Organization: **FEMA**

Meeting Title: **Defense Production Act Section 708 Voluntary Agreement Public Meeting**

Date: **Thursday, 21st March 2020**

Conference Time: **14:00 ET**

Rob Glenn: Good afternoon and welcome to FEMA's Public Meeting for Developing a Voluntary Agreement under the Defense Production Act Title 7. My name is Rob Glenn, Director of the Office of Business Integration at FEMA and moderator for today's meeting. First, I want to thank all of our federal agencies on the line in viewing the web stream, HHS, Health and Human Services, Department of Justice, Federal Trade Commission, Department of Homeland Security, Department of Defense, and our FEMA colleagues. In addition to the industry representatives who are taking the time out of their busy schedules to participate. As announced and as a reminder that in the Federal Register, FEMA convenes this meeting to develop a voluntary agreement under the Defense Production Act, to help to provide for the National Defense by maximizing the effectiveness of the distribution of critical medical resources nationwide to respond to pandemics in general and COVID-19 specifically, this meeting is open to the public. FEMA has provided a caller information for those who identify themselves to FEMA as wanting to participate.

Please keep your audio muted except when speaking. In this meeting, our agenda will include remarks from FEMA leadership as follows. The Administrator Peter Gaynor on the COVID-19 response related to voluntary agreements, Acting Associate Administrator for Response and Recovery, David Bibo on the operational intent, and Associate Administrator the Office of Policy and Program Analysis, Joel Doolin will provide details on the voluntary agreement. After these remarks, we will turn to those individuals who indicated in advance that they would like to present verbal comments. This meeting is being recorded and the transcript will be posted to the docket for the Federal Register Notice. For opening comments, FEMA Administrator Peter Gaynor.

Peter Gaynor: Thanks, Rob for the introduction and good afternoon and thank you for participating in today's virtual meeting to develop a voluntary agreement under the Defense Production Act. If we move forward in developing such an agreement, the federal government and the private sector can collectively improve the effectiveness of manufacturing and distribution of critical medical resources for COVID-19 and future pandemics. Improving our effectiveness and efficiency in distributing medical resources is profoundly important to the nation. Our success may have a dramatic effect on our whole of nation response to COVID-19.

I want to thank those of you on the line today who have already worked with FEMA and the administration to address supply chain and distribution challenges for COVID-19. We have together done much to get PPE where it's needed the most. We hope we can all continue to capitalize on exceptional cooperation we've received from you. Project Airbridge in particular illustrates how the federal government and the private sector can work together towards responding to a national public health emergency. Project Airbridge came together very quickly with a simple construct. The federal government would leverage the private sector as well as establish distribution network for PPE and then buy speed. This allowed product to get where it was needed in days rather than weeks.

We are very appreciative to - of the distributors work with FEMA and supply chain taskforce to make Project Airbridge a success. We now want to take what we've learned from that experience and create a formal construct, to a voluntary agreement that can allow the maximum amount of collaboration between manufacturers, distributors, and those who represent the end users of these resources, to carry out the fight against this virus or any future pandemic. In a broader sense, what a voluntary agreement does is provide the President, acting through FEMA, the ability to bring together government and private sector to voluntarily focus on solving a specific problem.

What we seek to do with this agreement is to provide all of us the space to conduct potentially valuable and expedient conversations to find supply chain bottlenecks, identify insufficient distribution methods, and locate additional resources for critical healthcare resource production. The voluntary agreement will be a transparent organizing mechanism to address national needs in a pandemic as identified by FEMA for the manufacture and distribution of critical health care resources.

As a result, these same manufacturers, distributors, and other key private sector partners will be able to work with the federal government and with each other on supply chain challenges in a way that would not otherwise be possible. This agreement could allow communication within and across industries with the federal government, and throughout all phases of your supply chains that would benefit the nation's response to COVID-19, or any other future pandemic, that would provide antitrust protections that allow for greater communications than are currently feasible.

