UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND READINESS

MAR 20 2022

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

The Department's response to House Report 116-442, page 156, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, which requests a report on supply chain resilience and critical supplies stockpile, as well as lessons learned from the Department of Defense (DoD) coronavirus disease 2019 (COVID-19) response, is enclosed.

The Department reviewed and validated available data on DoD's COVID-19 response. The review included existing policies and procedures, as well as functional and operational plans developed to address real-time challenges such as supply shortfalls and materiel requirement validation. Lessons learned are being utilized to develop policies and procedures on pandemic stockpile management to ensure the critical medical/health supplies are maintained in the correct amounts and appropriately sourced to ensure DoD is postured for another pandemic scenario.

Thank you for your continued strong support for the health and well-being of our Service members, DoD civilian workforce, and families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

Sincerely,

Gilbert R. Cisneros, Jr.

Enclosure:
As stated

cc:
The Honorable James M. Inhofe
Ranking Member

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

MAR 20 2022

The Honorable Adam Smith
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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Gilbert R. Cisneros, Jr.

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cc:
The Honorable Mike D. Rogers
Ranking Member

Report to the Congressional Armed Services Committees

House Report 116-442, Page 156, Accompanying H.R. 6395, of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, Final Report on "Supply Chain Resilience and Critical Supplies Stockpiles"

March 2022

The estimated cost of this report or study for the Department of Defense is approximately $10,000.00 for Fiscal Year 2021. This includes $3,000.00 in expenses and $7,000.00 in DoD labor.

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Introduction

This report is in response to House Report 116-442, page 156, accompanying H.R. 6395, the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021, which requests that the Secretary of Defense address 12 specific questions based on DoD's lessons learned from coronavirus disease 2019 (COVID-19) response. The Defense Health Agency's (DHA) Medical Logistics (MEDLOG) was the linchpin in the Department of Defense's (DoD) collaborative efforts in the Military Health System's response to address critical medical materiel requirements and ensure mission readiness in combating the COVID-19 pandemic.

Executive Summary

The Department reviewed available data on DoD's COVID-19 response. The review included existing policies and procedures, as well as functional and operational plans, developed to address real-time challenges such as supply shortfalls and materiel requirement validation. Lessons learned are being utilized to develop policies and procedures on pandemic stockpile management to ensure the critical medical/health supplies are maintained in the correct amounts, and to validate the sourcing of these items, while ensuring DoD is postured for another pandemic scenario.

Question 1. What medical/health supplies do you now deem critical to have in DoD Stockpiles?

Combined response for Questions 1 & 2:

Personal protective equipment (PPE), such as N95 respirators and gloves, continue to remain a critical supply in the DoD stockpiles for patient care during pandemic and public health emergencies. DoD also stockpiles antibiotics and antiviral medications to respond to a pandemic influenza.

Required levels of gloves and masks are determined by applying the DoD Pandemic Influenza planning factors to the reported beneficiary population: 35 percent of beneficiary population will get sick, of which 50 percent will seek care, the duration period of the pandemic of 84 days plus a 20 percent safety level. Gowns and respirators are calculated by applying the reported number of health care providers at a medical facility most likely to encounter a pandemic patient for a period of 84 days plus 20 percent safety level. Eye protection is calculated at one for each reported healthcare provider. The baseline of 84 days is based on the Spanish Influenza outbreak. DoD is currently looking to recalculate these numbers based on a "normal" pandemic which is usually more deadly and shorter in duration as indicated by the initial Centers for Disease Control (CDC) report.

Question 2. In what amount should these supplies be maintained?

See response above.

Question 3. What is the process for determining requirements for those items?

Initial stockpile requirements were determined using CDC guidance, DoD Implementation Plan for Pandemic Influenza, and Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA)) policy guidance. Stockpiles were planned for health care delivery and the PPE, which includes respirators (N95s), surgical masks, exam gloves, surgical gowns and medical eye protection/face shields, and are intended to specifically respond to a pandemic or other public health emergency. Additionally, 10 antibiotics, as recommended by the Military Department infectious disease consultants were approved and stored at select military medical treatment facilities (MTFs).

