United States Senate
SPECIAL COMMITTEE ON AGING
WASHINGTON, DC 20510–6400
(202) 224–5364

February 18, 2026

The Honorable Pete Hegseth
Secretary of Defense
The Pentagon
Washington, D.C. 20301

Dear Secretary Hegseth:

The U.S. Senate Special Committee on Aging is examining how vulnerable pharmaceutical supply chains present a risk to public health and national security. The Department is the primary agency responsible for the health, safety, and readiness of our service members. It plays an essential role in ensuring access to lifesaving medicines. Given this significant responsibility, we write to request information regarding efforts by the Department, including the Defense Health Agency and the Defense Logistics Agency, to identify and address existing supply chain vulnerabilities to bolster military readiness and national security.

The United States relies extensively on the import of key starting materials (KSMs), active pharmaceutical ingredients (APIs), and finished dosage form generic drug products. With an estimated 91 percent of prescriptions filled as generic drugs each year in the U.S., it is clear that many Americans, including our active duty, reserve, veteran, retired service members, and their family members rely on generic drugs to maintain health, control chronic diseases, or recover from illnesses.[1] This underscores the importance of a secure generic drug supply chain. China and India, in particular, play a significant role in producing the KSMs and APIs crucial to domestic drug manufacturing and distribution. The U.S.'s limited operational oversight and control over foreign sourcing and manufacturing of these foundational materials represents a vulnerability in the supply chain, which, in the event of a crisis, may pose potential public health and national security risks.

Recent reporting details how, in order to prevent and mitigate shortages, the Food and Drug Administration (FDA) has granted exemptions for certain drugs or ingredients subject to import bans that were imposed on foreign factories found to operate under substandard manufacturing conditions. These import bans were the result of a failure to comply with FDA standards, and exempting these drugs or facilities allows for substandard and potentially unsafe drugs to enter the U.S. market.[2] These reports highlight that many of these exemptions are for factories in China and India and identify more than 150 drugs and

[1] https://www.fda.gov/drugs/generic-drugs/office-generic-drugs-2022-annual-report
[2] https://www.propublica.org/article/fda-drugs-banned-foreign-factories-list

ingredients that have received exemptions since 2013.[3] While many factories ultimately make the necessary changes to be removed from the FDA's import alert list, these exemptions can pose a threat to drug safety for American consumers.

Moreover, recent instability in geopolitics and global trade demonstrates an additional threat to the stability of our pharmaceutical supply chain, particularly the supply of KSMs, APIs, and generic drugs imported from manufacturing hubs such as China and India. A recent trade dispute with China exemplifies this dynamic. Despite reaching a bilateral trade agreement on rare earth elements in April 2025, China imposed a new set of export restrictions on October 9, demonstrating its willingness to use trade commodities as leverage against the U.S.[4] This raises the unsettling possibility that China could similarly restrict exports of pharmaceutical products in future diplomatic or trade conflicts. Given that China is one of the world's largest suppliers of APIs and KSMs, any disruptions in the supply chain could have profound ramifications for the availability of medications in the U.S. and potentially jeopardize patient care and public health.

As a direct purchaser of medications, the Department can bolster our pharmaceutical supply chain security by prioritizing the acquisition of medications that are manufactured and source ingredients domestically. It is pertinent that, whenever possible, the Department incorporates supply chain resiliency and national security considerations into purchasing decisions, as reliance on China for essential medications, particularly antibiotics, poses an existential risk to the operational capacity of our military. Preferential purchasing of domestically manufactured medications will promote access to safe and high-quality drugs for our armed forces as they protect our country. The Department can be a leader in addressing the national security issues posed by our nation's reliance on medicines and ingredients from China.

Transparency measures for where our medications come from must accompany reshoring initiatives. Country of origin labeling for pharmaceuticals and APIs must be implemented to provide transparency to purchasers, providers within the TRICARE system, such as physicians and pharmacists, and end-users who rely on medications. Americans deserve to know where their medications come from.

Given the critical role of the Department in ensuring the health and readiness of our service members and their families, we request the following information by February 28, 2026:

1. A briefing from the Department on its drug acquisition plans, including how many drugs purchased come from foreign sources or use APIs or KSMs from foreign entities, with each amount broken out by country.

[3] https://www.propublica.org/article/fda-drugs-banned-foreign-factories-list
[4] https://www.reuters.com/world/china/china-says-its-rare-earth-export-controls-are-legitimate-2025-10-12/

2. Is the Department currently purchasing or storing any drugs from manufacturers that the FDA has exempted from the import ban?[5] How many of those drugs have no other manufacturer available?
3. If China were to stop exports of generic drugs, APIs, or KSMs to America or to other foreign companies that sell to America, how many days of drug inventory does the Department have of various generic drugs before it would run out?
    a. How would China stopping or limiting exports impact military readiness?
    b. To what extent is China stopping or limiting exports a national security risk, and what are the Department's plans to address that risk?
4. Does the Department purchase foreign-made generic drugs when there is a U.S. supplier available?
5. Is the Department buying American-made generic drugs from U.S. companies with APIs and KSMs that are not sourced from India or China? If not, what is the Department doing to ensure that they are buying American-made generic drugs just like the Department buys American-made textiles?
6. What is the Department doing to protect TRICARE beneficiaries from obtaining generic drugs that the FDA has exempted from an import ban?
7. Does the Department look at manufacturing location and ingredient sourcing when purchasing a generic drug? Does the Department look at manufacturing location and parts sourcing when purchasing uniforms, munitions, or steel? If so, why does the Department treat generic drugs differently from any other item that might be needed for military readiness?
8. It is estimated that China controls a majority of the antibiotic APIs and KSMs that the U.S. imports, making the United States dependent on China.
    a. Does the Department view this as a national security issue?
    b. Does the Department believe this is a military readiness issue?
    c. Does the Department have an estimate on what could happen if China blocked exports of KSMs or APIs of antibiotics?
9. In 2023, the U.S. was in a shortage of the cancer drug cisplatin. FDA allowed the importation of cisplatin from the Chinese firm Qilu Pharmaceutical, even though the FDA never approved that firm or manufacturing facility for cisplatin. Did the Department purchase those drugs?
10. The FY 2026 NDAA implemented a requirement for pharmaceutical supply chain mapping for the Department. How is the Department fulfilling this requirement?
11. There have been accusations that Chinese pharmaceutical companies located in the Xinjiang region are using Uyghur labor in violation of the *Uyghur Forced Labor Prevention Act*. What is the Department doing to ensure that it is not purchasing generic pharmaceuticals that use APIs or KSMs sourced from the Xinjiang region?
12. How would country-of-origin labeling for pharmaceuticals and APIs facilitate the Department's purchasing of domestically manufactured medications?

[5] https://www.propublica.org/article/fda-drugs-banned-foreign-factories-list

13. How would TRICARE implement transparent country-of-origin labeling that is accessible to providers, pharmacists, and service members?

As chairman and ranking member of the U.S. Senate Special Committee on Aging, the health and safety of Americans is our top priority. We must work to identify and address existing supply chain vulnerabilities, including our nation's extreme reliance on foreign-made generic drugs. We appreciate your attention to this matter and stand ready to work with the Department in securing the drug supply chain for generic essential medicines to bolster military readiness and promote national security.

Sincerely,

Rick Scott
Chairman
Senate Special Committee on Aging

Kirsten E. Gillibrand
Ranking Member
Senate Special Committee on Aging