

SUMMARY

The current COVID-19 outbreak is a reminder that health emergencies know no borders and that strengthening health systems in the US and globally is the best defense against future public health crises. In this midst of crisis, we can't sit back and wait for social distancing to slow transmission- [we must go on the offensive](#). As we've seen in Wuhan, China and in South Korea over the course of this pandemic, successful public health responses include five key elements: social distancing, testing, contact tracing, isolation, and treatment. To support testing, contact tracing, isolation, and treatment, Congress must appropriate at minimum \$75 billion for TTSI funds in the next relief package.

It's not too late. The time has come for us to get into the fight. We can still mobilize, take on the virus, and win. What's needed is a decisive investment in a public-health initiative big enough to meet the challenge. We can shut down the spread of the virus, prevent suffering and death, and allow the economy and society to reopen more quickly and safely. Far from being an equalizer, COVID-19 is amplifying preexisting social inequities tied to race, class, geography and access to the health care system in the US and globally. In order to ensure history doesn't repeat itself as we've seen with TB, HIV/AIDS, cholera, among other infectious diseases, we must ensure that during this moment we are critically examining our current systems and developing plans to change how healthcare is conceptualized and administered in the US.

Global solidarity and cooperation are necessary to control COVID-19 and future outbreaks. This moment calls for global ceasefires, halts to deportations and detentions—acting with care and compassion to protect human rights—and not detention, bullying and use of force. The only way we will end transmission of this virus and reopen our economy is if people participate fully in control measures and help one another to do so.

RECOMMENDATIONS FOR NEXT STIMULUS PACKAGE- \$75 BILLION MINIMUM FOR TESTING, TRACING, AND SUPPORTED ISOLATION

Closing non-essential businesses and services and implementing stay at home orders and lockdowns has not been easy. Yet, these steps are working in flattening the curve and reducing the number of contacts that each person who tests positive has had. It is essential we take advantage of the time these measures have bought us, and fully implement four key elements of a robust public health response: testing, contact tracing, supporting those of us who have been exposed to successfully quarantine, and helping isolate and care for those of us who have the disease.

Moving too quickly to re-open non-essential services without all of these four key elements in place will spark a resurgence of the epidemic, cost more lives, and wreck even more economic damage than the first wave of this outbreak. Moreover, every state needs to implement these strong public health strategies in unison: failures to contain the virus in one state will impact all states. We thus urge the federal government to provide strong incentives for all states to invest in and rapidly scale these public health measures.

Funding for Public Health Efforts (short term): In April 2020, the U.S. House of Representatives passed legislation including funding for TTSI programs in the states. These programs use Testing (T), contact tracing (T) and supported isolation (SI) to suppress or mitigate the spread of dangerous diseases, like COVID-19. While negotiations are ongoing for a congressional response in the latest package, it is pivotal states have access to the \$75 billion allocated for TTSI in the short term. These funds can be used for data-driven targeted testing of hotspots, contact tracing-based testing, and funding to enable self-isolation for individuals who test positive for COVID-19. The Harvard Global Health Institute breaks down costs for a national TTSI response in their brief, [The Path to Zero: Suppressing COVID-19 through TTSI](#), with the following breakdown:

- \$25 billion for test procurement;
- \$30 billion for income support for those in isolation;
- \$4.5 billion for self-isolation facilities
- \$9 billion for hiring contact tracers (split into year-long corps and short term contracts to suppress a surge as needed)
- \$4.5 billion to build up local, state, tribal, and territorial public health infrastructure
- \$1 billion for an IT infrastructure upgrade to enable a scale up of TTSI

Testing: The slow ability to increase testing capacity nationally has been our Achilles heel in our ability to contain the spread of COVID-19 in the US. We are happy to see provisions of \$25B for increased testing capacity in the stimulus package approved on Thursday April 23rd, and hope that additional testing will come online rapidly in the upcoming weeks. All positive test results must be linked to public health surveillance database so that case investigators and contact tracers can do their jobs. Moreover, testing needs to be expanded in an equitable way, such that those communities with the highest numbers of cases and most vulnerable populations are prioritized.