Recommendations for additions or deletions to the Pandemic Influenza stockpiles are presented to the Joint Preventive Medicine Policy Group for evaluation and recommendation for action by the Deputy Assistant Secretary of Defense for Health Readiness Policy and Oversight and the Military Health System Policy Advisory Committee.

Question 4. What percentage of the production of each of those items is domestic vs foreign based on today's industrial base?

For PPE items sourced for WAVE 2 reconstitution of MTF Pandemic Influenza assemblages during COVID-19, percentage of domestic versus foreign sourced materials are as follows:[1]

- N95 Respirators: 100 percent domestic sourced.
- Exam Gloves: 100 percent foreign sourced.
- Surgical Masks: 42 percent domestic and 58 percent foreign sourced.
- Disposable Exam Gowns: 100 percent foreign sourced.
- Face Shields: 100 percent domestic sources.
- Goggles: 100 percent foreign sources.

Question 5: What is the current surge ramp capacity for each of those items? If it is not currently sufficient, what should it be?

The following array depicts DoD medical material requirements, by PPE category, for 30 days of sustained medical operations in a pandemic scenario. These requirements are based on the DoD clinical population following the CDC guidelines for the extended wearing and rotation of select PPE items while treating patients affected by a pandemic like COVID-19. The Current Coverage is the Defense Logistics Agency's (DLA) ability to provide a portion of the requirement with the material, guaranteed access and Government Purchased Material (GPM), available to DLA through its Readiness contracts. The Shortfall Quantity is the gap between the estimated requirement and DLA's coverage capability. DLA is in the process of working to eliminate this gap. Closing this gap will enable DLA to meet the Military Services' go-to-war requirements and not homeland or global requirements/coverage solution. DLA is confident that

it can purchase the guaranteed access or GPM to meet the total DoD projected requirement for 30 days and beyond. [1]

PPE Category	Estimated 30 Day Requirement	Current Coverage	Shortfall QTY
N95 Respirators	16,185,600	11,346,860	4,838,740
Exam Gloves	129,484,800	10,110,000	119,374,800
Surgical Masks	16,185,600	7,437,000	8,748,600
Gowns	16,185,600	5,037,100	11,148,500
Eye Protection	16,185,600	1,406,324	14,779,276

Notes:

- *All quantities are expressed in each.*
- *Estimated 30-Day Requirements are calculated by applying CDC PPE estimation tool and DHA clinical personnel planning factors*

Question 6: What is needed to ensure there is sufficient capability within the surge ramp capacity for the items on the critical list?

The Military Services are responsible for ensuring their mission readiness. To this end, the medical logistics community has established the Defense Medical Logistics Proponent Committee (DMLPC), a DoD-wide collaborative entity which meets regularly to address current and projected medical logistics requirements. One of its core functions is to identify medical logistics requirements to develop and implement operational and/or mitigation plans to support medical contingency requirements. DMLPC includes senior medical logistics leaders from all Military Services and the Defense Logistics Agency – Troop Support Medical (DLA-TS (Medical)). Biannually, initiatives and other programs of note are submitted and discussed at the Defense Medical Logistics Supply Chain Council. This is a general officer/flag officer- and Senior Executive Service-level body co-chaired by DHA and DLA-TS.

Internally, DHA MEDLOG reviews and updates the DoD TRICARE eligible beneficiaries, or population at risk, and number of MTF health care workers at risk of pandemic influenza exposure to inform OASD(HA) pandemic preparedness and response surge planning factors.

Question 7: Provide recommendations as to whether certain industrial activities should be funded for warm base surge capability.

Given the challenges the U.S. domestic medical supply chain encountered in meeting the basic U.S. PPE requirements of the COVID-19 pandemic, it is apparent that the U.S. industrial base is substantially insufficient in all product areas with the possible exception of face shields. Since DLA represents ~2 percent of the commercial industrial base, attempting to use DLA requirements or programs to keep the industrial base sufficiently warm to handle the national

needs is ineffective. To maintain an industrial base capable of meeting U.S. PPE needs during a global pandemic, the U.S. Federal and commercial sectors must make a joint, national, substantial investment in both building and maintaining a domestic industrial base capability. During COVID-19, the Defense Production Act was invoked and vendors had to apply for funding. [1]

Question 8: Are any of these items capable of being additively manufactured? If so, what impact does that have on recommendations for possible industrial activities?