Now this is a first of FEMA. We have not done a voluntary agreement on the DPA before in our history as an agency. So, this is very much ground-breaking new ground, or this is much new ground for us. In fact, since the definition of national defense was changed in 1994 to include activities under the Stafford Act, this is the first time the nation has needed to reach back and utilize these tools and authorities, which can trace their roots back to our last great mobilizations during the Second World War and the Korean war. It is FEMA’s mission to coordinate and lead the federal response to disaster, and to support state and local government efforts. We work with private sector routinely including supply chain challenges particularly for large multi-state events such as a hurricane response and recovery. But never has FEMA attempted to work with the private sector on a nationwide challenge as presented by this pandemic, which has created a global resource shortage and supply chain instability.

The primary federal response function is ensuring there are enough medical supplies, and where those supplies are scarce, ensuring they get to where they're needed the most, when they are

needed the most. I don't need to tell you all how complex this challenge is. It requires close collaboration between the federal government and the private sector. So, we are all very excited at FEMA to undertake this project and sincerely believe it will help the nation. I look forward to serving as the sponsor for this voluntary agreement and as a potential game changer. Thank you for your participation and now turn it back to the moderator, Rob Glenn.

Rob Glenn: Hey, thanks sir. And thanks for spending time with us for as long as you're able to give the mission demand. Next, we'll turn to the Acting Associate Administrator for the Office of Response and Recovery, David Bibo, to describe a little bit more about what our intentions for the volunteer agreement and the context of the overall federal response.

David Bibo: Thanks Rob and good afternoon everybody. Building on Administrator Gaynor's, opening remarks, FEMA has and will continue to do everything we can to support the American people as the nation responds to COVID-19. Our mission here at FEMA is to help people before, during, and after disasters. And in response to COVID-19 for the first time in history, the President has approved major disaster declarations for every state, territory, the district of Columbia, and several tribes. All 10 of FEMA's regional response coordination centers and FEMA's national response coordination center remain activated. And more than 3000 FEMA employees across the nation are engaged in supporting COVID-19 response efforts. Indeed, more than 40,000 responders across the federal government, including national guard members activated under Title 32, are supporting an unprecedented nationwide response effort.

Meeting the personal protective health and medical supply and equipment needs of the nation's health care, public health, and emergency response officials is one of our most urgent imperatives. We, government, and the private sector must continue to do all we can to meet these needs. The Defense Production Act is one of many policy tools we will use to strengthen our collective readiness for continued response to this and other pandemics. The discussion today and potential for a voluntary agreement meets the intent of the President's March 27th

executive order entitled Delegating Additional Authority Under the Defense Production Act with respect to health and medical resources to respond to the spread of COVID-19. The implementation of Section 708 voluntary agreement under the DPA. This authority was delegated to the Secretary of Homeland Security and in turn this authority was delegated to Administrator Gaynor.

We all recognize that the initial crisis presented a critical resource gap of PPE, medical devices, medical countermeasures, and associated products globally. That gap illustrated a strategic shortfall in flexibility when it comes to coordinating with industry. Specifically, those parties that can source, produce, package, and distribute these items. The nation benefited from the private public cooperation, information sharing, and collaboration to leverage the commercial supply chain to better ensure that scarce PPE gets to where it is most needed, when it is most needed, throughout COVID-19 operations. The supply chain taskforce engaged in an integrated industry capability in a new way. Both in a procurement context and in the routine information sharing and coordination with industry through the National Business Emergency Operations Center.

As FEMA stood up the task force, our goal was to first do no harm to existing supply chains. This means we focus on enabling and supporting existing supply chain stability. This principle has been realized through the acceleration, preservation, allocation, and expansion lines of effort; the supply chain task force took on from its unprecedented advantage point. This leads us to the need for developing greater understanding and information exchange among entities within the supply chain networks so FEMA and other departments and agencies can contextualize where various types of personal protective equipment are in the supply chain nationwide, and potentially even globally. This voluntary agreement will allow federal departments and agencies to engage in unprecedented information sharing and coordination. Not only for this continuing COVID-19 response, but also to plan for, respond to, and recover from future potential pandemic threats.

