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1800 Diagonal Road ▪ Suite 200 ▪ Alexandria, VA 22314 ▪ 877.770.9274 ▪ 703.519.0029 ▪ www.trsa.org

October 17, 2025

The Honorable Howard W. Lutnick

Secretary of Commerce

U.S. Department of Commerce

1401 Constitution Avenue NW

Washington, D.C. 2030

VIA ELECTRONIC SUBMISSION TO https://www.regulations.gov/commenton/BIS-2025-0258-0001.

RE: Notice of Request for Public Comments on Section 232 National Security Investigation of Imports of Personal Protective Equipment, Medical Consumables, and Medical Equipment, Including Devices, Docket (No. 250924-0160)

Dear Secretary Lutnick:

TRSA- The Linen, Uniform, and Facility Services Association respectfully submits these comments in response to the Section 232 National Security Investigation on Imports of Personal Protective Equipment, Medical Consumables, and Medical Equipment, Including Devices.

TRSA members provide many solutions to their clients, they are commercial laundry and facility service companies and industry supplier partners that provide hygienically clean, protective garments, facility service products, first aid and safety products, and linens to ensure the safety of workers and the public. The Linen, uniform, and facility services industry comprise of a $40-billion U.S. market that generates $19 billion in wages and a $176-billion impact on the economy.

The Bureau of Industry and Security, Office of Strategic Industries and Economic Security, and the U.S. Department of Commerce's investigation rightly seeks to strengthen the U.S.' medical and public health preparedness. The current threat to national security stems not from the imports themselves, but from the structural overreliance on disposable, single-use products manufactured almost entirely overseas. The Covid-19 pandemic underscored the fragility of this model, with the dependence of single-use PPE imports leaving the nation vulnerable to shortage during crises.

To strengthen domestic resilience, the Department of Commerce should use its Section 232 authority not to restrict access broadly, but to rebalance the market, targeting disincentives on single-use PPE imports while encouraging the expansion of reusable healthcare textiles.

Encouraging the expansion of the domestic processing sector, which employs thousands of U.S. workers who transform contaminated textiles into safe, ready to use protective apparel every day, aligns with Section 232's objectives by increasing US based activity and ensuring health care operations continue during crises.

The U.S. PPE market remains overwhelmingly dependent on foreign-made, single-use products, an imbalance that poses a serious risk to national resilience. Global manufacturing of PPE is heavily concentrated in Asia, with China dominating production across nearly all categories. By 2023, China had become the world's leading exporter of PPE products, second only to Malaysia in medical-grade gloves. In 2019, import penetration for U.S. surgical and isolation gowns reached approximately 99 percent, with the vast majority sourced from China, underscoring the depth of this dependence and the vulnerability it creates for the national supply chain. [1]

This concentration is not only a supply chain vulnerability, but also a national security liability. During the Covid-19 pandemic, this import-dependent supply chain collapsed under stress, as global demand skyrocketed, and China, along with other exporting countries, imposed restrictions on critical goods. The U.S. national stockpile depleted within weeks, as healthcare facilities across the country resorted to improvised PPE solutions.

When global demand surged in early 2020, this import dependence became a direct point of leverage for China. The U.S. International Trade Commission's December 2020 report, *COVID-19: The U.S. Industry, Market, Trade, and Supply Chain Challenges*, documented how China restricted exports, prioritized domestic consumption, and introduced new export licensing agreements that constrained access for U.S. buyers.

In January 2020, before the pandemic was even declared in March, Cardinal Health, a main producer in China, recalled 9.1 million gowns from the US market. [2]

Then, during the peak of the pandemic, China's central and provincial governments had essentially consolidated control over mask and gown production.

In March and April 2020, the Chinese government imposed a series of export restrictions that significantly slowed the flow of PPE to the United States. Beginning April 1, exporters were required to prove certification under China's domestic medical device registry and compliance with importing country standards, effectively banning exports from unlicensed producers. On April 10, Chinese customs began mandatory inspections of all COVID-19–related exports, further delaying shipments, and on April 25–26, the government partially lifted the restrictions to allow exports meeting foreign standards. In addition, local governments, including Shanghai, diverted PPE for domestic use, seizing products from companies like 3M China and requiring key materials to be sold domestically, further constraining U.S. access during the crisis.[3]

Although U.S. importers tried to diversify away from China, many of the same shipment routes through other countries such as Vietnam or Mexico, still depended on Chinese goods, leaving the US indirectly reliant on the same supply base. This "China-plus-one" trade dependency clearly demonstrated China's entrenched role in the global disposable PPE supply chain.

