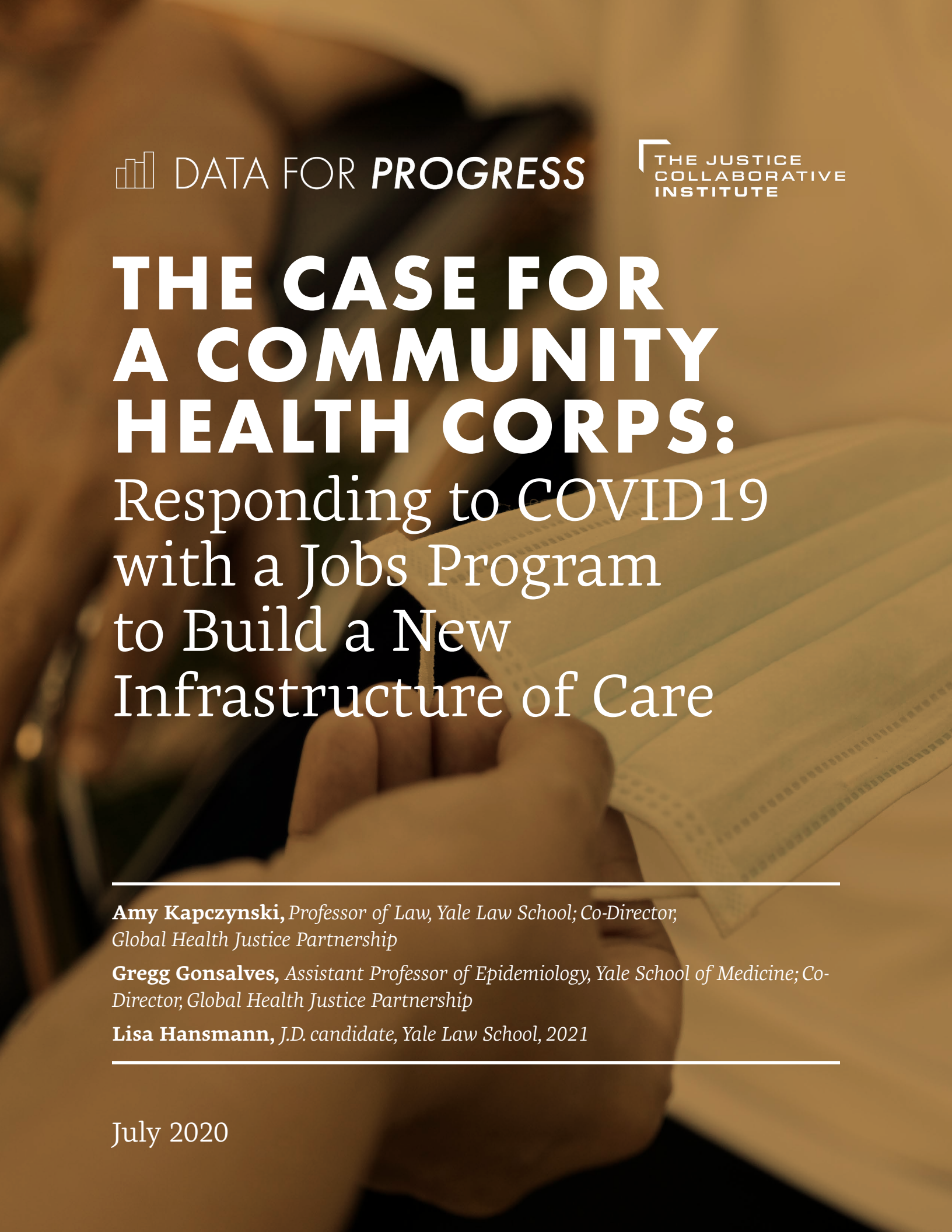

DATA FOR *PROGRESS*

THE JUSTICE COLLABORATIVE INSTITUTE

THE CASE FOR A COMMUNITY HEALTH CORPS:

