

December 8, 2020

The Honorable Jeffrey Zients and Dr. Vivek Murthy
Presidential Transition Headquarters
1401 Constitution Avenue, NW
Washington, D.C. 20230

Dear Mr. Zients and Dr. Murthy:

Congratulations on your recent appointments as White House COVID-19 Coordinator and U.S. Surgeon General. I applaud President-Elect Biden for acting quickly to name you both as the officials responsible for overseeing our next administration's response to the COVID-19 pandemic, and for establishing the COVID-19 Advisory Board so efficiently. Appointing Drs. Kessler and Nunez-Smith as co-chairs of the Advisory Board speaks to the President-Elect's commitment to providing our country with strong leadership and sound policy – guided by science and communicated in a transparent manner – to help us control and recover from this pandemic.

More than 280,000 Americans, including thousands of frontline and essential workers, have lost their lives to COVID-19 because President Trump and his Administration failed to take this public health emergency seriously and refused to take critical steps to protect workers and to secure a sustainable supply of personal protective equipment (PPE) and medical supplies. Despite the fact that we are nearly a year into this pandemic, we continue to lose, on average, one American every minute to this virus. A disproportionate number of those deaths occur in Black, brown and indigenous communities. As you work with the Biden Transition Team and other members of the COVID-19 Advisory Board to develop the national plan necessary to fight the pandemic, specifically the disproportionate risk it poses to American communities of color, I urge you to take into consideration the following recommendations.

Testing, Contact Tracing, and Vaccine Distribution

As you know, widespread testing and aggressive contact tracing have been key pillars of successful public health responses to infectious disease outbreaks across the world for more than a century. It is unacceptable that, nearly one year into our nation's efforts to manage this virus, we have failed to establish an effective testing regime. As you begin to engage with state and local public health officials to craft public health and economic policies to minimize the impact of COVID-19, establishing an effective, accessible, equitable, and accurate testing regime – and a system to comprehensively capture testing data – must be a top priority. I am encouraged that the Advisory Board is already working on recommendations to increase our testing capacity, and I urge you to continue to prioritize this work with an emphasis on enhancing the accuracy of

tests, through both enhanced specificity and sensitivity, ensuring more timely results, and increasing access to free testing in underserved Black, brown and indigenous communities.

In addition to ensuring all Americans have access to regular, reliable, and free COVID-19 testing, it is also essential that our state and local health departments have the resources and personnel necessary to manage the surge in reported infections and engage in effective enhanced screening, mitigation, and suppression practices as well as a successful vaccine distribution effort. Capturing comprehensive testing data – including testing data from self-administered tests – using an interoperable system will allow for effective surveillance of the spread of COVID-19. While the current explosion of cases in the United States has made effective contact tracing nearly impossible, I encourage the Transition Team and the Advisory Board to prioritize and recommend ways to engage in culturally competent approaches to contact tracing, isolation, and quarantine. Public health is a discipline that relies on people; beyond strengthening our testing capacity and data infrastructure capacity, we must do more to invest in our public health workforce so that our state and local health departments have the staff necessary to execute these essential public health responses.

Finally, as President-Elect Biden works to develop an effective, equitable vaccine distribution strategy, I urge you to ensure our national strategy prioritizes access and utilization by populations at disproportionate risk, including communities of color that have been most impacted by this virus, as well as medically underserved communities. I understand that a robust vaccine distribution strategy requires significant resources, and I will continue to work with my colleagues in Congress to ensure the incoming administration has the resources necessary to execute and manage a successful vaccine distribution strategy. It is also essential that we continue to invest in effective therapeutics, as not all Americans will have access to a vaccine immediately.

Workplace Transmission

Reducing the contraction and spread of the virus at work must be a top priority of any national plan to respond to the pandemic, and I am pleased that Dr. David Michaels, an expert on worker safety, has been added to the Advisory Board. Recent analysis of contact tracing data has emphasized the extent to which workplace transmission of COVID-19 has fueled its spread and contributed to the pandemic's racial disparities. Preventing workplace transmission will require a comprehensive, multi-agency effort to impose safe workplace policies, nearly all of which President Trump's Administration refused to take.

