

BUILDING A CORONAVIRUS CONTAINMENT CORPS

A Plan to Expand America's Public Health Workforce and Stop the Spread of COVID-19

Senator Elizabeth Warren (MA)
Congressman Andy Levin (MI-09)

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THE NEED FOR A CORONAVIRUS CONTAINMENT CORPS

To stop the spread of COVID-19, we have to do just that: stop people who are infected from spreading the disease to people who are not infected. Experts estimate that, on average, [one person who has COVID-19 can infect 2 to 3 other people](#), rendering coronavirus [more contagious than the seasonal flu](#). While 2 or 3 people may not seem like many, think of it this way: what if those 3 infected people each go on to infect 3 more people? The first person in the chain—our “patient zero”—will have led to 12 cases.

If that scenario plays out just 10 times, [the first case will have led to more than 59,000](#).

But what if patient zero was isolated, and all the people they'd interacted with—including the 3 people they infected—also stayed home and didn't interact with anyone else? The chain of infection would come to a grinding halt.

This is what we need to happen for every single case of COVID-19. And to do it, we need contact tracers.

At its core, [contact tracing](#) is the process by which we break that chain of transmission. A contact tracer finds out from patient zero all the people they've interacted with and might have infected. If, for instance, patient zero went to a birthday party, the contact tracer gets in touch with people at that party, alerts them of the exposure, explains what to do next, and later follows up with the contact.

Contact tracing has long been [a core public health tool in the U.S.](#), helping to mitigate the spread of diseases like tuberculosis. Now, it's being used across the globe to stem the spread of COVID-19—and it's working. It has been a key element of the COVID-19 response in [Germany](#), [Iceland](#), [South Korea](#), and even [Wuhan, China](#), where 9,000 contact tracers were used to track down cases and their contacts.

Here's the problem: there are [only 2,200 contact tracers in the United States](#). 50,000 public health [jobs have been lost since the Great Recession](#), and public health departments simply don't have the resources to hire the people they need; in 2019, the federal government spent [\\$265 million less on public health preparedness](#) than we did in 2002. What we're left with is a hollowed out public health system that knows how to beat this virus—but doesn't have the resources to do it.

As the federal government works to rebuild supply chains disrupted by COVID-19 and expand COVID-19 testing capacity, we must simultaneously expand our public health workforce

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massively and rapidly to stop the spread of COVID-19. This will necessitate the development of a nationwide strategy to build a strong workforce and enable a robust response at the local level. The following proposal outlines specific steps to achieve these goals.¹

A NATIONWIDE STRATEGY

- Within 30 days, the director of the Centers for Disease Control and Prevention (CDC) must submit to Congress a strategy to hire, train, and deploy nationwide individuals to augment public health authorities' capacity to investigate cases of COVID-19 and identify positive individuals' contacts; trace those contacts; and provide supports to ensure those contacts can take the precautions necessary to safely quarantine to stop the spread of COVID-19.
- This strategy must be comprehensive and identify national numbers and systems, but cannot be “one size fits all”—it must be developed in consultation with state, territorial, tribal (including the Indian Health Service, tribal nations, tribal organizations, and urban Indian organizations), and local public health officials with the flexibility to suit the needs of each state, tribal nation, territory, and locality.
- Considering states', tribal nations', and territories' populations, this strategy must identify, for each state and territory:
 - The minimum number of case investigators needed;
 - The minimum number of contact tracers needed;
 - The minimum number of specialists needed to connect contacts to social supports (e.g., housing or food assistance); and
 - The qualifications that each locality has deemed necessary for case investigators, contact tracers, and social support specialists to be successful (e.g., language skills).
- Given the unique needs in Indian Country, the strategy must ensure that the above considerations are separately and fully addressed for tribal nations, tribal organizations, and urban Indian organizations through direct government-to-government consultation with tribal nations and by conferring with urban Indian organizations.
- This strategy must outline plans to:
 - Enable state, territorial, tribal, and local public health agencies to hire, train, and deploy case investigators, contact tracers, and social support specialists as quickly as possible, and no later than 30 days after the strategy is submitted to Congress;
 - Rapidly develop the guidance and training materials necessary to support public health departments as needed and prepare workers without public health backgrounds to perform the aforementioned jobs;

¹ It is important to note that, while this proposal does not discuss COVID-19 testing, identifying cases of COVID-19 through increased testing will be essential to the success of contact tracing efforts. Thus far, [efforts to test for COVID-19 have been woefully inadequate](#).

