

Congress of the United States
Washington, DC 20515

April 21, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S House of Representatives
Washington, DC 20515

The Honorable Steny H. Hoyer
Majority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Steve Scalise
Minority Whip
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi, Leader McCarthy, Leader Hoyer, and Whip Scalise:

As you know, in the midst of the COVID-19 pandemic, public health officials are looking for ways to end the pandemic by slowing the rate of infection, conducting more testing, and eventually vaccinating the public. There is, however, currently a shortage of individuals who are positioned and able to do this critical work now and in the coming months. In the next piece of legislation for COVID-19 response, we urge you to address this gap by including the authorization of and appropriating funding for a National Public Health Corps within the Corporation for National and Community Service (CNCS) to mobilize service-minded individuals to do work specifically within the public health sector in response to the COVID-19 pandemic.

Our health care system needs to be configured to allow us the best chance possible to slow and eventually eradicate this disease. It needs to be modified to create a fleet or corps of professionals who can accomplish necessary contact tracing, serological testing, and vaccination at a scale never before accomplished in this nation.

One proven method to slow the rate of any infection is to conduct contact tracing. It is desperately needed now and will be even more so in the weeks and months to come when our nation begins to return to business as usual. We know this method works but, in the case of COVID-19, public health departments have been struggling to have the capacity and staff to conduct robust contact tracing. Nationally, there is a lack of individuals doing this work. The Johns Hopkins Center for Health Security and the Association of State and Territorial Health Officials stated in a recent report that the country will require 265,000 contact tracers. To fill this need, states are coming up with their own solutions. For example, West Virginia National Guard members and public health college students in Massachusetts are being utilized to conduct contact tracing in their states.

Contact tracing at scale is just one way to help eradicate COVID-19. Our country is also in dire need of a comprehensive National Testing Strategy that includes contact testing, serological

testing, and eventually dissemination of a vaccine. Just as there is a dire need for more individuals to conduct contact tracing, there is a similar need for people to support mass serological testing and ultimately vaccination. There is an immediate requirement for a large and committed workforce to help us eradicate this disease, and, thankfully, there is an existing federal institution with experience connecting individuals with a propensity for service with communities in need. There is also existing infrastructure to mobilize these individuals within state or public health departments through the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS). We are proposing the creation of a National Public Health Corps to connect these pieces, CNCS, CDC, and HHS, and meaningfully respond to COVID-19.

Specifically, there are currently over 7,000 Peace Corps volunteers state-side and many AmeriCorps and other service programs members who have been sidelined from their regular service sites due to closures brought on by COVID-19. With the propensity to serve, these national service members are an untapped resource during this pandemic. Further, just as CNCS has the ability to mobilize these former or currently serving national service members, CNCS also has the ability to bring more people into national service and could start by prioritizing those who have lost their employment due to the COVID-19 pandemic.

The CDC has strong and established relationships with state and local public health departments across the country and is able to help to identify where additional personnel are needed. Further, where state and local public health departments are not able to train new personnel, CDC has the capacity and expertise to support training. However, CDC is missing a key component to help build the workforces within state and local public health departments across the country: a matching mechanism.

Similarly, the Medical Reserve Corps (MRC), managed by the Assistant Secretary for Preparedness and Response (ASPR) at the Department of Health and Human Services (HHS), has nearly 1,000 units across the country with 200,000 volunteers, some health care professionals, and others who are simply good stewards of their communities. These units are operated out of “housing organizations,” many of which are local public health departments, and which are already engaged in work most needed at a local level.

We urge you to include language in the next legislative package addressing the COVID-19 pandemic that authorizes CNCS to stand-up a National Public Health Corps, which could be sustained within CNCS, modeled similarly to CNCS’ Federal Emergency Management Agency (FEMA) Corps, and scaled-up during health crises, such as the one we are presently living through. Just as FEMA connects AmeriCorps members with its projects around the country, members of a National Public Health Corps could be connected through the CDC to state or local public health departments or MRC units across the country.

CNCS would manage the solicitation of the National Public Health Corps and hiring of its members for terms of service both abbreviated and year-long, prioritizing the mobilization of 2020 AmeriCorps members, other inactive national service members, and other individuals who have lost their employment due to the COVID-19 pandemic. CNCS would then work with the CDC to place those hired appropriately to do in-person and virtual work, including contact

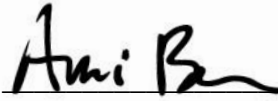
tracing, within communities. Further, though many state and local health departments are equipped to provide necessary training to new personnel, CDC would support training for members of the National Public Health Corps placed with departments not equipped to provide such training. Once we are finally beyond this pandemic, the National Public Health Corps would scale-down, though CNCS, CDC, and HHS would maintain a skeleton version of the corps during “peace time” and remain ready to be called into action on the frontline of our public health system should our nation face another health crisis.

Our nation is in clear need of additional support in our public health system. However, we not only have existing institutions with the experience to hire and manage additional support, but we also have a population of individuals with a willingness to be that support. We urge you to include the authorization of a National Public Health Corps in any upcoming legislation to address the COVID-19 pandemic.

Sincerely,



CHRISSY HOULAHAN
Member of Congress



AMI BERA, M.D.
Member of Congress



BILL FOSTER
Member of Congress



SUSAN BROOKS
Member of Congress