

Coronavirus (COVID-19) Pandemic: Administrator Letter to Emergency Managers

Attached is FEMA Administrator Pete Gaynor’s April 15, 2020 letter to the Nation’s Emergency Managers, which outlines lessons learned from the first 30 days of FEMA leading the “Whole-of-America” response to the coronavirus (COVID-19) pandemic. In this letter, Administrator Gaynor addresses preservation and prioritization of scarce resources; use of data-driven decision making; utilization of key federal medical staff, Federal Medical Stations (FMS) and Large-Format Alternative Care Sites (ACS); Mitigation efforts to flatten the curve; strengthening the supply chain; as well as importance of busting myths.

Administrator Gaynor’s guidance is a follow-on to his first letter to emergency managers, dated March 27, 2020, which requested key actions and outlined critical steps for the initial COVID-19 response.

The letter is available on the [FEMA website](#), as well

Contact Us

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April 15, 2020

Fellow Emergency Managers,

First, let me thank you for all the incredible things you have done, and continue to do, for the American people. I am thankful for your tireless efforts under these unprecedented and demanding circumstances and for embrace of the guiding principle: locally executed, state-managed, and federally supported emergency response and recovery. Your heroic and extraordinary efforts across the country inspire me daily. Please keep up the great work.

This week marks completion of FEMA's first month leading the Whole-of-America coronavirus (COVID-19) pandemic response. While we have a way to go, I have no doubt that we will be successful in protecting our communities by slowing the spread of the virus. I would like to share with you some lessons learned in these first 30 days that will shape our approach moving forward:

Preserve and Prioritize Scarce Resources to Save Lives. I ask you continue to use the [Strategies to Optimize the Supply of PPE and Equipment](#) to maximize your supply inventory. Additionally, this week, FEMA released [guidance](#) on how to best preserve PPE in your communities. Please review this guidance and be judicious in your requests for PPE and only request PPE after implementing strategies to optimize your current supply.

Our priority remains ensuring critical healthcare workers have the necessary PPE to treat COVID-19 patients. However, as President Trump said, other workers, too, have an essential responsibility to continue their jobs. Some of these jobs include activities critical to the resilience of the Nation during this pandemic – fire, emergency medical services and law enforcement personnel keeping our communities safe; energy companies keeping our lights on; water treatment facilities keeping water flowing from our taps; telecommunications companies keeping our communications networks functioning; and, food producers and distributors keeping groceries on the shelves in our local stores. Some of these workers need PPE for their regular occupational activities, while others now need PPE specifically to reduce their exposure to COVID-19 while carrying out their mission-essential work.

Please ensure that your state distribution system for PPE is moving the supplies to the end-user in a timely fashion. We are all experiencing this crisis now, please use all PPE you have on-hand; stretch your stocks as far as they can be stretched. Using stockpiled PPE allows the commercial system to catch-up with the goal of stabilizing and normalizing the commercial supply chain.

Another preservation practice we are investing in is the BATTELLE Critical Care Decontamination System (CCDS), which can sterilize N95 masks using a mobile CONEX box-based Vapor Phase Hydrogen Peroxide (VPHP) generator. It is FDA-certified with capacity to sterilize 80,000 N95 masks daily. We have five in the field today, with five new systems arriving every week. The federal government purchased sixty systems for use nationwide. If your state is interested in using one of these systems in your community, please contact your FEMA Regional Administrator for more details. Please be aware that, as with many resources in this

environment, we are unable to fulfill all requests and we will seek to deploy these assets in a manner that ensures their maximum use.

Use Data to drive decision-making. I appreciate that states have shared the critical data elements about the status of hospital capacity, ventilators, and personal protective equipment (PPE) with both the Department of Health and Human Services (HHS) and FEMA. Significant effort has gone into gathering and submitting this data and I encourage you to continue providing this critical information daily.

We understand there has been some confusion the last few weeks regarding what data FEMA is asking for as well as how and where to submit this information. To streamline the reporting of this information, we are encouraging all facilities to utilize the National Health and Safety Network (NHSN) tracking system, which most healthcare facilities already access and use. Although reporting this data through states and FEMA regions remains an option, using NHSN ensures this information gets to our data and analysis team in the most efficient way and that we can receive the facility level data that we need to support decisions. FEMA will provide clarifying guidance to the FEMA Regional Administrators, which they can use to support facilities in your states in providing us with this vital information.

This data provided enables us to make informed decisions about where to send limited resources and provides context to support resource requests we receive from you. As an emergency manager, it is imperative that you understand: when your jurisdiction's peak may occur; the capacity challenges you may face and assistance you may require; when you may have resource shortages; as well as, where your resources are going.