The USITC observed that while U.S. imports surged hundreds of percent during this time, it still failed to meet the increasing domestic demand for PPE.

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[1] Tracey, Steve, Kusumal Ruamsook, Norman Frankel, and James J. Mangini. 2024. "Reinventing Medical Gowns Sourcing Strategies through Reusability." White paper, Center for Supply Chain Research® (CSCR®), The Pennsylvania State University.

[2] United States International Trade Commission. *COVID-19 Related Goods: The U.S. Industry, Market, Trade, and Supply Chain Challenges*. USITC Publication No. 5145. Investigation No. 332-580. Washington, D.C.: USITC, December 2020.

[3] USITC, *COVID-19 Related Goods*, 47

Large volumes of imported PPE also failed to meet U.S. safety standards. This resulted in healthcare facilities being forced to pay premium prices for goods that were unsafe, counterfeit, and delayed in distribution.

China's ability to control export volumes, delay shipments, and prioritize domestic use during the pandemic demonstrated that foreign suppliers can, and did, use PPE as a tool of economic and political leverage.

As mentioned, in 2019, the U.S. market for surgical and isolation gowns was almost entirely import-dependent, about 99% supplied by foreign producers, with disposables accounting for over 90% of use. At the height of the pandemic, demand tripled to nearly 2.9 billion gowns, exposing how fragile and overstretched this global, single-use supply chain had become.[4] Although emergency contracts and relaxed FDA standards temporarily eased shortages, the structural imbalance has persisted in the post-pandemic market: hospitals and distributors continue to face unpredictable pricing, delayed deliveries, and limited domestic capacity. The U.S. remains largely dependent on imported disposable gowns, leaving the healthcare system vulnerable to renewed shortages whenever global supply chains tighten**.**

A secure nation cannot rely on a medical supply chain that collapses when global logistics falter or when a foreign government tightens export controls.

The vulnerabilities discussed reveal that the U.S. cannot achieve true supply chain security while its healthcare system remains dependent on imported, single use PPE.

A sustainable path forward requires shifting dependence on imported consumption to investment in domestically controlled systems that maintain availability through reuse and processing rather than continuous replacement.

Reusable healthcare textiles represent this by converting PPE from a disposable import into a strategic, renewable resource managed within the United States.

The National Academies of Science, Engineering, and Medicine's Workshop on *Reusable Health Care Textiles for Use in Personal Protective Equipment* affirmed that reusable PPE offers superior advantages in supply-chain resilience, economic value, and sustainability.

It was found that a single reusable gown can be safely processed and reused around 75 times, with certain products having cleared the FDA requirements up to 125 laundering cycles.[5]

This built-in recirculation transforms every reusable garment into a self-renewing domestic stockpile, eliminating the need for constant foreign replenishment.

It was quantified that reusable healthcare textiles reduce greenhouse gas emissions by 66 percent, energy use by 64 percent, and water consumption by 83 percent compared to disposable PPE. They also produce 84 percent less solid waste, significantly lowering landfill and hazardous waste burdens.[6]

Reusable PPE expansion would also deliver substantial total cost savings**.** Cost analysis data collected from six laundry facilities on the processing services provided to 179 hospitals, found that using reusable isolation gowns resulted in 52 percent cost savings compared to disposable, meaning hospitals using single-use gowns

[4] USITC, *COVID-19 Related Goods*, 112
[5] National Academies of Sciences, Engineering, and Medicine. 2024. *Reusable Health Care Textiles for Use in Personal Protective Equipment: Proceedings of a Workshop*, 17. Washington, DC: The National Academies Press. https://doi.org/10.17226/27762.
[6] National Academies, Reusable Health Care Textiles, 39.

paid roughly twice as much. Similar or greater savings, up to 90 percent, were observed for other reusable products such as surgical gowns and cleaning textiles.[7]

The core purpose of a Section 232 investigation is to determine whether the importation of certain goods impairs the national security of the United States by weaking its ability to produce, supply, and mobilize essential materials in times of emergency.

