

## Recurring PPE shortages must be resolved now

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Immediate Past President

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The persistent shortage of N95 masks, gowns and other forms of personal protective equipment (PPE) continues to impede the ability of physicians, nurses and other health care workers serving on the front lines during the COVID-19 pandemic—and jeopardizes our ability to fight the surging case load across the Sun Belt and elsewhere.

Our country needs federal coordination of the production, distribution and supply chain management of the protective gear needed to care for patients, as part of a comprehensive approach that addresses the supplies need by physicians and other providers, in all settings. To accomplish this goal, we continue to urge the White House to invoke the Defense Production Act to ensure that N95 masks, gowns, gloves and other badly needed PPE items are widely available to physicians and their staff members to safely resume caring for their patients.

On one level, it is hard to believe that our nation finds itself dealing with the same shortfalls in PPE witnessed during the first few weeks that SARS-CoV-2 began its unrelenting spread. Back in March, when the supply chain for PPE, disinfectants and other needed supplies was first placed under tremendous pressure, critical equipment such as N95 masks were carefully rationed and routinely reused.

But that same situation exists today, and in many ways things have only gotten worse.

The reasons are painful and plentiful. The lack of a coordinated national strategy to acquire and distribute PPE has certainly played a role, forcing state governments to compete with each other—and with the federal government as well as foreign nations—to secure masks, gowns, gloves and other gear.

While the Federal Emergency Management Agency (FEMA) has procured N95 masks and other gear, an Associated Press analysis of FEMA data showed that low-population states received larger

allocations of PPE per confirmed case. That analysis also showed that states where the case count is spiraling higher, such as California, were sent smaller allocations on a per-case basis. Because the greatest quantity PPE is produced outside of the U.S., the procurement process can be complex, time-consuming, and prone to disruption, price-gouging and other perils.

Particularly hard-hit are physicians seeking to reopen their practices—and resuming care for patients who have delayed or foregone care for chronic conditions. A lack of PPE, and in particular shortages of N95 masks and gowns, has prevented physicians in ambulatory settings from seeing new and established patients.

Up until this spring, these physicians have not needed to acquire and store large quantities of PPE and thus have no existing vendor relationships to tap into. Given that the quantities they require are typically dwarfed by the amounts sought by institutional buyers, individual physicians and those in smaller practices lack the access and buying power of those competing for scarce PPE supplies. The risks posed to providers and patients alike cannot be overstated should this situation persist.

As noted American philosopher George Santayana told us more than a century ago, “Those who cannot remember the past are doomed to repeat it.” We urge the Administration to remember well the lessons of early March, and act decisively now to swiftly end the repetition of PPE shortages. The health and safety of frontline caregivers—and their patients—depends upon it.