the end of January?

Mr. GAYNOR. Are you asking when did FEMA get involved with the virus response?

Ms. BARRAGÁN. When were you brought in to help FEMA with the coronavirus response? What month was that in?

Mr. GAYNOR. So we had been partnering with HHS early February and then——

Ms. BARRAGÁN. Early February, OK. Thank you, sir.

Mr. GAYNOR. Then on 10 February——

Ms. BARRAGÁN. Sir, you have answered my question. I really appreciate that. I have a series of questions I want to get to. Thank you. So——

Mr. GAYNOR. But I would just like to more fully answer it. So we were in support of HHS on 10 February. I sent over 30 FEMA experts in logistics, planning, coordination——

Ms. BARRAGÁN. Mr. Administrator, my question is about March. Thank you.

Mr. GAYNOR [continuing]. External affairs to support HHS's——

Ms. BARRAGÁN. I want to reclaim my time.

Chairman THOMPSON. Mr. Administrator, she is fine with your answer. She is fine with your answer.

Ms. BARRAGÁN. Mr. Administrator, thank you. So roughly in February. In March——

Mr. GAYNOR. February 10 exactly.

Ms. BARRAGÁN. No. Understood. Thank you, sir.

So my question is about March. In March, the U.S. Government found 1.5 million N95 masks sitting in a warehouse in Indiana, and the Department of Homeland Security had to decide what to do with these masks. Did you play any role at all on where these masks would go?

Mr. GAYNOR. I am not familiar with this story, ma'am.

Ms. BARRAGÁN. OK. Well, in March, Homeland Security had 1.5 million N95 respirator masks. They had to decide where to go. The Department of Homeland Security did not send them to the hardest-hit hospitals and front-line workers across the country.

At the end of the day, they decided to send these masks to TSA and CBP and other places instead of our hospital workers and our front-line workers that really needed it. Very unfortunate. I was hoping to hear that you, who was at FEMA, would have advocated to have access to those masks and to have advocated to have those go to our hard-hit hospitals.

Mr. GAYNOR. Yes. Although I am unfamiliar with this story——

Ms. BARRAGÁN. Sir. Sir.

Mr. GAYNOR [continuing]. I would say that my——

Chairman THOMPSON. She hadn't finished.

Ms. BARRAGÁN. I am going to reclaim my time.

Chairman THOMPSON. She hadn't finished asking her question.

Ms. BARRAGÁN. OK. Mr. Administrator, I am going to move on to FEMA's help with California on housing. First of all, I want to thank FEMA for working with California on providing housing for those who really needed shelter during COVID–19.

Now, FEMA has committed to reimburse 50 to 75 percent of expenses for shelter and temporary housing through the public assistance program category B. One of the problems, however, is FEMA is waiting way too long to let the State know whether that program will continue to be funded so they can't plan for the next month.

Is there anything FEMA can do to speed up the process in letting the State know whether the funding will continue so they don't get left with a large bill and not have any assistance of FEMA?

Mr. GAYNOR. Yes, ma'am. I don't know the specifics of this, but to date, we have obligated $1.1 billion to California. I am not sure where the hold-up is on getting that money out the door from the State. We run our programs on reimbursement so we actually have to spend money before you get money from the Federal Government. So, if there is a specific issue, locality issue, I would be happy to connect with you and your staff on that item.

Ms. BARRAGÁN. OK. I will follow up. Thank you. There are instances where local governments have been waiting for years to receive FEMA reimbursement. So I definitely will follow up. It doesn't sound fast at all, and States need to be able to plan on when FEMA is going to continue the partnership.

Mr. Administrator, conventional disaster response strategies, such as congregate sheltering and voluntary recovery and supply distribution efforts require re-examination during the pandemic. Administrator, how is FEMA working to prepare sheltering guidance with the need for individuals to socially achieve—to have social distancing? I am sorry.

Mr. GAYNOR. In the beginning of my testimony, I shared with everyone that FEMA created the COVID–19 pandemic operational guide for the hurricane season. Although it has the title "hurricane" on the front cover, it can be applied to any natural disaster or any incident because the lessons in there apply to all of it. So things like more space for sheltering.

So, having been a local emergency manager for almost 7 years and then a State director, the responsibility for managing sheltering is on the local official. The local mayor owns that responsibility. Again, I go back to how this system of emergency management works, locally-executed, State-managed, and Federally-supported.

We provide technical assistance if needed to States and locals if they need extra planning considerations, but the guidance is out there. It is best practice from many different agencies, to include CDC and ASPR, about, you know, how to adapt your traditional, and I will use sheltering challenges to COVID–19 response.

So those resources are out there. There is actually an exercise program where locals can test their plans to make sure that the assumptions that they have made for dealing with COVID–19, again, for sheltering or evacuation holds up when actually put to use. So that is how the program works.