First and foremost, workplace transmission cannot be controlled without establishing mandatory workplace safety standards for employers. An Emergency Temporary Standard (ETS) for COVID-19 should be issued by the Occupational Safety and Health Administration (OSHA) as quickly as possible, and strong enforcement of that plan must immediately follow. The AFL-CIO petitioned OSHA to issue an ETS, but the Trump Administration rejected it.

The unique dangers of COVID-19 transmission at meatpacking plants must also be addressed. The U.S. Department of Agriculture (USDA) must rescind the Trump Administration rule that allowed companies to speed up production lines at meat processing plants. Faster lines mean more unsafe work environments generally and specifically with respect to COVID-19 because they demand such aggressive movement and close proximity from workers that safety

precautions cannot be followed. In addition, USDA should partner with OSHA to develop meatpacking plant-specific COVID-19 worker safety standard and fully enforce them.

Due to the nature of their jobs, transportation workers also face heightened risks of exposure to COVID-19. Requiring passenger mask usage across transportation modes will help to prevent the spread of the virus. The Department of Transportation should issue an interim final rule, or take other action using its safety oversight authority, to mandate the usage of face masks for passengers in all DOT-regulated transportation modes. The Trump Administration rejected the Transportation Trades Department of the AFL-CIO's petition requesting such a rulemaking.

The spread of COVID-19 at detention centers and correctional facilities among workers and detainees has been widely reported. The Department of Justice and the Department of Homeland Security must develop and implement protocols to address the unique, severe COVID-19 challenges these facilities face. This process should include input from organizations advocating for the health and safety of incarcerated individuals.

Data Collection

Beyond putting in place the right workplace safety standards and policies, collecting COVID-19 data from public health officials and from employers is critical to an effective pandemic response. Complete and accurate data – especially data on race, ethnicity, age, gender, socioeconomic indicators, and disability status – is essential to our understanding the spread and impact of COVID-19, as well as to informing a coordinated response.

The U.S. Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and the Office of the National Coordinator for Health Information Technology (ONC), must work with states, state and local public health officials, and healthcare providers and facilities such as hospitals and nursing homes, to ensure COVID-19 related data collection is coordinated, thorough, and timely. HHS must identify existing gaps in our public health data collection and surveillance efforts and work with Congress to address any existing barriers to complete and timely data collection efforts, including a lack of resources for public health data infrastructure. This must happen in coordination with state and local public health officials, as well as other federal agencies engaged in COVID-19 data collection, including OSHA, to prevent any fragmentation.

According to the CDC, workplaces “present unique challenges for COVID-19 investigation and public health action” and “collecting information about a person’s job (e.g., occupation and industry) during case investigation and subsequent contact tracing may facilitate early recognition of wider viral transmission and a potential workplace outbreak.”¹ OSHA should continue to require employers to record COVID-19 cases. In addition, the Transition Team and the Advisory Board should work with the largest employers in sectors in which the spread of COVID-19 has been documented to collect facility-level data, including the health care, meat processing plants, and warehouse industries.

¹ Investigating and responding to COVID-19 cases in non-healthcare work settings. Updated Oct. 21, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/non-healthcare-work-settings.html>.

PPE and Medical Equipment Supply Chains

I am pleased that President-Elect Biden's Build Back Better agenda will make it a priority of the federal government to invest in critical supply chains and expand U.S. strategic stockpiles of medical supplies and other essential items to ensure our country is better prepared for crises going forward. It is essential that the federal government purchase PPE in a way that properly balances the urgent demands of the pandemic while also supporting and encouraging a robust domestic PPE industry.