Contact Tracing: We recently worked with Representative Levin and Senator Warren to inform their [Containment Corps](#) strategy announced on April 22, focused on addressing the shortage of public health jobs for the long term and rapidly putting community members who lost jobs due to COVID-19 back to work for the public good. Currently there are only 2,200 contact tracers on CDC payroll 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.

Short-term surge capacity for contact tracing must work to reinforce existing departments of public health in each state and incorporate federally qualified community health centers (CHCs), and link to their existing public health data collection systems, rather than creating a completely parallel, privatized system. This is what Governor Baker and the Commonwealth of Massachusetts' [Contact Tracing Collaborative](#) (CTC) commenced on April 3rd. Tech-enabled solutions for contact tracing, such as those announced by [Apple](#), [Google](#), and [Novid](#), can be strong complements to the [human-to-human components](#) of the MA CTC approach. As stand-alone solutions, the technology may have limitations, especially when it comes to helping to provide psychological first aid for people learning of their positive status or that they were in contact with someone who tested positive, and in linking contacts to necessary resources to ensure they can safely quarantine or isolate.

Supported Quarantine and Isolation: Identifying positive cases and their contacts is essential, but it is a first step. People who have been exposed to the virus, but who are not yet sick, need to be in quarantine for a minimum of 14 days. Those who become infected need to receive medical care and remain out of physical contact with others for three days after the resolution of fever, for a minimum of 7 days. Many people need support—financial, material, medical and social—to successfully complete stints of quarantine and isolation. It is worth emphasizing that if people are unable to adhere to quarantine and isolation, and go on to infect others, the testing and contact tracing program will be ineffective, and the outbreak will not be brought under control. It is imperative that people be given the supports they need to be successful in this regard.

Studies from past quarantines demonstrate consistently that quarantine and isolation failures are driven primarily by food and job insecurity. We anticipate people will require a range of supports including food and cash assistance, home delivery services, medical support, and social services like dependent care, mental health and substance abuse counseling. Careful attention to the needs of marginalized communities will be necessary. Social support specialists from communities with highest need and highest case burden should be hired to add to existing social worker numbers and work to identify community resources and connect each case and contacts to these resources. Already the MA CTC is finding that people are afraid to receive calls from contact tracers due to their immigration status. Given the inequities that exist in our society, many immigrant communities remain key hotspots for coronavirus spread—all people currently in the US, regardless of their immigration status, must be treated equally and provided the same access to testing, isolation and treatment if we are to succeed in stopping the spread.

A further consideration is that many people's homes are not conducive to quarantine or isolation. They are too crowded to avoid spreading the infection to others in the household, or they are not safe. Establishing safe non-residential quarantine and isolation facilities in local hotels and universities can further reduce transmission and should be considered.

FINANCING THE PUBLIC HEALTH RESPONSE IN THE LONG TERM

The federal government can provide financing for the public health response in a number of ways. For example, channeling public health financing to states through expansion of TANF, SNAP, SSI, or Medicaid or other federally subsidized programs, or creating a new one, should be considered.

War Bonds are one potential mechanism we also think has potential. War Bonds are a funding concept that have enjoyed wide popularity since they were first issued in 1917, particularly in times when citizens are motivated to show their patriotism and willingness to pull together as one nation. Using the War Bond model, "COVID Victory Bonds" would be long dated (30 years) debt instruments issued in small denominations for the retail public and backed by the credit of the US Government. The bonds would be issued at below face value, with little or no annual interest, but would be guaranteed to double in value on or before maturity. Our proposal would be for the federal government to disburse this funding to states to distribute solely for the purposes of stopping the COVID epidemic. This would entail funding state-operated testing and contact tracing programs and providing funds for individuals asked to quarantine or isolate themselves, including sufficient subsidies for food and housing, means-tested income replacement, and a range of support services.