A key aspect of this five-year agreement is that the federal government will be able to openly plan for response activities with our private sector partners. Something we have been very limited in doing until now. This agreement allows us at FEMA to engage the private sector to acquire real time data, where previously we've had to rely on assumptions. Of note, the day before FEMA began initial support of HHS as lead federal agency for the response, on January 23rd, we launched the Office of Business, Industry and Infrastructure Integration. This office here at FEMA is focused on building our enterprise efforts to integrate and operate with the private sector to transform how private public sector partnerships and front shared risks and evolving challenges.

The success of this voluntary agreement endeavors today and in the coming weeks will realize strategic advantages to the nation and more importantly improve our ability to deliver on FEMA's mission to help people before, during, and after disasters. This and future response efforts can be coordinated with the most up to date information practices, strengthening our ability to meet urgent needs. And federal efforts will empower and enable, not duplicate or restrict private sector efforts, maximizing the benefit for the nation's healthcare, public health, and emergency response workers. Thanks for the opportunity to join this group and I'll now turn it back to the moderator, Rob Glenn.

Rob Glenn: Hey, thanks and now we're going to turn it over to Mr. Joel Doolin who Leads the Office of Policy and Program Analysis to give us some details of the draft agreement.

Joel Doolin: Thank you. I will explain a few key provisions of the draft voluntary agreement. Hopefully you had received a copy of the draft. If you have not, please email us at fema-dpa@fema.dhs.gov and we will provide you a copy. Again, that email address is fema-dpa@fema.dhs.gov. A pandemic such as COVID-19 may present conditions that pose a direct threat to the national defense of the United States or its preparedness programs. To protect the national defense, the circumstances may require an agreement to collectively coordinate, plan, and collaborate for the manufacturing and distribution of personal protective equipment,

pharmaceuticals, and other critical healthcare resources. FEMA sponsors this agreement under Title 7 of the Defense Production Act and is endeavoring to adhere closely to all of Title 7 procedural requirements for the establishment of such a voluntary agreement.

We prepared a visual that should now be showing that helps you understand some of the many ideas in the Defense Production Act and how they fit together with this particular voluntary agreement. There's Title 1 under the Defense Production Act that you've no doubt heard of, authorizes the use of priority contracting and allocation orders. For COVID-19, these priority rating contracting actions have been carried out from FEMA and HHS. It also compliments actions carried out under Title 3, which focuses on the funding of activities and incentives to expand industry and are handled by the Department of Defense for COVID-19. This agreement represents coordination of the ongoing cooperation and goodwill between the private sector and the federal government.

And you see on the slides basically showing what we've already explained Mr. Gaynor is the sponsor, the committee of those who wish to be part of the voluntary agreement. And then we have two boxes which just notionally indicate the potential for both horizontal collaboration and vertical collaboration depending on the participants. As required by Section 708 of the Defense Production Act, Administrator Gaynor has made the requisite finding that a voluntary agreement for pandemics is necessary for the national defense. He has further sought the approval of our Attorney General to commence forming such an agreement And the Attorney General in consultation with the Federal Trade Commission has approved our request. The draft agreement provides several definitions for which we seek your comment, particularly those related to the definitions of participant and critical healthcare resources.

FEMA intends to execute this agreement if made effective and activated by a committee consisting of the following. First the FEMA chairperson or chairpersons appointed by our Administrator Mr. Gaynor. Next, representatives from FEMA, the Department of Health and

Human Services, the Department of Justice, and other interested federal agencies who have equities in this agreement structure. Third participants such as those listening to this call who have substantive capabilities, resources, or expertise to carry out the purpose of this agreement. And finally, attendees invited by the chairperson as subject matter experts to provide technical advice or to represent the issues of other government agencies or interested parties.