Ms. BARRAGÁN. Well, thank you, administrator, for your attempt in answering questions. It has been a little frustrating in your inability to provide specifics or to answer questions directly.

We have seen that you and FEMA were involved in February. The number of deaths were not very high at that time. Because of this Trump administration's failure and really the failure across the board, the lack of leadership has led to over 135,000 Americans being dead, and that is just not a flare-up in certain parts. That is a continued failure and not having a National strategy.

With that, Mr. Chairman, I yield back.

Chairman THOMPSON. Thank you very much.

The Chair recognizes the gentlelady from Florida for 5 minutes, Mrs. Demings.

Mrs. DEMINGS. Thank you so much, Mr. Chairman.

Administrator Gaynor, thank you for being with us today. I also want to begin by thanking you and the men and women who work with you for the work that you do every day to get us through some very tough times.

But I have to say that this has been pretty exhausting for me. As a first responder, I have worked out in the field with FEMA on many occasions. To listen to my colleagues on the other side of the aisle—I would think that this would be one of the areas that we could get our act together, but to hear my colleagues on the other side of the aisle focus more on defending the inactions of our President than on the 141,000-plus Americans who have lost their lives to COVID–19. I was also pleased to hear them say that facts matter, that solid facts based on data are important because we know that the President is the biggest offender in that area.

This administration, unfortunately, is always looking for a villain to blame. America's response could have been better had China allowed us to have a better response, but then, as we look at other countries, somehow other countries were able to find their way to

being better able to control the virus and save more lives, despite China's actions.

Administrator Gaynor, how would you explain that?

Mr. GAYNOR. Yes. I am not sure I understand the question, but what I can tell you from my point of view is my job in the role of leading the Federal coordination for operations is to make sure that the full weight of the Nation, all departments, with all the things that they bring to the table, like DOD and the National Guard and HHS, we maximize those again, and I have said it time and time again, to prevent loss of life and suffering.

My role——

Mrs. DEMINGS [continuing]. I believe your goal is to prevent loss of life and suffering. You said earlier to protect the lives of the American people, the health and safety of the American people. Is that what—that is what you said, right? How do you do that?

Mr. GAYNOR. That is what I just said.

Mrs. DEMINGS. Not what your job is, but how do you protect the health and safety of the American people?

Mr. GAYNOR. In many different ways, and I will use——

Mrs. DEMINGS. Just give me 3. How do you do that? As we respond to COVID–19, how do you, as the FEMA administrator, protect the health and lives of the American people?

Mr. GAYNOR. So the first example I will give is the initiative to create more ventilators in the United States. So, when we first took over operational coordination in the stockpile about 16,000 of——

Mrs. DEMINGS. So to create more ventilators. Give me No. 2.

Mr. GAYNOR. Well, I would just like to tell the success of the story.

Mrs. DEMINGS. Administrator Gaynor, let me just——

Mr. GAYNOR. Sixteen thousand ventilators, and today we have almost——

Mrs. DEMINGS. What is No. 2? So equipment, to make sure that there is enough equipment. What is No. 2?

Mr. GAYNOR. We almost have 60,000 ventilators, and by September, we will have 110,000 ventilators in the stockpile, by September.

Mrs. DEMINGS. OK. You said that——

Mr. GAYNOR. Eight times more ventilators than——

Mrs. DEMINGS [continuing]. This was a global competition for personal protection equipment. Is that not correct?

Mr. GAYNOR. Absolutely.

Mrs. DEMINGS. OK. But yet we have seen bidding wars between States, the Federal Government, and other countries. Since this is a global——

Mr. GAYNOR. Yes, I disagree with that premise.

Mrs. DEMINGS. Since this is a global competition, isn't that the reason why we would need a Federal response in terms of—as opposed to allowing States to basically fight for themselves or fend for themselves?

Mr. GAYNOR. Again, I think, you know, having been a State director, I think I would do the same that all——

Mrs. DEMINGS. Well, you have worked at the local, State, and Federal level.

Mr. GAYNOR. That is right. So, just using my experience at the local and State level, you know, I think one of my goals—and we will just talk about PPE—is to get as much PPE as I could, even if I didn't need it, just to make sure I had enough because I wasn't sure what was going to happen next.

So my role, and, again, at the direction of the President and direction of the Coronavirus Task Force was simple——

Mrs. DEMINGS. So, since you made the decision to leave it to local jurisdictions, has FEMA taken the initiative to look at best practices?

Mr. GAYNOR [continuing]. Was go scour the globe, all the PPEs, and bring it back to the United States.

Mrs. DEMINGS. Has FEMA taken the initiative to look at best practices through any States who were doing it better than others and maybe give guidelines to States who were struggling?

Mr. GAYNOR. We have. We have engaged—and maybe you missed it earlier, but we have engaged with every single State when it comes to PPE. We have——

Mrs. DEMINGS. But have you developed—you have looked at best practices——

Mr. GAYNOR. We always have the best practices. We always do——

Mrs. DEMINGS [continuing]. Some States doing it better than others and presented guidelines to States that were struggling?

