



National Black Association  
for Speech-Language and Hearing



July 23, 2020

The Honorable Mike Pence  
The White House  
Office of the Vice President  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

Dear Vice President Pence:

On April 15, 2020, [Rainbow PUSH Coalition](#) (RPC) and [the National Medical Association](#) (NMA) released a [joint public health strategy](#) that proposed viable, actionable steps that could be immediately implemented to reduce the possibility of irreparable harm due to COVID-19 on the African American community specifically, and communities of color overall. Since this time, these two organizations have convened a strong coalition of national leaders and organizations to implement these actionable steps. We are confident that the joint effort of this coalition will help mitigate the harm associated with COVID-19 and address health disparities and health inequities that exist within communities of color. We are writing on behalf of the committee charged with ensuring a sufficient and predictable long-term supply of COVID-19 tests and testing supplies and personal protective equipment (PPE).

**Time to Act**

As of this writing, more than 3.9 million people have been diagnosed with COVID-19 in the United States – far more than any other country in the world.<sup>i</sup> More than 143,000 individuals have died due to COVID-19 in the U.S.<sup>ii</sup> This fast moving and deadly virus has laid bare the inequities pervasive in the U.S. healthcare system. According to the Centers for Disease Control and Prevention (CDC), Blacks/African Americans and Native Americans with COVID-19 are five times more likely to be hospitalized than Whites and Latinx populations are four times more likely to be hospitalized than Whites.<sup>iii</sup> Based on data from the 40 states reporting race and ethnicity data, the mortality rate for African Americans is 2.4 times as high as the rate for Whites.<sup>iv</sup> Another analysis found that Latinx individuals are more than 2 times likely to die than Whites.<sup>v</sup> A long-term, national strategy that fully leverages the Defense Production Act (DPA) is urgently needed to equip public health officials and frontline providers with the essential supplies necessary to control the virus, prevent future surges and mitigate the disproportionate impacts on communities of color.

As illustrated by the surges in COVID-19 cases occurring in states across the country, SARS-CoV-2 will remain a threat in communities across the U.S. until a critical mass of the population develops immunity – roughly 60 to 70%.<sup>vi</sup> While we recognize and appreciate the efforts that have been taken to address severe shortages of COVID-19 tests and testing supplies and PPE, public health officials, hospital systems and frontline healthcare providers continue to report insufficient supplies or inventories of these supplies that are the backbone of an effective response to control the virus. We strongly urge the administration to fully utilize the Defense Production Act (DPA) to ensure an adequate and predictable supply of COVID-19 tests, testing supplies and PPE.

### **Ensure a Sufficient and Stable Supply of PPE to Protect Frontline and Essential Workers and Vulnerable Populations**

Increased supplies of surgical masks, N95 respirators, face shields, goggles, gowns, and gloves will be needed for the foreseeable future until a vaccine is widely available and a sufficient percentage of individuals in the U.S. and globally have been vaccinated. With states experiencing surges in cases, health facilities resuming elective procedures and other sectors of the economy reopening, the need for a robust and reliable supply of PPE is growing and will continue to grow. The fall surge predicted by many public experts, which will coincide with influenza season, will further increase our PPE needs.

Wearing the appropriate PPE and physically distancing are the best defenses currently for preventing COVID-19 transmission. For healthcare workers and other essential workers who are unable to physically distance, PPE is their only means for reducing their COVID-19 risks. Populations at higher risk for severe illness or death, including Black/African Americans, Native Americans and Latinx populations and other underserved populations also are much more vulnerable without access to the appropriate PPE including masks and facial coverings. A strong and stable U.S. production and supply of PPE that is distributed to states according to need is essential for the U.S. to slow the spread of SARS-CoV-2 and prevent ongoing surges in cases, hospitalizations and deaths.

### **Continue to Increase Diagnostic Testing Capacity to the Levels Necessary to Flatten the Curve**

The expansion of testing is critical to be able to identify people with COVID-19 early so that they can isolate to prevent transmission and to improve their health. We appreciate the efforts that have been undertaken, but they are inadequate given the level of virus in the community. While testing capacity has improved, it has continued to lag at only 37% to 50% of expert-recommended estimates.<sup>vii</sup> After a review of several national testing models, the Kaiser Family Foundation determined that a robust national testing strategy requires conducting 1.25 million tests per day or 8.75 million per week, which is approximately 2.7% of the U.S. population being tested weekly.<sup>viii</sup> National testing reports have consistently fallen far below this target, and supply limitations continue to challenge frontline providers and frustrate patients. Sufficient supplies of COVID-19 tests are still not available everywhere they are needed, and testing laboratories continue to report shortages of critical supplies including reagents and swabs. We are particularly concerned about testing limitations in communities where Black/African

Americans, Native Americans, and Latinx live and work. A national strategy for producing and equitably distributing tests and testing supplies to states also will be critical to continue to increase testing to the level that is needed to achieve and maintain control of COVID-19.