FEMA intends that the agreement be in place for five years for planning for potential future pandemics. The agreement if approved will automatically activate for COVID-19. For any subsequent pandemic, the agreement will require affirmative action by the FEMA Administrator and deactivation. Participants may take action under this agreement only when the Administrator has approved notice of a pandemic, event activation, or a specific event. The draft agreement has provisions on record keeping and information management for which FEMA is particularly interested in receiving your comments. Critical element to this agreement is the exchange of information and data. Collaboration between the federal government and the private sector on that exchange, and the use of that information by the federal government to address the allocation of potentially scarce medical resources nationwide.

In particular, agreement members will share relevant information under the direction of FEMA to create a common operating picture for overall situational awareness of critical health care resource manufacturing and distribution activities. Goals of this agreement include, deconfliction of overlapping supply and distribution chain activities of members, identifying customer base requirements, and informing where expansion of manufacturing capabilities for critical health resources is necessary to mitigate the effect of shortages on the mission essential functions of all levels of government as determined by FEMA in consultation with the Department of Health and Human Services.

Per the proposed agreement, information sharing will facilitate critical health resources identification, prioritization, and validation of requirements, the projection of future demands, a

manufacturing strategy, and a joint allocation and distribution of scarce resources. The Department of Justice and the Federal Trade Commission will maintain awareness of activities under this agreement, including activation, deactivation, and scheduling of meetings. They may attend committee meetings and request to be apprised on any activity taken under this agreement, request, and review any proposed action undertaken pursuant to this agreement, and that includes the provision of data.

If Justice or Federal Trade Commission representatives believe any actions proposed or taken are not consistent with relevant antitrust protections provided by this agreement, they will provide warning and guidance to the committee as soon as the potential issue is identified. Section four of the agreement outlines the antitrust defense provision that provides participants to the agreement a defense to any civil or criminal action brought for violation of antitrust laws or similar laws under any state, with respect to acts necessary to develop or carry out this agreement, while there is a pandemic event activation. FEMA welcomes your careful attention to this provision and your comments.

And now I'll turn your attention to the fact that we have changed the slides to give you a visual as we describe the next steps in the voluntary agreement process. After completing consultation on the draft agreement, which we are discussing today, if FEMA decides to pursue an agreement, it will seek approval from the Attorney General on its final content. Should the Attorney General approve, FEMA will then provide invitations to manufacturers and distributors to become participants. Invited entities may then execute the agreement to become participants, and you must execute the agreement if you are going to participate. So, while it's voluntary that you choose to participate, you need to execute the agreement in order to participate. In closing, we appreciate the time and attention each of you have given to the draft agreement, and we look forward to receiving your verbal and written comments. I now turn the call back over to Mr. Glenn and we'll see who has pre-registered to - listen to those on the line who preregistered to provide their comments. Thank you.

Rob Glenn: Thanks Mr. Doolin. We're now ready to hear from our six registered commenters. Each speaker has three minutes during which the operator will unmute your phone line for comments. And first we'll hear from Mr. Brad Connett, who's the President from Henry Schein Medical Group.

Brad Connett: Thank you, Administrator Gaynor. We really appreciate and to all of you at the National Response Coordination Center for hosting this meeting. I am Brad Connett, President of the Henry Schein Medical Group and I represent the company at this hearing and service. We serve over one and a half million healthcare practitioners in various settings, mostly outside the four walls of the hospitals. Including physicians and dental office practices, urgent care clinics, dialysis, renal centers, inventory surgery centers, and then first responders. And that's a big group. That's a list of EMSs, police, fire, those first responders that often are called there to take patients to and respond to them in the quickest and fast way.

Though the past few months have been among probably the most trying times in our nation, certainly for most everybody in this generation, we want to thank FEMA and the federal government for their tremendous partnership during this public health crisis. And we at Henry Schein we've got a long history of being involved in both public and private initiatives. We believe in their effectiveness, and we're really appreciative of the proposed establishment of a Committee for the Distribution of Healthcare Resources Necessary to Respond to Pandemics. Regretfully, we don't think this may be the last one and we don't think this may be a short one. So, we really, really do applaud this effort. On coordination between the public and private sectors has just been essential in expanding volume of critical supplies to enable frontline medical workers to fight this pandemic.