Mr. GAYNOR. Absolutely. Absolutely.

Mrs. DEMINGS. OK. Finally, Mr. Gaynor, let me just say this: I am from Florida, and you know the situation in Florida. Yesterday, we added 9,000—over 9,000, 9,400 new COVID–19 cases.

So, based on your many years of emergency management experience at the local, State, and Federal level—because I heard a conversation earlier about people panicking and all of that, when the President uses fear every day to keep my colleagues on the other side of the aisle from doing their jobs and others, but anyway, what message would you send to Florida when we look at those numbers and what is going on in Florida, Texas, and others?

Mr. GAYNOR. I will go back to the fundamentals. Masks work, right. Wear a mask. Don't wear it for yourself; wear it for the person that is across from you. Keep your hands clean. Every time you walk by an alcohol dispenser, clean your hands. Don't wear rubber gloves. It doesn't help. It actually makes things worse. Stay out of bars, stay out of crowded restaurants, and use social distancing. If we do all those things——

Mrs. DEMINGS. Finally, Administrator, what grade——

Mr. GAYNOR. If every American did all those things——

Mrs. DEMINGS. If we look at the overall—the Nation's overall response to COVID–19, what grade would you give the Nation?

Mr. GAYNOR. I don't do grades. Historians and after-action reports can grade me. I am not——

Mrs. DEMINGS. But you do feel like you have done a good job, and the Nation has done a good job responding to COVID–19?

Mr. GAYNOR. So I think all the hardworking career men and women——

Mrs. DEMINGS. We know they work hard. We know they work hard. But when the murder rate was high in my city, I did not cele-

brate until the numbers went down. Do you believe that this Nation has done a good job?

Mr. GAYNOR. I am not celebrating. I am just talking about the hard work that everyone has done, and the hard work continues.

Mrs. DEMINGS. Mr. Chairman, I yield back.

Chairman THOMPSON. The gentlelady yields back.

The Chair recognizes for submission to the record the gentlelady from Texas.

Ms. JACKSON LEE. Mr. Chairman, thank you for your kindness and indulgence and making mention of Tony Robinson of Region 6. Ask unanimous consent. Dr. Persse, emergency management of city of Houston, begging for the extension of National Guard and more testing, again in the State of Texas in Houston. Trump article, July 20, Trump said, "More COVID–19 testing creates more cases. We did the math." Then this is on the website in Texas. I am going to work with them about it, but it tells people that they have to pay, and that discourages people. I ask unanimous consent for that to be in the record.

Thank you, Mr. Chairman, for your indulgence. We are fighting to save lives. I yield back.

Chairman THOMPSON. Without objection.

[The information follows:]

LETTER FROM CITY OF HOUSTON, HEALTH AND FIRE DEPARTMENTS

July 16, 2020.

The Honorable SHEILA JACKSON LEE,
U.S. House of Representatives, 2079 Rayburn HOB, Washington, DC 20515.

DEAR CONGRESSWOMAN JACKSON LEE: As a member of the House Committee on Homeland Security, the city of Houston asks that you submit into the record this letter to the Committee regarding the continued need of testing in our city, which is experiencing an unprecedented rise in infections and hospitalizations. On behalf of Mayor Sylvester Turner, I am respectfully requesting that the Federal Government continue its full commitment and support of the public health containment and mitigation strategies in Houston Texas through the FEMA COVID–19 testing sites.

As you know the city of Houston is the fourth largest city in the United States with a population of approximately 2.4 million and home to the most diverse metropolitan community in the Nation. The critical infrastructure and key resources unique to Houston are paramount to numerous industries affecting the entire nation to include supply chain, medical research, and energy services. With two international airports, a port critical to the supply of goods and services, and the hub of energy production and services for the Nation Houston's health is important not only to Texas, but to America.

The Federal support of testing sites has been critical to our largely successful efforts to protect our families, neighbors and infrastructure from the effects of the COVID–19 pandemic till now. We have been able to delay the projected peak of COVID–19 cases for the fourth largest city in the United States since mid-April. However, the number of new cases and admissions to local hospitals continues to rise. We have seen a nearly five-fold increase in hospital admission not only within hospitals in the city but across Harris County since June 7th. Yesterday we set a new record for COVID–19-related deaths reported in Houston. We are rapidly increasing our response efforts to include hiring, training and deploying new personnel to investigate new cases, track contacts and try to effect isolation and quarantine of those persons. We do understand that Federal support cannot last forever, however the testing sites are operating at a high rate and are very efficient in their processes.

Consequently, it is my request and hope that you will continue your full support and recommendation that FEMA support for the testing sites in Houston and ideally Harris County Texas until August 31, 2020.

In closing, I want to thank your entire team for your support to date.

