How can we protect patients if we don’t protect health care workers?

By Matt Wellington, director of public health campaigns with our national network

Four months into the COVID-19 pandemic, health professionals in many parts of the country still didn’t have the personal protective equipment (PPE) needed to keep themselves safe while they save lives.

In July, as COVID-19 hospitalizations surged in several states, the fragile supply chain for masks, gloves, gowns and other medical supplies was put under increased strain as many states continued to reopen—some even as case numbers rose—and non-health care businesses in need of PPE increased demand even further.

Early in the pandemic, an insatiable demand for PPE far outstripped a limited supply. Many stakeholders agree that the supply has increased since then, but serious issues remain, including a lack of central, transparent coordination for how those materials are distributed.

At the time of writing, states are still being forced to compete against each other and the federal government for critical medical supplies. The lengths to which state and local officials have had to go to procure the supplies they need are well documented.

**We’re calling for a better system**

The good news is that we can fix this. At the same time that health professionals have been calling for more supplies, logistics experts have been citing the need for central coordination of the supply chain.

Our national network has mobilized local elected officials and leading medical experts around that call for central coordination. We’ve
given physicians a megaphone to have their voices heard and we’ve brought together stakeholders to share ideas and challenges for moving forward.

Previous efforts by the Trump administration to source and distribute PPE have fallen short and have focused on getting supplies to private companies rather than impacted areas. To ensure that health professionals and other frontline workers get what they need to stay safe, the federal government needs to create a centralized system that gets medical supplies directly to impacted areas in a timely and transparent way.

The Medical Supply Transparency and Delivery Act would accomplish that. The legislation, introduced by Sens. Tammy Baldwin (Wis.) and Chris Murphy (Conn.) in April, would:

• Create a central coordinator position to oversee federal purchasing and distribution of medical supplies. This person would have the full authority to utilize the Defense Production Act in order to compel companies to produce necessary medical equipment.

• Establish transparency and accountability in handling of the medical supply chain by initiating public weekly reports of current supply stockpiles and projected needs, as well as public posting of states’ requests for medical equipment and locations where supplies are distributed.

Therefore, in July, a coalition of more than 50 health and medical groups petitioned U.S. senators, including Majority Leader Mitch McConnell, to include the Medical Supply Transparency and Delivery Act in the next coronavirus stimulus package, as the House did in May.

Our national network urged the inclusion of these vital measures that would serve to protect the people protecting us.

We’re nowhere near out of the woods yet on COVID-19. But we can fix the mistakes that put health workers and the public at greater risk by making sure our supply chains are organized to get PPE quickly and transparently to the places that need it most.


**CONSUMER PROTECTION**

250,000 call on airlines to refund COVID-related cancellations

If you canceled your flight because of the coronavirus pandemic, you should be able to get a refund for your tickets.

Our national network, along with Consumer Reports and consumer-turned-activist Jen Stansfield, delivered 250,000 petition signatures to airlines on May 13, gathered with the help of ConnPIRG. The petition calls on the companies to provide full refunds to passengers who canceled their flights due to the COVID-19 outbreak.

Even when stay-at-home orders were in effect across the country, most airlines offered vouchers instead of refunds—despite the industry receiving a $50 billion CARES Act bailout.

“Frankly, that doesn’t fly,” said U.S. PIRG President Faye Park. “It’s customers’ money. Airlines have a responsibility to return it on request during this crisis.”

ConnPIRG is calling on Congress to pass legislation introduced by U.S. Sen. Edward Markey (Mass.) to mandate cash refunds for canceled tickets during the coronavirus pandemic.
PUBLIC HEALTH

A call to shut down, start over and do it right

The U.S. reached more than 176,000 COVID-19 deaths on Aug. 25. With a more effective response, we could have saved many more lives.

But we failed to shut down properly, failed to stamp out the virus, and rushed to reopen the economy before we were prepared to contain future outbreaks with testing and tracing.

In a July open letter, more than 1,000 medical professionals called on President Donald Trump and the nation’s governors to again shut down non-essential activity and to this time stamp out the virus and scale up containment before reopening in measured increments.

The letter, organized by our national network, has earned widespread coverage by news outlets including CNN, Forbes and USA Today.

“Many of the actions of our government thus far have fallen short of what the moment demands,” wrote Matt Wellington, director of our national network’s public health campaigns, in the letter. “Mr. Trump, federal administration, honorable governors: We remind you that history has its eyes on you.”

TAX & BUDGET

Trump administration finally shows taxpayers (some of) the receipts

Taxpayers deserve to know how their money is being spent.

But, in a blow to federal and corporate transparency, the Trump administration signaled in June that it would not disclose the names of businesses receiving more than $500 billion in taxpayer-funded bailouts distributed through the Small Business Association’s Paycheck Protection Program (PPP).

In response, ConnPIRG and our national network raised the alarm in the news media and organized thousands of supporters to urge their U.S. representatives to pass legislation compelling the public release of PPP spending information.

On July 6, under pressure from Congress, the federal government released the names of companies receiving the largest loans.

“The transparency taxpayers are asking for does not require the release of Coca-Cola’s secret formula,” said R.J. Cross, tax & budget advocate with our national network. “We are just asking who has gotten billions of our taxpayer dollars and if that money has been spent well.”

Our national network is now calling for audits of PPP loans to ensure that taxpayer money was given to businesses that qualify for the program and was spent in compliance with the program’s requirements.
Dear ConnPIRG member,

With your support, ConnPIRG and our national network mobilized a top COVID-19 response team while continuing vital work to protect consumers, safeguard public health, transform our transportation systems and more. We couldn’t do it without you.

Thank you,

Faye Park
President, National Office
info@connpirg.org

When an essential medical device—such as a ventilator—breaks down, repairing it quickly could be a matter of life and death. The repair technicians who fix these lifesaving devices shouldn’t be impeded by unnecessary manufacturer restrictions, especially during a pandemic.

In a July survey by U.S. PIRG Education Fund, the research arm of our national network, nearly half of medical repair professionals reported having been denied access to “critical repair information, parts or service keys” for medical equipment since March.

“Delays in getting equipment running put patients at risk,” said Nathan Proctor, our network’s Right to Repair campaign director.

In April, ConnPIRG and our national network won the release of ventilator service information from manufacturers including GE and Fisher & Paykel. Now, we’re calling on legislators to stop manufacturers from restricting repair to critical medical devices.