We believe in the weeks and frankly perhaps in the months ahead, the public private partnership will continue to be absolutely crucial to ensuring that all aspects of the healthcare infrastructure

for physicians, and dentists practices, to ASCs, those are the ambulatory surgery centers I mentioned, the urgent care centers, the models that are there outside those hospitals are equipped and protected to prevent this spread of COVID-19. In particularly the office-based practitioner, there'll be on - they are on the front lines and the no doubt administering the vaccine that is certainly forthcoming.

And they have in the past administered among many other things, flu vaccine and pediatric vaccines, et cetera. Please note that at Henry Schein, we have a world supply chain in cold storage and vaccine distribution, and we will be ready and are ready once that vaccine is ready to be distributed. The demand for critical PPE and other healthcare products will continue to increase in the near future as healthcare services reopened. And we're certainly seeing that this month particularly and then, and in the months ahead. Particularly, we have our eye into the fall as we head into another flu season, the influenza flu season, which was going to be a bumpy road. This was a tough flu season this year, and coupled with that, what we're seeing today we will be ready and we're getting prepared for that.

So, as our nation faces perhaps in their health the greatest public health challenge we've seen in a century, only when we capitalize on the unique strengths of public and private sectors, can we effectively prioritize and respond to the diverse needs. But we're again, very, very appreciative to be able to at least present to you and we have our oral and written statements. Lastly, I just want to acknowledge and pay tribute to the real heroes of this crisis. You know, the care providers out there caring for COVID patients, their families, their communities, I mean, they're just doing extraordinary and heroic work. And you know, and sometimes in certain crises there are forgotten heroes. And those frontline workers, the fire, the police, the EMS, they can never be forgotten, and they have to be protected. And we had Henry Schein have a real deep commitment to that, to protecting those frontline healthcare workers that I've highlighted just this minute and also, they're in our writing. So, I will certainly respect your time that is in closing. So, we again, are very appreciative to be part of this and look forward to continuing our work. We

feel like the work done over the last eight to 10 weeks has been just extraordinary in this response. So, thank you sir. We appreciate the time.

Rob Glenn: Thank you. And next [Mr. Herb Grant representing the National Association of Manufacturers.

Herb Grant: Thank you, Administrator Gaynor and all for bringing us together, and for FEMAs leadership throughout this crisis. The manufacturing industry has been on the front lines as part of the nation's critical infrastructure, ramping up production of PPE, working towards treatments, producing American's daily needs, and protecting our national security. The men and women of manufacturing are profoundly affected by this economic crisis and health crisis, yet they continue playing their central role in America's response recovery and renewal. Early on, the NAM helped lead an effort to identify manufacturers who could produce or provide PPE for frontline healthcare workers. Through our creator's respond effort, we were able to locate tens of millions of pieces of PPE, that the federal government was then able to move to hotspots and facilities in need. But we're not done.

To reopen this economy safely, we'll need far more PPE across every sector of the economy. We noticed the difference between reopening safely and a new outbreak. Modelling from the NAM and SAS estimates the demand for facial coverings alone as we reopened to be between a billion and a 1.7 billion pieces per month. And that's for industries who don't already use PPE. Manufacturers in the United States will rise to this challenge but meeting the PPE need could require huge capital investments to install new production lines or to retool existing lines. Manufacturers would benefit from strategic and effective government investment in these projects. DPA Title 3 or similar industrial expansion financial incentives, would help ensure our nation has enough PPE to reopen safely and will improve our readiness for a future emergency.