DAVID PERSSE, MD.

TRUMP SAID MORE COVID–19 TESTING 'CREATES MORE CASES.' WE DID THE MATH

By Sharon Begley @sxbegle, July 20, 2020

https://www.statnews.com/2020/07/20/trump-said-more-covid19-testing-creates-more-cases-we-did-the-math/

The counter-narrative began almost instantly. After the U.S. count of Covid–19 cases began an inexorable rise in June, the White House sought to assure Americans that the increase was, basically, an illusion, created by an increase in testing for the novel coronavirus.

In a June 15 tweet, President Trump said testing "makes us look bad." At his campaign rally in Tulsa 5 days later, he said he had asked his "people" to "slow the testing down, please." At a White House press conference last week, he told reporters, "When you test, you create cases."

And in an interview with Fox News that aired Sunday, Trump could not have been clearer: "Cases are up because we have the best testing in the world and we have the most testing." Basically, the president was arguing that the U.S. had just as many new cases in June and July as it did in May but, with fewer tests being done in May, they weren't being detected; with more testing now, they are.

A new STAT analysis of testing data for all 50 States and the District of Columbia, however, shows with simple-to-understand numbers why Trump's claim is wrong. In only seven States was the rise in reported cases from mid-May to mid-July driven primarily by increased testing. In the other 26 States—among the 33 that saw cases increase during that period—the case count rose because there was actually more disease.

May had brought signs of hope that the U.S. had gotten its Covid–19 outbreak under control, with about 20,000 new cases reported per day after April highs closer to 30,000. But by late June, the daily count climbed to about 40,000, and now it's at about 70,000. The STAT analysis shows that spread of the virus, far more than testing, explains that increase.

Epidemiologists and infectious disease experts have disputed the White House claims for weeks, citing rising hospitalization numbers and deaths. It's hard to argue that extremely sick people, let alone dead people, had been obscured by low levels of testing but suddenly revealed by higher levels.

Without a doubt, many cases of Covid–19 in March, April, and May weren't picked up. In late June, Centers for Disease Control and Prevention Director Robert Redfield told reporters that as many as 90 percent of cases had been missed; that is, although there were 2.3 million confirmed cases in the U.S. then, some 20 million people had probably been infected. But that reasoning applies today, too: Despite months of government claims to the contrary, not everyone who wants, or should have, a test is getting one.

Cases are going up in the U.S. because we are testing far more than any other country, and ever expanding. With smaller testing we would show fewer cases!

Simple math belies the "it's just because of more testing" claim—with some fascinating exceptions.

Using data from Covid Tracking, STAT looked at the number of people tested and the number who tested positive for the disease (cases) in every State and Washington, DC. We did that for three dates: in mid-May, mid-June, and mid-July. (Due to reporting anomalies, the dates selected sometimes differed by a day or two between States.)

For each date, we calculated the number of cases found per 1,000 tests—a measure of the disease's prevalence. For example, in Florida on May 13, that rate was 32. On June 13 it was 75. On July 13 it was 193. On May 13, Florida tested 15,159 people; on July 13, it tested 65,567. So indeed, the number of tests has increased.

But the number of cases per thousand, which is independent of the number of tests, has skyrocketed. On May 13, Florida recorded 479 cases; on July 13, it found 12,624. If the prevalence of Covid–19 were the same in July as in May, Florida would have found only 2,098 cases. In other words, 10,526 of the July 13 cases are not due to increased testing, but, instead, to the increased prevalence of disease.

Florida Gov. Ron DeSantis, however, echoes Trump's explanation, telling a Saturday press briefing that his State's soaring caseload is largely the result of more testing of people with no or minimal symptoms. "We're now capturing a lot of those folks," he said.

In fact, Florida has seen a sevenfold increase in cases in the past month, said Youyang Gu, who developed a well-respected, machine-learning-based model of Covid–19 whose projections have been quite accurate. "In the same time span, the number of tests only increased by a factor of two," he said. "Obviously, if you double

the testing but the number of cases increased sevenfold, then the virus is clearly spreading."

Other States with soaring cases tell the same story as Florida.

In Arizona, the case-finding rate rose from 90 in May to 140 in June to 208 in July. Of its 2,537 cases on July 12, 1,441 were due to increased prevalence.

South Carolina has also experienced a steep rise in prevalence as its case count quintupled: Of the 2,280 cases on July 9, 1,869 were due to rising prevalence, not more testing. Texas and Georgia are similar: rising case counts well beyond increases in testing. In all, 26 States that did more testing in July than in May found more cases because Covid–19 was more prevalent. In 15 of them, the number of cases per 1,000 people tested had more than doubled.