No. None of the five categories of PPE covered in this response lends itself to efficient additive manufacturing. DLA explored the use additive manufacturing to supply nasal swabs. However, the quality of the swabs was questionable and startup resources costs were substantial.[1]

Question 9: What scenarios do you plan against to ensure preparedness?

The DoD uses the National Strategy for Pandemic Influenza Implementation Plan, published by the CDC contains pandemic modeling tools, and lessons learned from 2009 H1N1 Pandemic PI response planned against the Spanish Flu of 1918.

Question 10: In FY2019 and FY2020, with what frequency do you convene DoD components or other agencies for exercises to prepare for global health crises?

The National Center of Medical Intelligence and U.S. Northern Command conduct an annual exercise on pandemic and infectious diseases

Question 11: Would DoD be capable of sustaining medical/health supplies deemed critical for National stockpiles, in addition to DoD stockpiles? Would DoD be capable of managing stockpiles for a Whole of Government response to a national emergency?

DoD cannot sustain medical/health supplies for a Whole of Government response as described above in the calculation for supplies in the DoD Stockpile. DoD's planning factors are limited to its beneficiary population comprised of, among others, Active Duty Service members, retirees, and their families.

DoD is capable of playing a critical role in the management of stockpiles for a Whole of Government response to a national emergency. DoD has the infrastructure, transportation, communications, trained personnel and system to manage stockpile when directed.

Question 12: Should DoD have prescripted missions or capabilities to sustain and provide critical items for the Whole of Government response in a national emergency?

DoD has pre-scripted mission assignments in place with Federal Emergency Management Agency (FEMA) to support various Emergency Support Functions (ESF) to facilitate a more rapid coordination and response for mission assignments. These pre-scripted missions provide critical items for the Whole of Government response to a national emergency such as ESF #8 which include Patient Transport and Strategic Airlift (Rotary Wing medevac support) and Blood Supply/Distribution Support. Coordination for additional pre-scripted missions would require FEMA or the ESF coordinator to identify a capability gap, develop a request for assistance with statement of work and to coordinate with the either the appropriate Defense Agency or Assistant Secretary of Defense for Homeland Defense and Global Security for approval and coordination within their respective agencies or DoD Component.

Note:

[1] *Responses to Questions 4, 5, 7 and 8 were provided by DLA-TS Medical. Their perspective is based on their experience in obtaining five (5) categories of medical-grade PPE that include: N95 Respirators, Exam Gloves, Surgical Masks, Gowns and Eye Protection. Given DLA's unique contractual relationship with some key domestic suppliers as part of its Warstopper-funded Contingency Contracting Program, DLA's experience is atypical of the experience of other Federal or commercial agencies and should not be used to assess the general capabilities/health of the U.S. domestic base.*

Acronyms, Terms, and References

Acronym	Term
CDC	Centers for Disease Control
COVID-19	coronavirus disease 2019
DHA	Defense Health Agency
DLA	Defense Logistics Agency
DLA-TS (Medical)	Defense Logistics Agency – Troop Support (Medical)
DMLPC	Defense Medical Logistics Proponent Committee
DoD	Department of Defense
ESF	Emergency Support Functions
FEMA	Federal Emergency Management Agency
FY	Fiscal Year
GPM	Government Purchased Material
MEDLOG	Medical Logistics
MTF	military medical treatment facility
OASD(HA)	Office of the Assistant Secretary of Defense for Health Affairs
PPE	personal protective equipment

1. Assistant Secretary of Defense Health Affairs Memorandum, "Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance," January 25, 2006
2. Office of the Assistant Secretary of Defense Health Affairs Memorandum, "Personal Protective Equipment Policy Guidance for Healthcare Personnel with Potential for Exposure to Infectious Agents," September 26, 2018
3. Joint Trauma System, Organizational Assessment, Final Report, October 15, 2018
4. Federal Emergency Management Agency, "Federal Military Disaster Response: Pre-scripted Mission Assignment (PSMA)," available online at: https://emilms.fema.gov/is0075/groups/40.html
5. Office of the Assistant Secretary for Preparedness and Response, "ESF #8, Pre-Scripted Mission Assignments (PSMAs)," available online at: https://www.phe.gov/Preparedness/planning/playbooks/rdd/Pages/subtask.aspx