Other private collaboration has been successful in the past and can potentially be a part of the solution to this challenge. Manufacturers can benefit from collaboration across company boundaries. Section 708 of DPA may facilitate that and we're ready to learn more about how this can work effectively in this and future crises. Undoubtedly there are many other details that must be worked through as well. For example, we'll need guidelines for handling and controlling confidential information and intellectual property among others. But the bottom line is, the manufacturing industry, which has been on the frontline since day one, will continue to lead our country from response to recovery and renewal. So, thank you again, Administrator Gaynor and all. We look forward to continuing to work with you and your team. Thank you.

Rob Glenn: Thanks for that comment. Next, we have Matt Rowan who is the President and CEO of Healthcare Industry Distributors Association.

Matthew Rowan: Good afternoon. Thank you, Administrator Gaynor, for the opportunity to share our perspectives on behalf of HIDA members. HIDA is a health industry distributors association and our members deliver the full range of medical products to the nation's 300,000 hospitals, labs, nursing homes, physician offices, and home care providers every day. Medical products distributors connect global and national supply sources to the local health care providers where those products are used. They deliver the full range of medical surgical products including PPE, testing supplies, infection and prevention, and ancillary products, that support the core health care services delivered every day and in times of an emergency such as the current COVID-19 pandemic.

Our distributor members and HIDA itself have a long history of working with federal partners such as CDC, SNS, FEMA, HHS, and ASPR, to respond and coordinate the public health events from natural disasters to pandemics. HIDA supports your goal of leveraging the private sector distributors and manufacturers infrastructure to the nation's benefit. We believe the voluntary agreements will provide a public private structure for responding to a large-scale event that's just

COVID-19 in the future, as well as for planning and preparedness purposes. As you establish the voluntary agreement process, we encourage you to leverage the insights and expertise of a diverse range of distributors and other supply chain stakeholders. We believe the voluntary agreements should be flexible enough to allow participation of any interested medical products distributor to provide comprehensive insights across geographies and care settings to provide for our complete situational awareness across the country.

Providers get their supplies, including PPE from distributors every day. In each distribution center, there's dozens or even hundreds of providers every single day. This close proximity to providers, positions distributors to respond to shifting priorities, especially in emergencies and pandemics. It also gives distributors in depth current insights on provider's needs and challenges. So again, we encourage you to leverage distributors full range of perspectives. The supply chain from the global to the local, healthcare across all care settings, especially nursing homes, and the complete breadth of medical surgical products to benefit the voluntary agreement process.

Also needed as a clear understanding of interactions with other existing partnerships and requirements by other agencies. How did the voluntary agreements interact with these existing agreements so as not to duplicate efforts? For example, FDA requirements to report shortages, ASPR, SNS existing work on the [inaudible] to understand manufacturing capacity, identify substitutions, and understand the ancillary products needed to deliver medical countermeasures. And on the data sharing side, HIDA and its members have a long history of collaborating with our federal partners in, sharing information. And due to its sensitive and proprietary nature, we recommend the voluntary agreements, provide clear guidance and detailed protections around the use, security, and handling of data shared under Section 708. Thank you again for the opportunity to provide HIDAs perspective, and please let me know if we can provide any additional information or assist in your efforts in any other way. Thank you.

Rob Glenn: Thank you, Matthew for your comments. Next, we have Abby Pratt, Vice President Global Strategy and Analysis, AdvaMed Advanced Technology Association. You're now free to make a comment.

Abby Pratt: Thank you, and good afternoon. My name is Abby Pratt and I'm Vice President for Global Strategy and Analysis for the Advanced Medical Technology Association or AdvaMed, I'm pleased to present our industry's perspective on the proposed voluntary agreement. We're still reviewing the draft in its entirety. So, my comments today are largely based on the Federal Register notice. We look forward to providing more detailed comments on the draft agreement in the coming days. But first I'd like to speak briefly about AdvaMed.

We are the world's largest medical technology trade association with over 400 member companies ranging from the largest multinationals to the smallest innovators and companies. AdvaMed members produce the full range of technologies deployed in the COVID-19 sites. They manufacture ventilators and oxygen therapies, personal protective equipment like masks and gowns and test kits.