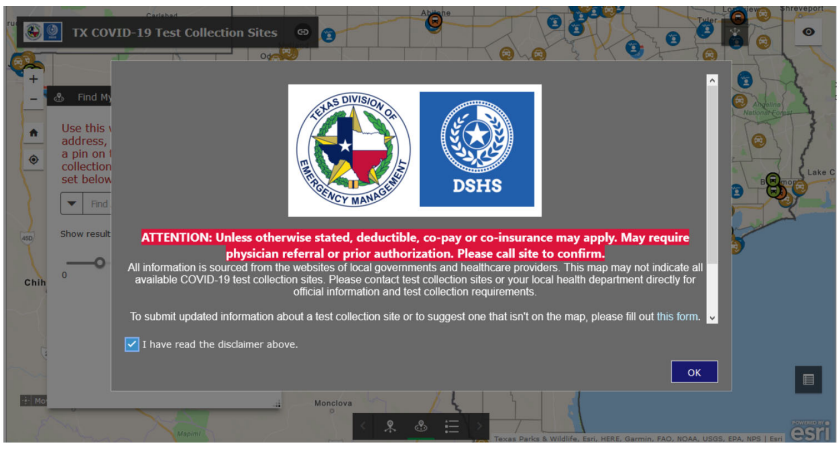
Seven States (Colorado, Indiana, Michigan, Missouri, North Carolina, Ohio, and Wisconsin) meet the three criteria needed to support Trump's claim that we're seeing more cases only, or mostly, because we're doing more testing. The criteria are doing more tests in July than in May, finding more cases on a typical day in July than May, but seeing the number of cases per 1,000 tests decline or remain unchanged from May to July.

Take Missouri. It's reporting more cases, but not because the virus is exploding there (despite those crowded holiday scenes at Lake of the Ozarks). Its case finding rate has been pretty stable or even declining, from 48 in mid-May to 44 in mid-July. By tripling its number of daily tests, Missouri is finding roughly triple the number of cases.

California comes close to meeting the three criteria, but doesn't quite. Its number of daily tests more than quadrupled from May to July, from roughly 32,000 to 137,000. But the rate of cases being found has risen, though only about 10 percent, from 55 to 61 per 1,000 tests. So a big reason—but not the main reason, as in Missouri—more cases are being found is that more testing is being done. Washington is similar: more testing, more cases, but also slightly greater prevalence of disease in mid-July compared to mid-May; its worsening situation is real.

New York tells the opposite story: more testing found fewer cases. The State nearly doubled its daily tests from May 13 (33,794) to July 12 (62,418). But its cases fell from 2,176 to 557. If the case rate had not dropped (by 86 percent), New York's expanded testing would have found 3,995 cases on July 12.

In fact, 16 States plus the District of Columbia are like New York. They tested much more but found fewer cases in July than May—in most, not only "fewer" in the sense of fewer cases per 1,000 but fewer in absolute terms. New Jersey reported 10,246 tests and 1,144 cases on May 14, and 20,846 tests with a mere 393 new cases on July 14. Again, the virus hasn't disappeared, but the expansion of testing, far from "creating" cases, has brought good news: In these States, it's much less prevalent than it was 2 months ago.



Chairman THOMPSON. The Chair recognizes the gentleman from Mississippi for 5 minutes, Mr. Guest.

Mr. GUEST. Thank you, Mr. Chairman.

Mr. Gaynor, I want to thank you and the men and women that serve under you. In your written testimony, you talk about the fact that you all are doing a very difficult job in really unprecedented times. You say that we are currently under 114 concurrent major disaster declarations, one for every State in the union. Five territories are also under major disaster declarations. You also talk about the Seminole Tribe of Florida and the District of Columbia.

I know in mine, the Chairman's home State of Mississippi, that there have been 5 Federal declarations since January of this year. We currently have a pending declaration that we are working on approval on that.

I know you had the chance to visit Mississippi last week to meet with our Governor and meet with some of our first responders and discuss some of the unique challenges that we are facing. One of those challenges is an upcoming hurricane season, that all the States along the Mississippi, along the Gulf Coast as a whole, are concerned about and those challenges in the middle of the COVID–19 pandemic.

So could you just take a few moments to kind-of share with this committee some of the things that you shared with our Governor about those upcoming challenges and what FEMA is doing to prepare for the challenges that lie ahead?

Mr. GAYNOR. Yes, sir. Thank you, sir. It was actually a great visit in Mississippi. We got to travel with the Governor around the State, mostly across the Gulf to visit fire departments, talk about grants, and preparedness. Really fantastic day, so I thank him for his hospitality, along with the emergency management director, Greg Michel.

You know, one of the things that we wanted to check on this season is obviously, you know, how have States adapted their existing plans for things like evacuation and sheltering, using the guidance that we have provided back in May, and how they adapted. So we wanted to go down there and take a temperature check to see how it is all going.

So, you know, this year is going to be a year like we haven't had before because, when it comes to simple things like ordering an evacuation, it is going to take more time. If you need transportation; it is going to take—maybe it is going to take double the transportation. If you go to a shelter, maybe it is going to take double or triple the shelter space, and how have locals and States and counties adapted to that.