Utilize federal medical staff, Federal Medical Stations (FMS), and Large-Format Alternate Care Sites (ACS). Real-time adaptation is critical to our success – it's a part of every emergency manager's core doctrine to prepare for the worst, then readjust. Both federal medical staff and the support structure provided via the FMS are in highest demand across the country. Daily, we look critically at the utilization of these resources.

When it comes to the full utilization of federal medical staff, we recommend that emergency managers, public health officials, and the on-the-ground resource providers— such as Department of Defense (DOD) and the HHS Public Health Service (PHS) — develop a flexible plan to reutilize federal medical staff to priority areas of need. A recent example of this is in New York City (NYC), where federal medical staff from both the Javits Center and USNS Comfort were placed into a medical “bullpen,” for local hospitals to draw from daily. In NYC, availability was based on existing and forecasted patient loads at both locations on a rolling 24-hour basis. This has allowed these highly in-demand resources to perform duties at their primary place of duty and at overwhelmed local public hospitals.

In total, we have 41 FMS committed across the country. Again, we look critically across the entire FMS inventory to ensure we have the right resource at the right location, at the right time. If your state no longer requires these resources, please contact your FEMA Regional Administrator to begin the demobilization process.

Additionally, for a variety of reasons, we witness underutilization of large-format ACS. In some cases, this has meant we have had to repurpose high-demand, low-density Federal medical capabilities in order to bring critical healthcare providers to the point of need. I am extraordinarily proud of the rapid adaptations our FEMA, HHS, and DOD teams have made on the ground in consultation with local and state officials to carry this out. These facts, coupled with a positive trend of fewer COVID-19 cases requiring acute medical care at these ACS, mean emergency managers must ensure their concept of operations for getting patients into these

facilities is valid, while right-sizing the ACS bed-count to consider the available medical staffing required to effectively staff and deliver medical care.

Support Efforts to Flatten the Curve. Every American has a role to play in defeating the coronavirus. Ensure that your communities, small or large, embrace mitigation efforts, consistent with President Trump’s [*30 Days to Slow the Spread*](#) guidance.

Strengthen the Supply Chain. FEMA continues to expedite the movement of critical supplies from the global market to medical distributors in various locations across the United States through Project Air Bridge. FEMA created the air bridge to significantly shorten the amount of time it takes for U.S. medical supply distributors to get personal protective equipment and other critical supplies into the country for their respective customers. All supplies will continue being distributed to CDC-designated hot spots as well as through the vendors’ regular supply chain to locations across the country.

Continue to Bust Myths. As I continue to do calls with Members of Congress, Governors, and other key stakeholders, I find myself correcting misinformation. One of the areas I get the most questions about is regarding FEMA ‘seizing’ or ‘commandeering’ critical PPE. I want to share the ground-truth with you – FEMA is neither seizing or taking PPE from local or state governments or taking PPE from hospitals or any commercial entity lawfully engaged in the PPE distribution. However, there are bad actors out there who are hoarding and price gouging and trying to profit from the confusion and widespread fear surrounding COVID-19. The Department of Justice (DOJ), under the direction of Attorney General William Barr, has assembled a hoarding and price-gouging task force to prioritize the detection, investigation, and prosecution of illegal conduct related to the pandemic. The DOJ efforts resulted in the seizure of PPE from those individual bad actors and businesses hoarding PPE.

Regarding the Defense Production Act (DPA) and the use of priority ratings for “reallocation” of critical resources, DPA authorities are applied to support acceleration and expansion efforts. Priority rated DPA orders do not create a situation of “outbidding;” rather, it puts the federal government requirement to the “front of the line” for fulfillment ahead of other orders so we can best assist you. In this process, we work to balance our authorities while avoiding interference of private sector supply chains that can deliver resources most efficiently and effectively. Therefore, as we process orders through the supply chain, we maintain close coordination with states to identify potential bidding conflicts. We look to you as well as your governors and tribal leaders to make us aware of apparent bidding conflict. If a bidding conflict occurs, we work closely with the state or tribe to resolve it in a way that best serves their needs. At the end of the day, we all have the same objective – getting the right resource, to the right place, at the right time.

As emergency managers, let’s continue to do what we do best: coordinate, problem-solve, and act. I ask all of you to lead, innovate, and be resourceful. This truly is a whole-of-America response and I need your continued support as active participants – America needs us at our best.

Respectfully,



Peter T. Gaynor
Administrator