While our company's technologies extend beyond these three core areas, they also manufacture the hospital beds, dialysis machines, and critical medical supplies necessary to care for COVID-19 patients. And as the vaccine comes on the horizon, our members at manufacturer pharmaceutical reagent, lab equipment, and injection delivery devices will be critical in this massive effort. So, given the vast number of companies and technologies deployed to support this effort, AdvaMed would like to recommend that FEMA consider including our association as a party to the agreement. As an association, we can facilitate communication between the government and our companies serving as a clearing house or a hub, if you will, to the full spectrum of companies engaged in the COVID-19 effort. Furthermore, AdvaMed will have greater visibility to new COVID-19 technologies coming on the market and critical to this fight.

In terms of the agreement itself, we have a few initial questions for the benefit of our members who seek clarity about the terms on which they're being asked to cooperate. They're actively engaged in the fight against the pandemic, but they'll also have to explain this agreement to their shareholders. So, for example, under the terms and conditions, there are several references to information sharing to quote the extent necessary. Can you provide some examples of when information sharing would be necessary or not necessary? Also, will it be FEMA that determines that sharing particular information if necessary. In addition, Paragraph C calls for committee participants to share information to validate resource requirements to a point of care. Will the participants asked to evaluate whether state and local requests for resources are justified?

Also, paragraph F under terms and conditions states that when directed by FEMA and under FEMA supervision, members will collaborate in the voluntary participant allocation of critical healthcare resources nationwide. On this point, will FEMA make the decisions regarding allocation of resources or will the participant make these decisions. If FEMA will make these decisions, what's the meaning of the word voluntary in this paragraph? And finally paragraph I refers to national defense. Related to this, will participation in the committee be open to medical device companies headquartered in foreign countries. As you're aware, foreign owned and foreign headquartered companies are among the leaders in our industry. That concludes my remarks. Thank you again for the opportunity to speak today.

Rob Glenn: Thank you for your comments, Abby. Next, we have Gary Fioco, CEO GWA Global Partners Corporation. Gary.

Gary Fiocco: I thank you so much for that introduction and thank you so much for pronouncing my last name correctly, although my family pronounces it differently. But again, my name is Gary Fiocco. I'm proud to participate in this meeting and to be CEO of GWA Global Partners. I'll be mindful during my comments here to not repeat what my colleagues have already shared. So, I'd like to make a general statement. And I'd like to first thank you Mr Gaynor, FEMA Administrator

and the FEMA team as well as all agencies who have and will participate in the development of this draft voluntary agreement. And thank FEMA specifically for sponsoring this meeting to develop pandemic response. I really believe that GWA global partners is in the trenches in terms of delivering PPE from manufacturers and distribution, to where it's most important to get to the end users.

GWA global partners was established with a mission to save and improve lives globally, and to specifically address the delivery of quality PPE to the citizens of the United States. Our team is highly experienced in procurement, transport, and delivery of global commodities and specifically PPE throughout the world, with a supplier and transport partners who have successfully delivered the same for many years. We're aligned with reputable PPE manufacturers who have long standing history of delivering high quality products and medical supplies prior to the COVID-19 pandemic.

We believe that COVID-19 pandemic and the required rapid response with PPE presents a unique challenge to manufacturing, distribution, transport, international law, and international precedence related to importing and exporting these products. I think it's important to state that GWA Global Partners has already worked to deliver millions of PPE to US federal, states and local government agencies.

Our hope is through the potential participation on this committee and via the voluntary agreement, we can help to streamline the movement of critical healthcare resources to protect the citizens of the United States. Period. The mission is very clear. GWA global partners is honored to participate in this and future meetings and will engage all of our company and partner resources to help meet the mission of FEMA as it further develops this country's ability to effectively and efficiently address this and future pandemics. I think FEMA has done an outstanding job and all of the agencies given the rapid response that was necessary. And just in closing, I'd like to say

we look forward to diving in more deeply in participating in the development of this voluntary agreement. Thank you so much for your time.