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- Record and publicly report data, while protecting the privacy of individuals and information regarding their personal health and protecting tribal data sovereignty;
- Limit the risks posed to individual privacy and data security, including through data minimization, anonymizing and redacting, and limitations on sharing and storing personally identifiable information;
- Monitor and evaluate best practices in contact tracing, with input from state, local, tribal, and territorial public health departments;
- Ensure individuals are hired from within the communities in which they will work and reflect the diversity of that community; and
- Coordinate closely with state and tribal workforce agencies to recruit newly unemployed individuals.

A LOCAL RESPONSE

- The CDC must provide grants to state, local, and territorial health departments to hire, train, and deploy case investigators, contact tracers, and social support specialists in accordance with the strategy above, no later than 30 days after the strategy is submitted to Congress. This will ensure a response that is federally supported, but locally directed. The CDC should provide a base level of funding across public health departments, and additional funding based on population. These grants and the administrative work necessary to ensure the success of this response should be funded by new appropriations. Funding should also be allocated to the Indian Health Service directly to execute corresponding efforts, in coordination with the CDC.
- Within 60 days of the first deployment and, after that, every 30 days, the CDC must report publicly the following metrics for each state, tribal nation (with their consent), and territory. The CDC must support the creation of a modern reporting infrastructure, building on the CDC's existing infrastructure, that minimizes states', tribal nations', localities', and territories' administrative burdens and protects individuals' private information. The CDC must work with the Indian Health Service to create a reporting infrastructure for tribal organizations and urban Indian organizations. However, this system must honor tribal data sovereignty and ensure that tribal nations consent before any tribal data is reported. These reporting requirements should sunset 60 days after the conclusion of the COVID-19 public health emergency, as determined by the U.S. Secretary of Health and Human Services.
 - The number of case investigators hired, trained, and deployed;
 - The number of contact tracers hired, trained, and deployed;
 - The number of social support specialists hired, trained, and deployed;
 - The number of case investigations launched;
 - The percentage of contacts reached;
 - The percentage of contacts quarantined or isolated; and
 - The percentage of contacts connected to social supports.

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A STRONG WORKFORCE

- Individuals hired must be protected by strong labor standards, including freedom of association, wage requirements, and benefits.
- The Department of Labor must provide funding to state workforce agencies and tribal workforce agencies to connect unemployed individuals to work as a case investigator, contact tracer, or social support specialist. In addition, the Department must provide funds to allow agencies to connect these individuals to long-term employment after the conclusion of the COVID-19 public health emergency. These funds should be provided through new appropriations.
- The Department of Labor must facilitate collaboration between state, local, tribal, and territorial public health entities and labor organizations, including unions and worker centers; two- and four-year colleges and universities; and federally qualified community health centers to identify qualified candidates, including recently unemployed workers, for training and deployment.
- Within 120 days of the conclusion of the COVID-19 public health emergency, as determined by the U.S. Secretary of Health and Human Services, the Department of Labor must report publicly:
 - The number of individuals hired, trained, and deployed as case investigators, contact tracers, and social support specialists (herein, “the number of individuals”);
 - The number of individuals who were unemployed before deployment and, among those, the number who became unemployed on or after the start of the COVID-19 public health emergency;
 - The number of individuals who graduated from high school, college, or another education program during the COVID-19 public health emergency; and
 - The number of individuals connected to long-term employment within 90 days of the conclusion of the COVID-19 public health emergency and, of those, the number of individuals connected to long-term employment within a state, territorial, or local public health department.
- The CDC must provide additional, noncompetitive funds to state, territorial, tribal, and local public health agencies—especially those that are already under-resourced—to maintain a strong community and public health workforce after the conclusion of the COVID-19 public health emergency to ensure national preparedness for future public health crises. The CDC and Congress should consider new mechanisms, such as loan repayment programs, to recruit individuals into the public health workforce. These funds should be provided through new appropriations and should include a set-aside for tribal nations as sovereign governments.