Due to incompetence and mismanagement, the Trump Administration has not secured sustainable supply chains of PPE and medical equipment necessary to combat COVID-19, and the United States continues to rely heavily on Chinese-produced PPE. Since the beginning of the pandemic, PPE procurement has been marked by unpredictable contract processes. Some contract awards have gone to companies with no experience making the requested products, calling into question their ability to deliver high-quality products by the delivery deadline. In the case of isolation gowns, the contracting process was so focused on securing the lowest price that it resulted in purchases of some items that do not meet the performance and durability standards necessary for a medical setting. The contracting process should result in high-quality medical supplies and equipment that ensure our health care workers can do their jobs safely and effectively.

Furthermore, the PPE and medical equipment procured by the Trump Administration have not been distributed in a transparent or prioritized fashion. Some communities with large spikes in COVID-19 infections have not received items from the federal governments, while other states with lower infection rates have received a surplus. To compensate for this erratic PPE distribution, states, and in some cases health care providers, have had to try to procure PPE independently, which has led to unnecessary bidding competition. Due to this inadequate procurement and distribution of PPE and medical supplies, the federal government has not fulfilled its role as a critical backstop for these supplies during the pandemic.

I urge President-Elect Biden to name a White House-based point person in charge of coordinating the federal government's effort to procure PPE and medical equipment and secure the related supply chains across Departments. A focused effort to invest in and expand the PPE domestic industrial base is critical to future preparedness. It is also essential that the Advisory Board evaluate and make recommendations for improving the contracting processes used to purchase COVID-19 supplies for the federal government. A point person should have knowledge of these supply chains, including the specifications of the goods to be procured, existing American producers, and opportunities to expand domestic production. Even as COVID-19 cases continue to surge, there is untapped domestic capacity to make PPE for our healthcare workers.

A qualified point person at the White House will ensure the procurement process across all federal agencies results in timely acquisition and effective, transparent distribution of needed supplies and will work to establish a secure supply chain that includes domestic manufacturers and that meets the country's public health needs.

Outreach to Experts

Unfortunately, the Trump Administration has not taken advantage of expertise on workplace safety and health care supply chains, or those with expertise on reaching underserved

communities. I know the Transition Team and Advisory Board will do the due diligence of reaching out to experts who can help to formulate the national response necessary to get the pandemic under control and ensure we do so in a way that leaves no community behind. I encourage you to consider the following individuals in that outreach.

Kim Glas – Ms. Glas is the President & CEO of the National Council of Textile Organizations and has been a lead coordinator among U.S. companies who already make or are interested in producing PPE.

David Costello – Mr. Costello is the Executive Director of the Warrior Protection & Readiness Coalition and represents U.S. Berry Amendment-compliant companies, including PPE manufacturers.

Greg Burel – Mr. Burel is President of Hamilton Grace LLC, a consulting firm focused on preparedness and response. He served as director of the Strategic National Stockpile from 2007 to 2020.

Nicolette Louissaint – Ms. Louissaint is the Executive Director of Healthcare Ready, a nonprofit focused on strengthening healthcare supply chains. She previously served as Senior Advisor to the U.S. State Department's Special Coordinator for Ebola.

In addition to including input from these individuals, it is critical that the Transition Team and the Advisory Board hear from experts across the country, including those from small cities and rural communities. Moreover, COVID-19 has taken a disproportionate toll on communities of color. The Advisory Board's membership must reflect that tragic fact and ensure that its consultations and recommendations appropriately focus on addressing the pandemic's racial inequities.

Thank you for your consideration of this letter. The Trump Administration's heartless failure to tackle this crisis has led to the unnecessary loss of more than a quarter million Americans. I have confidence that your team and the COVID-19 Advisory Board has the expertise and compassion and President-Elect Biden will provide the leadership our country needs to properly respond to this this pandemic and save lives.

Sincerely,



Sherrod Brown
United States Senator

CC:

Mr. Ron Klain, Chief of Staff

Senator Ted Kaufman, Transition Chair

Dr. Kessler & Dr. Nunez-Smith, COVID-19 Advisory Board Co-Chairs