Rob Glenn: Hey, thanks sir. And last, we have Lisa Hohman, CEO of Concordance Healthcare Solutions. Your time for comment is available.

Lisa Hohman: Hi, good afternoon. Thank you. Administrator Gaynor and everyone from the FEMA task force. My name is Lisa Hohman and I am the CEO of Concordance Healthcare Solutions. We are a medical surgical distributor who serve hospitals, both commercial NBA, physicians, surgery centers, long-term care facilities, and many other health care sectors. We have 20 distribution centers located across the country and employ over 1300 people. We've been working in conjunction with FEMA and the task force and an array of private and public entities throughout the COVID-19 pandemic, to assist in any way possible to getting PPE and other life-saving items to the health care providers. I'm incredibly proud of all that has been accomplished over the last few weeks and I think that that's attributed both to FEMA and the leadership. We came together very rapidly to provide real time data and we work to assist FEMA and others to ensure that the critical products needed by the health care sector were delivered in the most timely and efficient manner.

Unfortunately, I feel like our work has just begun. And the information shared today regarding the use of the voluntary DPA for ongoing public, and private collaboration, and partnership in response to a pandemic is a prudent measure. I would like to suggest that as part of this voluntary agreement and ongoing unified consistent communication channel is established in order to keep all stakeholders including government agencies, private participants, state and local government, as well as end use customers informed on our critical work and expected outcomes. Collaboration and clear communication allow for thoughtful planning around supply chain challenges and solutions.

Through the use of this communication channel, we will be able to more rapidly and accurately accomplish our mission of providing a rapid response to this or any future pandemic. In addition, as we continue to work through the partnership and collaborate on vital data collection, data integrity, safe use, and storage will also be a critical factor for long-term success. As currently demonstrated, voluntary participation is contingent on the safeguard being ever present. In closing, we look forward to further engagement and discussions around seamless consideration of the use of the voluntary DPA. And I want to thank you for including us in this very critical measure as we move forward to combat COVID-19. Thank you for the time.

Rob Glenn: Well, thank you Lisa for your comments. We appear to have additional time available for those that are on the phone and have registered. We'd like to use the time as an opportunity for any additional comment. So, operator as those queue up, please hit star one and provide the operator your name and organization to get into the queue. Just as a reminder, if you do wish to make comments please confine them to three minutes. As a reminder, this is a public meeting and the transcript will be made available to the Federal Register. And also, unlike other calls with me as the moderator such as the NBEOC coordination calls, we will not be answering substantive questions or engaging in protracted dialogue. The purpose of the meeting is to hear from industry and receive input on developing voluntary agreements under DPA section 7. Operator we're now in the time to hear any additional comments. Just as a reminder they are to be three minutes each.

Operator: And again, that is star one, if you'd like to ask a question

Rob Glenn: And then as we hear additional comments or just waiting for the queue, we'll hear comments in the order received for the remaining period of time or until there appears to be no further interest in commenting on the voluntary agreements under DPA Section 7. Operator, do we have anyone in the queue?

Operator: Yes. We will go back to Gary Fiocco of GWA Global Partners.

Rob Glenn: Hey sir, you already have your three minutes. So, any additional comments you can just make back in the DPA mailbox? Just want to make sure that we're allocating equal time for all of the participants today. Operator, do we have anyone else in the queue?

Operator: We do not.

Rob Glenn: Well, hearing no further comment. Tomorrow morning, FEMA will post in the docket for the Federal Register Notice whether there'll be a second public meeting next week or when the period to submit written comments on the proposed voluntary agreement draft will expire. The comment period will close three business days after the last meeting is held. Please see the Federal Register notice for instructions to submit comments to either the docket for the Federal Register Notice or to fema-dpa@fema.dhs.gov. We thank you for your participation today and interest in the proposed voluntary agreement. This meeting is to hear public comment on developing a voluntary agreement under DPA Title Section 7 is now adjourned. Thank you. And be safe.