Responding to COVID19 with a Jobs Program to Build a New Infrastructure of Care

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INTRODUCTION

COVID-19 has caused intertwined health and economic crises: the virus threatens the health of millions of Americans, and the resulting economic harm is devastating, especially for working people and families. The burden of these crises has not fallen equally. Communities of color, especially Black and Latinx people, have borne the brunt of the deaths from COVID-19 and levels of unemployment now rivaling those experienced during the Great Depression. Despite asking Americans to make huge sacrifices and stay at home, the Trump Administration has failed to put in place or provide adequate support for essential measures, including testing and contact tracing, that we need to get the virus under control. As we face a continued surge in cases, critically important COVID-era social support mechanisms are set to expire, undermining our health response and leaving vulnerable Americans increasingly exposed to economic ruin. Meanwhile, the virus shows no sign of letting up.

The latest rise in cases, particularly in the South and West, with daily counts higher than at any point during the pandemic thus far, is pushing the US towards the brink of a catastrophe. We have delayed action for too long. Now, the window of opportunity to address COVID-19 may close unless immediate, decisive steps are taken. Existing efforts at testing and contact tracing have proven vastly insufficient due to limited funding, hollowed-out public health capacity, and lack of community trust. At the moment, with the delays in testing continuing nationwide and too many contacts to trace, this most basic tool of epidemic control may be on the verge of collapse.

A serious commitment to social distancing measures and social support will be the only way to get the virus under sufficient control to begin to design effective, longer-term mediation processes. But what then? How do we live with this virus over the longer term? An effective treatment and vaccine are by no means assured, and will not materialize for many months, and possibly years. When a cure does materialize, unless we have built up both our public health infrastructure and our community trust, we may not be able to distribute the treatment fairly and swiftly.

To address the threat we face today, we need a massive new program that addresses these twinned crises: a federally-funded, locally-implemented Community Health Corps that puts millions of Americans back to work in high-quality jobs stopping the spread of COVID-19. The urgency of this endeavor cannot be overstated. Unless we reset the American response to COVID-19, the return to normalcy in the United States may take years, not months. The precise tasks for corps members would be decided locally, but the range of work needed is broad. Corps members could facilitate testing and contact tracing, but their roles need to go beyond this to provide basic support, enable people to isolate themselves safely (e.g., delivery food and masks, basic cleaning), and assist people in navigating the social provision programs they need (e.g., housing assistance, childcare, and paid leave). Workers are needed to provide support for businesses and critical sectors like education as they reopen to ensure they can do so safely, and act as "social distancing ambassadors," to educate and encourage those in public spaces to wear masks and keep appropriate distance.

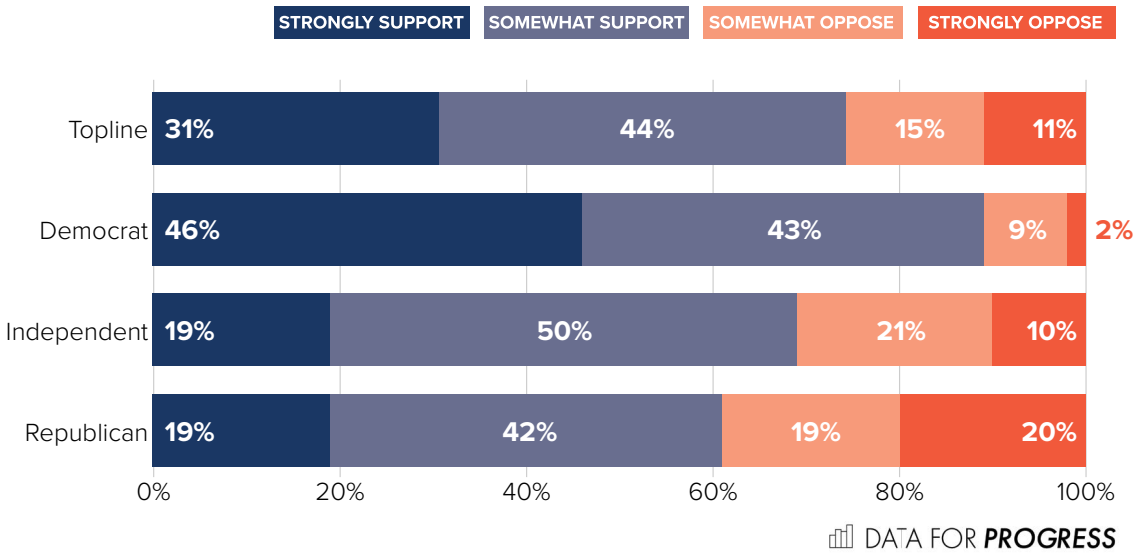
In resetting the American response to COVID-19 we can lift millions out of the unemployment this crisis has generated. At the heart of the **United States Community Health Corps** would be the guarantee of a high-quality job that provides a living wage, benefits, and the support that people need to get back to work, like access to childcare and flexible hours. The program would prioritize hiring from and for communities that are most affected by the crisis, operating all around the country in rural and urban areas alike. While some jobs would be temporary, most would lead to permanent positions, building a caring workforce to help tackle deeper health inequities and to rebuild our infrastructure of care, from urban to rural America, in the years to come.