The case of single-use, disposable PPE imports fits squarely within that framework. The U.S. current dependence of foreign produced disposable PPE creates a structural threat to national preparedness.

Despite the lessons of the pandemic, over 90 percent of single-use PPE continues to be sourced abroad, leaving US healthcare providers and emergency responders exposed to the fragile supply chain that collapsed in 2020.

Because single-use PPE must be constantly replenished, any disruptions in foreign supply immediately translates into domestic shortage.

Manufacturers have stressed that inconsistent federal and private demand remains the single greatest obstacle to long term investment in U.S. PPE production.

Although procurement surged during the pandemic era, demand declined once emergency conditions ended, forcing many US producers to downsize or exit the market. This volatility discourages capital investment and restricts the establishment of stable, high-volume reusable systems.

Targeted tariffs on single-use, disposable PPE are essential to address the structural imbalance in the current market. Decades of dependence have hurt the domestic production capacity and left the nation exposed to supply chain disruptions.

The objective of Section 232 action should not be to restrict trade, but to correct the distortion that rewards disposable imports over sustainable, U.S. processed systems.

Current tariff structures actively disadvantage U.S. reusable PPE. At the time of these written comments, disposable isolation gowns enter the country duty-free, while reusable gowns face a duty rate of 16.5%, plus a tariff rate of 37.5% if they come from China. This imbalance goes against the federal objective of promoting domestic resilience, and the government should level the playing field so that U.S. companies are incentivized to invest.

Tariffs applied selectively to single-use PPE, while explicitly excluding reusable PPE and reusable ready materials, would send a clear market signal that national policy now prioritizes long-term resilience over short-term cost minimization.

This differentiation would prevent unintended harm to domestic textile processors and encourage health care systems transition toward circular, U.S.- anchored supply models. Tariffs should be levied to internalize the environmental, waste-management, and supply-risk costs associated with single-use goods, not to impose blanket restrictions on availability.

[7] National Academies, Reusable Health Care Textiles, 56.

Reinvesting in domestic reusable PPE infrastructure, specifically the U.S. laundering, sterilization, and textile-processing capacity, would accelerate investment in disinfection technology, sustainable water systems, and distribution capability.

To ensure that tariff policy achieves its intended impact, fiscal measures must direct resources back into modernizing the U.S. reusable PPE infrastructure. The Department of Commerce should recommend that revenues collected from single-use imports be reinvested through tax credits and equipment grants for companies expanding their manufacturing capacity.

By coupling tariffs with reinvestment mechanisms, the federal government can convert trade policy into sustained industrial-development strategy, one that maintains PPE production and processing firmly within the US while creating employment and ensuring readiness for future public health emergencies.

The expansion of reusable PPE also depends on clear, unified federal guidance that removes regulatory uncertainty for healthcare providers. The Department of Commerce should work with the Center for Disease Control and Prevention and the National Institute for Occupational Safety and Health, to publish harmonized standards that define operational thresholds and performance criteria for PPE.

To sustain PPE production beyond short-term emergencies, the federal government should establish long-term supply contracts for domestically produced and processed reusable PPE. This would justify further investment for manufactures by assuring consistent demand.

By expediting the development of updated performance standards and publishing evidence-based studies on the safety and efficacy of reusable gowns, drapes, and other protective textiles, these agencies can provide the clarity and confidence healthcare systems need to expand adoption.

Conclusion

The Department of Commerce's Section 232 investigation provides a critical opportunity to address one of the most persistent and overlooked vulnerabilities in America's public health and national security infrastructure- our structural dependence on imported, single-use PPE. The Covid-19 pandemic made clear that disposable, import-dominated supply chains cannot be relied upon during emergencies. True preparedness requires a strategic shift toward durable, reusable systems that are produced, processed, and maintained within the United States.

Through implementing the measures discussed above, the Department of Commerce can begin rebalancing the market toward long-term resilience, both strengthening America's manufacturing base while also ensuring sustained access to essential protective equipment during crises. In doing so, the Department would fulfill the core intent of Section 232, preserving and advancing the U.S. industrial and public health capabilities critical to national defense.

Thank you for your consideration of these comments.

Kevin Schwalb

Vice President of Government Relations

TRSA- The Linen, Uniform, and Facility Services Association