So it is a challenge. I want to report I am completely impressed by all the effort that Mississippi emergency management has done and the dedication of the Governor to make sure that it is a priority.

So it is always a moving target, right. You have always got to do more, and the clock is running against you. So I encourage all my emergency managers across the country is, you know, prepare now. You don't know what the next thing is to hit you, so whether it is a hurricane or flooding or a fire, use this time now to prepare to respond while also responding to COVID–19.

That is kind-of the message, you know. That guidance is available on-line. We put it out in May and made a big announcement. So we encourage all States and locals, Tribes, and territories to em-

brace our responding to a traditional disaster while responding to COVID–19.

Mr. GUEST. I wanted to ask 1 specific question as it relates to COVID–19. On page 5 of your written testimony, there are 2 paragraphs there that are titled "Managing Worldwide Critical Shortages." We have talked a little bit about global competition.

You state there in your written testimony, "From the outset, a key element of FEMA's response has been managing shortfalls of medical supplies." You go on and give a list of those supplies. Then you say, "We have been further challenged as most of the manufacturing for PPE occurs in Asia."

I know that *The Wall Street Journal* recently reported that, prior to the COVID–19 outbreak, that China exported more respirators, surgical masks, medical gloves, and protective garments than the rest of the world combined.

So my question to you is, how big of a challenge has been the fact that many of the items that we are in need of today are not manufactured in our country, that China has, if not the exclusive, manufactures the large majority of supplies world-wide as it relates to medical supplies, critical drugs, and things that we need?

How big of a challenge has that been? Does Congress need to focus our attention going forward on enticing those manufacturers to return to the United States so that those items are produced here?

Mr. GAYNOR. Yes, sir. I said previously that we have to look at the shortages we have had, and I use PPE as an example, as a National security issue. Maybe today it is a pandemic, but maybe tomorrow it is something different that requires N95s or another critical item that we today rely on another foreign power to provide to us. Maybe when the time comes, they will be unwilling to do that.

So we need to take a critical look on a host of different items that are produced overseas and connect them to our National security.

I know there are lots of efforts going across Government. DOD and Defense Logistics Agency are great partners and help us bring manufacturing back to the United States, or entice U.S. manufacturers to expand their product line or change their product line. The CARES Act provided a billion dollars for a lot of these initiatives.

That is only a start. We need to think long-term, because I think what we do historically is we will put a lot of money into it and it will last a couple years, and maybe that business struggles to survive because the U.S.-made mask is $2 and the Chinese mask is 70 cents. You know how the American public is about, "I want it cheap and fast," and maybe that is where it goes.

So we need to support our industrial base in the United States to make sure we can do this for the long-term and again take a holistic look about all those items that are important to the U.S. National security.

Mr. GUEST. Thank you, sir.

Mr. Chairman, I yield back.

Chairman THOMPSON. Thank you very much. The gentleman yields back.

Mr. Gaynor, before we close the hearing, as you know, I have sent numerous letters to you around this topic. Before we adjourn, I need your commitment that all outstanding correspondence to you relative to this pandemic and any other issues by this committee will be answered.

Mr. GAYNOR. Yes, sir. You have my commitment. I think we talked previously about it. Unprecedented requests for information from many different people, Members of Congress. So we are working through all of them.

Some of the challenges—and I am not trying to give an excuse—but some of the challenges, some of the information that you and other Members are looking for resides in other agencies. So trying to get that information cleared and up to you takes a little bit of time.

We are still responding. So, again, we are trying to balance our response and all the other things that we must do. But I commit to you today that we will answer all letters fully.

Chairman THOMPSON. Within? Can you give us a period of time?

Mr. GAYNOR. Well, I think there is a backlog of letters. So I think I am trying to answer the oldest ones first, and then as we work through that pile, we will get to answering.

But, I mean, we are answering letters every day. It may not seem like that, but we do get them out the door. Again, unprecedented requests for information, 300 or more letters from Members of Congress, and we want to make sure we answer those thoroughly. Again, the information in some of those requests comes from other agencies. So it is a back and forth.

Chairman THOMPSON. Well, there are just a couple of committees of jurisdiction that I think would have priority for your response that I hope you would give it.

Mr. GAYNOR. Yes, sir.

Chairman THOMPSON. Some of the responses are several months old. So the information you have, just send that and say, "Look, I am trying to get the rest," but just not send anything else.

Mr. GAYNOR. I think we just did that. We answered some. It may have been incomplete, but I think we tried to get what we knew out the door. So we will continue to do that.

Chairman THOMPSON. Well, I am glad you mentioned that. We just got a letter from you Monday, and it had no documents that we requested.

So I think you would need to either talk to your team and say, "We need to do better," because we are trying to do oversight, and in that role we can't do it without the information.

