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Fwd: Medical Gloves

1 message

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To: Jennifer Huber <jen.huber79@gmail.com>

Sun, Mar 29, 2026 at 8:35 AM

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From: **William Broydrick** <billb@broydrick.com>
Date: Fri, Mar 20, 2026 at 2:33 PM
Subject: Re: Medical Gloves
To: <joel.m.zinberg@who.eop.gov>

Dr. Zinberg

I represent the Malaysia Rubber Council and we are concerned that the Administration may be considering significant tariffs or quotas on medical glove imports through either the Section 232 or Section 301 process.

We would like to meet with you to express our opposition to such action. While, in advanced manufacturer of technically complex device there may be from the perspective of the US government an argument for on shoring, there is little to no evidence of an interest in increasing the costs of a highly commoditized product such as medical gloves.

Attached are two short memos outlining our position.

Please let me know if you are available for a meeting in the next several weeks to discuss this issue.

Regards

Bill Broydrick

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MEMORANDUM
Question Presented

The relevant policy question is not whether the United States would prefer more domestic production of medical rubber gloves in the abstract, but whether current market conditions and industrial capacity support a recommendation for aggressive reshoring measures that would serve the best interests of the United States Government. Based on the available record, the answer is no.

Analysis

A realistic assessment shows that the United States does not presently have the necessary raw materials, mature supply chains, or cost structure necessary to support rapid, large-scale domestic substitution for imported nitrile gloves without significant disruption to federal procurement, hospital purchasing, and overall healthcare supply stability. Any tariff-driven

increase in glove prices would also function as a hidden tax on American hospitals and public healthcare programs such as Medicare and Medicaid, which already face significant operational cost pressures.

The first barrier to entry is the availability of necessary raw material. Key federal agencies already acknowledge that nitrile glove production is constrained by the domestic nonavailability of Nitrile Butadiene Rubber (NBR), the key polymer used to make nitrile gloves. NIH waiver materials state that nitrile gloves are “70% comprised of NBR” and that NBR is not produced in sufficient quantities in the United States to meet procurement needs. DHS has made the same point in rulemaking, describing the challenge as the domestic nonavailability of NBR at the required quality and quantity. Furthermore, federal efforts to expand supply, including a Defense-supported project to build a facility capable of producing roughly 90,000 metric tons of NBR annually, demonstrates that current domestic production is insufficient to meet demand. By contrast, global NBR supply is already supported by well-established chemical manufacturers and integrated glove supply chains abroad, particularly in Asia. In practical terms, this means that even if a domestic firm installs glove lines, it cannot confidently run them at scale unless it has stable, competitively priced access to NBR. Without evidence of consistent domestic NBR sourcing, domestic output claims should be treated cautiously.

The second barrier is the overall supply-chain ecosystem. Medical glove manufacturing is not simply a matter of assembling finished goods. It depends on a vertically coordinated chain that includes raw materials, dipping lines, curing systems, quality testing, packaging, logistics, and large distributor relationships. Investigative reporting on U.S. glove projects makes clear that even sizable domestic investments amount to only a small fraction of U.S. consumption, which exceeds 100 billion gloves annually. This is evidently a scaling problem. U.S. facilities can add capacity, but they cannot yet replicate the depth, integration, and flexibility of the established Asian production ecosystem that serves the global market.

The third barrier is cost. The United States does not currently have the wage scale or cost structure that allows smaller domestic glove producers to compete easily with large overseas manufacturers on a commodity product like nitrile examination gloves. The policy objective of increasing value for U.S. workers and consumers is more likely to be met where reshoring is directed toward advanced manufacturing industries with higher value-added content, more specialized inputs, stronger technology spillovers, and less dependence on low-margin commodity production. Commodity glove manufacturing is highly cost sensitive and depends on scale economies. Smaller domestic manufacturers may survive in niche or premium segments, but that is different from saying they can efficiently displace the mass market. Even recent reporting suggesting tariffs have helped some domestic manufacturers also notes that imported nitrile chemicals remain a cost burden and that long-term investment is constrained by uncertainty and input costs.

From a national security perspective, the relevant metric is not merely the geographic origin of supply but the reliability and availability of essential goods. National security is undermined when frontline healthcare workers face shortages of essential personal protective equipment due to restrictive trade barriers imposed on proven and reliable supply chains.

When looking at current domestic market offerings, domestic manufacturers market nitrile examination gloves in standard healthcare configurations, including powder-free nitrile examination gloves sold in typical 100-glove box formats used by hospitals and clinics. Even where final glove production occurs in the United States, these operations frequently depend on imported NBR feedstock or internationally sourced technical expertise, reflecting the inherently global nature of the nitrile glove supply chain. Public market pricing for nitrile gloves varies considerably depending on thickness, ratings, and distribution channel, but available distributor listings confirm the basic point that glove pricing is highly sensitive to market conditions and supply availability. In a market with constrained domestic feedstocks, restrictive trade measures

are likely to increase prices for public and private purchasers rather than produce immediate, large-scale domestic substitution.

Conclusion

From the perspective of the best interests of the United States, the recommendation should therefore be cautious. The government should not pursue policy that assumes domestic glove manufacturers can quickly replace imports at scale when the available facts show they lack the full feedstock base, supply-chain depth, and cost structure to do so. The better recommendation is to avoid quotas or other blunt restrictions that would raise costs and increase procurement risk in the near term. If the United States wants to reshore meaningfully, it should do so where advanced manufacturing offers stronger long-term returns and where the supporting supply chains can realistically be built.

This material is distributed by Broydrick & Associates on behalf of MREPC.

Additional information is available at the Department of Justice, Washington, D.C.