May 10, 2020

The Honorable Alex M. Azar II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201

The Honorable Peter T. Gaynor  
Administrator  
Federal Emergency Management Agency  
500 C Street SW  
Washington, D.C. 20024

Dear Secretary Azar and Administrator Gaynor,

I am writing to you regarding the administration’s allocation of the clinical drug Remdesivir, one of the few promising treatments for COVID-19, with the urgent request that you disclose the criteria being used to allocate the drug, and further that distribution be based upon state and regional COVID-19 case data and hospitalization rates.

Two weeks ago, Gilead Sciences, the maker of Remdesivir, announced that it was donating 607,000 doses of this lifesaving drug (or enough to treat approximately 78,000 patients) to the federal government. From the outset it has been unclear how the drug would be distributed, by whom - the Federal Emergency Management Agency (FEMA) or Health and Human Services (HHS) - and what criteria would be used. When distribution began this week, the confusion worsened, with large shipments being sent to areas with low rates of infection while regions with hundreds or thousands of hospitalized patients received nothing. This has left medical providers, state and local governments, and the families of desperately ill patients begging for information.

On Thursday, May 7, FEMA and HHS began distributing the donated drugs to counties, but the criteria for allocation was not disclosed, and missteps in the initial distribution process have been widely reported.¹ On Saturday evening, May 9, HHS issued a press release claiming to clarify

the distribution process but provided no new details, other than a statement that state health departments would now allocate the doses.2

HHS’ May 9 press release indicates that cases of Remdesivir (each case containing 40 vials of the drug) have been distributed to 13 states thus far, but the relationship between the states chosen, the amount of drug allocated to each, and the severity of outbreak appeared tenuous at best. Pennsylvania, with 52,915 confirmed cases of COVID-19, received no allocation of Remdesivir in the first two distributions, although officials have since been told, anecdotally, that the Commonwealth may receive 30 cases of the drug, about the same amount as several states with much lower rates of infection. Although the HHS press release also referenced distributions to hospitals taking part in clinical trials, none of the hospitals in Southeastern PA which are supposed to participate in those trials have received shipments yet.3

With the COVID-19 virus disproportionately impacting metropolitan areas in the Mid-Atlantic, the Philadelphia region has been hit harder by COVID-19 than the rest of the Commonwealth, with the three counties that I represent having almost 70,000 confirmed infections and at least 2000 deaths. With our healthcare infrastructure pushed to its limits, it is crucial for the hospitals in our region to have supplies of Remdesivir to treat critically ill patients.

Given the needs of hospitals in Philadelphia, Delaware, Montgomery and other suburban counties, I formally request that HHS and FEMA (1) distribute Remdesivir to Pennsylvania to make this drug readily available in southeastern Pennsylvania, (2) disclose the criteria being used to allocate the drug, and (3) ensure that distribution is based upon state and regional COVID-19 case data and hospitalization rates.

I ask for your full and fair consideration of this urgent request. If you have any questions or if I can be of any assistance, please contact my office at (610) 626-2020.

Sincerely,

Mary Gay Scanlon
Member of Congress