Mr. GAYNOR. Yes, sir.

Chairman THOMPSON. We are just trying to get the information.

Mr. GAYNOR. Loud and clear, sir.

Chairman THOMPSON. Thank you.

The other issue is, for a lot of us, 140,000 Americans have died. That is a God-awful number. I think we are positioned for that number to go higher. But a lot of Members have come to the committee and said it just appears that we could do more to mitigate so much of what is going on, the wearing a mask, the social distancing that we are practicing here today. A lot of things.

But it is the clear and coherent and consistent message that I think we need to get from everybody, that is from the White House to that reservist that worked for FEMA in the field. It is when we don't get that clear, consistent message we have a problem.

I thank you for your service. But that 140,000 deaths is nothing any of us can be proud of. We have to address it.

So I thank you for your testimony and the Members for their questions. The Members of the committee may have additional questions for you, and we ask that you respond expeditiously in writing to those questions.

Without objection, the committee record shall be kept open for 10 days.

Hearing no further business, the committee stands adjourned.

[Whereupon, at 12:15 p.m., the committee was adjourned.]

APPENDIX

QUESTIONS FROM CHAIRMAN BENNIE G. THOMPSON FOR PETER T. GAYNOR

Question 1. Has FEMA set aside PPE and other critical pandemic response supplies for evacuee and emergency response personnel in conjunction with the agency's response to a natural disaster?

Answer. Response was not received at the time of publication.

Question 2. What is FEMA doing to ensure ample isolation sheltering facilities are available for COVID–19 patients during a natural disaster?

Answer. Response was not received at the time of publication.

Question 3. Has FEMA recommended an increase in the current reimbursement level for State and local pandemic response efforts? If so, why has the level not been increased?

Answer. Response was not received at the time of publication.

Question 4. Given the current state of the pandemic, and FEMA's own suspension of in-person trainings, what metrics is FEMA using to determine when to resume in-person training?

Answer. Response was not received at the time of publication.

Question 5. What support is FEMA prepared to provide to schools across the country that reopen?

Answer. Response was not received at the time of publication.

Question 6a. As part of their requests for major disaster declarations, many States have requested FEMA turn on its suite of Individual Assistance programs, which include things like disaster unemployment assistance and disaster legal services.

Has FEMA provided a recommendation to the White House on turning on Individual Assistance programs other than crisis counseling, and if so, what was that recommendation?

Answer. Response was not received at the time of publication.

Question 6b. Has the President officially made a decision on States' requests for Individual Assistance? If not, when will a decision be made?

Answer. Response was not received at the time of publication.

Question 6c. Are there specific factors that FEMA is using to determine whether other Individual Assistance programs will be necessary during this pandemic? If so, what are they?

Answer. Response was not received at the time of publication.

Question 7a. On April 30, President Trump said that, "FEMA will send supplemental shipments of personal protective equipment to all 15,400 Medicaid- and Medicare-certified nursing homes in America."

Did FEMA send supplemental shipments of PPE to 15,400 nursing homes?

Answer. Response was not received at the time of publication.

Question 7b. Are there any nursing homes that are experiencing any PPE shortages at the present time?

Answer. Response was not received at the time of publication.

Question 7c. If so, in what States are supply shortages occurring in nursing homes, what specific supplies are in shortage, and what are FEMA's plans to help alleviate these shortages?

Answer. Response was not received at the time of publication.

Question 8a. On June 11, CNN ran a story entitled, "Nursing homes receive defective equipment as part of Trump administration supply initiative." Has FEMA received any complaints from any nursing homes regarding the quality of the supplies sent to them?

How many complaints has FEMA received and from how many nursing facilities?

Answer. Response was not received at the time of publication.

Question 8b. Who procured these supplies and why was the quality not inspected before shipments were sent out?

Answer. Response was not received at the time of publication.

Question 8c. Has FEMA provided replacement supplies to any nursing home that received faulty supplies?

Answer. Response was not received at the time of publication.

Question 8d. What steps has FEMA taken to ensure that all supplies it provides meet quality standards and do not have flaws?

Answer. Response was not received at the time of publication.

Question 8e. Is FEMA planning to provide additional support to nursing homes?

Answer. Response was not received at the time of publication.

Question 8f. How is FEMA planning on holding contractors accountable for supplying unusable PPE, including PPE that was distributed to nursing homes?

Answer. Response was not received at the time of publication.

Question 9a. In June, FEMA announced that it was phasing out Project Airbridge because the supply chain for PPE in the United States was stabilizing. However, hospital workers are still reporting PPE shortages and having to reuse masks—sometimes for days—that are intended for single use. Industry experts have also warned of severe shortages in the raw materials needed to manufacture critical PPE, especially N95 masks and medical gowns. What analysis did FEMA conduct to assess the stability of the PPE supply chain?

Answer. Response was not received at the time of publication.

