

CORRESPONDENCE

COVID-19 NOTES

To rapidly communicate short reports of innovative responses to Covid-19 around the world, along with a range of current thinking on policy and strategy relevant to the pandemic, the Journal has initiated the Covid-19 Notes series.

In Pursuit of PPE

As a chief physician executive, I rarely get involved in my health system's supply-chain activities. The Covid-19 pandemic has changed that. Protecting our caregivers is essential so that these talented professionals can safely provide compassionate care to our patients. Yet we continue to be stymied by a lack of personal protective equipment (PPE), and the cavalry does not appear to be coming.

Our supply-chain group has worked around the clock to secure gowns, gloves, face masks, goggles, face shields, and N95 respirators. These employees have adapted to a new normal, exploring every lead, no matter how unusual. Deals, some bizarre and convoluted, and many involving large sums of money, have dissolved at the last minute when we were outbid or outmuscled, sometimes by the federal government. Then we got lucky, but getting the supplies was not easy.

A lead came from an acquaintance of a friend of a team member. After several hours of vetting, we grew confident of the broker's professional pedigree and the potential to secure a large shipment of three-ply face masks and N95 respirators. The latter were KN95 respirators, N95s that were made in China. We received samples to confirm that they could be successfully fit-tested. Despite having cleared this hurdle, we remained concerned that the samples might not be representative of the bulk of the products that we would be buying. Having acquired the requisite funds — more than five times the amount we would normally pay for a similar shipment, but still less than what was being requested by other brokers — we set the plan in motion. Three members of the supply-chain team and a fit tester were flown to a small airport near an industrial warehouse in the mid-Atlantic region. I arrived by car to make the final call on whether to execute the deal. Two semi-trailer trucks, cleverly marked as food-service vehicles, met us at the warehouse. When fully load-

ed, the trucks would take two distinct routes back to Massachusetts to minimize the chances that their contents would be detained or redirected.

Hours before our planned departure, we were told to expect only a quarter of our original order. We went anyway, since we desperately needed any supplies we could get. Upon arrival, we were jubilant to see pallets of KN95 respirators and face masks being unloaded. We opened several boxes, examined their contents, and hoped that this random sample would be representative of the entire shipment. Before we could send the funds by wire transfer, two Federal Bureau of Investigation agents arrived, showed their badges, and started questioning me. No, this shipment was not headed for resale or the black market. The agents checked my credentials, and I tried to convince them that the shipment of PPE was bound for hospitals. After receiving my assurances and hearing about our health system's urgent needs, the agents let the boxes of equipment be released and loaded into the trucks. But I was soon shocked to learn that the Department of Homeland Security was still considering redirecting our PPE. Only some quick calls leading to intervention by our congressional representative prevented its seizure. I remained nervous and worried on the long drive back, feelings that did not abate until midnight, when I received the call that the PPE shipment was secured at our warehouse.

This experience might have made for an entertaining tale at a cocktail party, had the success of our mission not been so critical. Did I foresee, as a health-system leader working in a rich, highly developed country with state-of-the-art science and technology and incredible talent, that my organization would ever be faced with such a set of circumstances? Of course not. Yet when encountering the severe constraints that attend this pandemic, we must leave no stone unturned to give

our health care teams and our patients a fighting chance. This is the unfortunate reality we face in the time of Covid-19.

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