### **Fully Leverage the Defense Production Act for Essential Medical Supplies**

We recognize and appreciate that the administration has invoked the DPA to some extent, but it has been on a limited basis, such as to designate certain medical resources as “scarce or threatened” and importantly to increase production of ventilators and N95 respirators.<sup>ix x</sup> The administration has not fully tapped the DPA to ramp up production of PPE or testing supplies to the level that is needed. We strongly urge a much broader and longer-term strategy for utilization of the DPA to ensure that the U.S. is sufficiently resourced for PPE [including N95 respirators, powered air purifying respirators (PAPRs), Controlled Air Purifying Respirators (CAPRs), masks, gowns, gloves and face shields] and for COVID-19 tests and testing supplies. The potential for devastating impacts of COVID-19 on communities of color, our healthcare workforce and the economy are painfully clear. Full and long-term utilization of the DPA is important to support implementation of a long-term, national strategy for ensuring the availability of a stable and predictable inventory of essential supplies to slow the spread of the virus and prevent tens of thousands more deaths due to COVID-19. This strategy must include a transparent centralized plan for distributing and monitoring the need for PPE, COVID-19 tests and testing supplies.

Thank you for the administration’s ongoing efforts to mitigate the impacts of the pandemic and for your consideration of our recommendations. We would appreciate the opportunity for members of our coalition to meet with members of the White House Coronavirus Task Force members to discuss the issues affecting our communities and our recommendations for addressing them. Please contact the Infectious Diseases Society of America’s Senior Vice President of Public Policy and Government Relations Amanda Jezek at [ajezek@idsociety.org](mailto:ajezek@idsociety.org) or the HIV Medicine Association Executive Director Andrea Weddle at [aweddle@hivma.org](mailto:aweddle@hivma.org) to schedule a meeting.

Sincerely,

Association of American Indian Physicians  
Black Psychiatrists of America  
HIV Medicine Association  
Infectious Diseases Society of America  
National Association of Black Journalists  
National Bar Association  
National Black Association for Speech-Language Hearing  
National Hispanic Medical Association  
National Medical Association  
National Pharmaceutical Association  
Rainbow PUSH Coalition  
The Black Psychiatrists of America  
The Community Blood Center

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<sup>i</sup> COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University.

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

<sup>ii</sup> IBID.

<sup>iii</sup>Centers for Disease Control and Prevention. COVID-19 in Racial and Ethnic Minority Groups.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

<sup>iv</sup>APM Research Lab. The Color of Coronavirus: Covid-19 Deaths By Race and Ethnicity in the U.S. Online at:

<https://www.apmresearchlab.org/covid/deaths-by-race>. Accessed June 8, 2020

<sup>v</sup>Gross CP, et al. Racial and Ethnic Disparities in Population Level Covid-19 Mortality. medRxiv. doi:

<https://doi.org/10.1101/2020.05.07.20094250>.

<sup>vi</sup> Moore K et al. COVID-19: The CIDRAP Viewpoint. Part 1: The Future of the COVID-19 Pandemic: Lessons Learned from Pandemic Influenza. April 30, 2020.

[https://www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-covid19-viewpoint-part1\\_0.pdf](https://www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-covid19-viewpoint-part1_0.pdf)

<sup>vii</sup> COVID Tracking Project. U.S. Cumulative Daily Totals. <https://covidtracking.com/data/us-daily>.

<sup>viii</sup> Kates J, Michaud J, Oregera K, Levitt L. What Testing Capacity Do We Need? Kaiser Family Foundation. Online at: <https://www.kff.org/coronavirus-policy-watch/what-testing-capacity-do-we-need/>.

<sup>ix</sup> Lawson A, Rhee J. Usage of the Defense Production Act throughout and to combat COVID-19. Yale School of Management. June 3, 2020. <https://som.yale.edu/blog/usage-of-the-defense-production-act-throughout-history-and-to-combat-covid-19>

<sup>x</sup> FEMA. Applying the Defense Product Act. April 14, 2020. <https://www.fema.gov/news-release/2020/04/14/applying-defense-production-act>.