Question 9b. What data did FEMA rely on to conduct its analysis?

Answer. Response was not received at the time of publication.

Question 10. At the hearing on July 22, you stated the administration had used the Defense Production Act (DPA) "deliberately . . . to make sure that we get what we need, at the right amount of time." Yet there has been no transparency into which DPA authorities have been invoked, by what agencies, and for what purposes. Provide a breakdown on how the Federal Government has used the DPA to procure or to increase the domestic production of PPE and other critical supplies, including details on the type, quantity, and production schedule of the supplies and where they are intended to go.

Answer. Response was not received at the time of publication.

Question 11a. Is there a comprehensive strategy in place to coordinate the use of DPA authorities across the Federal Government in response to COVID–19 and future pandemics?

If yes, provide a copy of the strategy to the committee.

Answer. Response was not received at the time of publication.

Question 11b. If not, why not? How is the administration coordinating DPA actions across the Federal Government without a strategy?

Answer. Response was not received at the time of publication.

Question 12. During the July 22 hearing, you acknowledged there was global competition for PPE. Had there been a National procurement strategy, the United States could have competed as one purchaser rather than all States, Federal agencies, and other entities competing separately against other nations. Why was procurement of PPE and other supplies not consolidated under one Department to leverage the purchasing power of the Federal Government?

Answer. Response was not received at the time of publication.

Question 13. By the time the United States had wide-spread community transmission of COVID–19, every Federal agency was trying to procure pandemic supplies. FEMA, by its own admission, had no experience in procuring medical-grade equipment yet began its own campaign to acquire PPE alongside HHS and the Departments of Defense and Veteran's Affairs. Why did FEMA start making purchases when HHS and the Department of Defense and Veteran's Affairs already have expertise in purchasing medical equipment and could likely better navigate the market?

Answer. Response was not received at the time of publication.

Question 14. In May, FEMA announced it was shifting procurement of PPE to the Defense Logistics Agency. However, FEMA told committee staff in a briefing in July that this shift was to consolidate and leverage the Federal Government's purchasing power, but purchasing of equipment is still spread across agencies. For example, the Defense Logistics Agency is buying face shields, gloves, and gowns; HHS is buying domestically-produced N95 masks; and FEMA is buying foreign-produced N95 masks. Why is the procurement of supplies still not consolidated within the Federal Government?

Answer. Response was not received at the time of publication.

Question 15a. FEMA has struggled with awarding contracts in response to past disasters and has again awarded contracts for COVID–19 supplies to inexperienced or unreliable companies. For example, FEMA canceled a $55 million contract to Panthera Worldwide—a tactical training company with no history in medical supply manufacturing or distribution—after it failed to deliver N95 masks. FEMA also had

to warn States not to use testing equipment acquired under a $10 million contract because it was believed to be contaminated. Reports indicate that the company that produced the equipment—Fillakit—was formed just 6 days prior to getting the contract by an ex-telemarketer who had repeatedly been accused of fraudulent practices over the past 2 decades. Why is FEMA continuing to award contracts to companies without proven track records?

Answer. Response was not received at the time of publication.

Question 15b. What steps is FEMA taking to help its contracting officers properly vet companies?

Answer. Response was not received at the time of publication.

Question 16. Jared Kushner has touted contributions made by a group of non-Federal "volunteers" he brought in to locate and vet vendors for various pandemic supplies on behalf of FEMA procurement officials. However, news reports indicate this led to confusion with industry because his volunteers were communicating through personal email accounts. In a whistleblower complaint filed with the House Oversight Committee, one of the volunteers indicated that the group was overwhelmed by its assignment, given little instruction, and ultimately had little to show for their almost around-the-clock work. What guidance and oversight did FEMA provide Kushner's volunteers? Do you have copies of the correspondence they made on behalf of FEMA using their personal email accounts?

Answer. Response was not received at the time of publication.

Question 17. The committee has been advised that non-profits conducting disaster case management work in Puerto Rico are not being paid for services rendered. Non-profits, such as Endeavors, are still awaiting payment for services rendered that exceeded the initial grant funds resulting in multiple long, drawn-out bureaucratic appeal processes, jeopardizing critical services while putting them at unnecessary financial risk. What is FEMA's plan for quickly resolving these appeals and for ensuring that non-profits are paid for the work they complete?

Answer. Response was not received at the time of publication.

QUESTIONS FROM RANKING MEMBER MIKE ROGERS FOR PETER T. GAYNOR

Question 1. Has FEMA considered designating industrial laundry facilities as essential services after natural disasters including earthquakes, hurricanes, tornados, and during pandemics?

Answer. Response was not received at the time of publication.

Question 2. Has FEMA considered guidance or policy changes that balance the capabilities of reusable and disposable products in building stockpiles and other emergency preparedness measures, particularly to address supply chain issues?

Answer. Response was not received at the time of publication.