This moment calls for a mass government mobilization that builds towards a better future, not a return to the old "normal" of our unequal economy where corporate profits come before care. The Community Health Corps would not only address the immediate crises—crises now likely to last for years, not months—but build a bridge to a new politics of care that addresses the deep structural roots of the problems we face. It would offer Americans in need an emblem of government as a source of care and support. It would be a component of an "invest/divest" approach, scaling up investment in care rather than carceral responses to social and public health problems faced by cities and towns across the nation. Vice President Biden's proposals to scale up community health workers in the US by 150,000 while adding other cadres of workers to address the opioid crisis and veterans' health, along with building a COVID-specific public health corps of 100,000 people, are steps towards this goal. But they need to be substantially scaled up to both provide for the broader needs in our communities and to combat COVID-19, and to create millions of new jobs while also stemming the tide of job losses.

The pandemic has created vast new needs, including for home care, and in schools, and these too should be incorporated into this program. Established not as a narrow contract tracing or community health workers program, but as an experiment with job creation that is federally funded but locally designed, the Community Health Corps could also pave the way for a civilian corps of unarmed first responders to provide non-police responses to crises, a conservation corps to fight climate change, and broader renewal programs, such as the Green New Deal. Workers hired for this program can be repurposed over time as different programs for crisis intervention are built out. And people employed and organized at work will be in a better position to demand a politics that continues to invest in communities, good jobs, and care. Ultimately, the aim would be to fuel a nationwide effort to provide jobs for all, and a more comprehensive politics of care and renewal in trust in government in rural and urban communities alike.

In concept, the Community Health Corps also has strong bipartisan support. New polling from Data for Progress and The Justice Collaborative Institute shows that **75% of likely voters, including 61% of Republicans, support the creation of a federally-funded program** that would hire millions of Americans to work in vital roles that are part of a coronavirus pandemic response, such as contact tracing and providing community health support:

Would you support or oppose the creation of a Community Health Corps, a federally funded program that woud hire millions of Americans to work in vital roles that are part of a coronavirus pandemic response, such as contact tracing and providing community health support?



THE PROBLEM

Americans cannot shelter in place forever. But as the botched reopening has shown, reopening without robust measures to track the virus and isolate those exposed allows the virus to come roaring back and risks once again swamping our healthcare system. A serious reopening plan that actually contains the virus requires a massive scale-up in testing and contact tracing that lets us identify cases and notify contacts, as well as a means to support those who are sick and isolated. Over the past six months we have been unable to get these basic tasks up and running, with testing still not at the needed scale, shortages of supplies, and long delays in getting results back. In many states, contact tracers cannot keep up with the explosion of new infections at the current moment. This is in part because cases have exploded, but also because contact tracing efforts and testing were begun in many places without adequate, professional staffing and training. But even if we solved these problems, those asked to isolate cannot do so without access to social provisions, like food and housing assistance. None of this is in place at sufficient scale anywhere in the country, endangering all of us as it paves the way for the virus to spread through our communities.

The staggering loss of work and the inadequacy of current government supports have layered an economic crisis on top of this health crisis. The US is facing the spectre of sustained high unemployment that risks deepening existing inequalities and causing further economic harm to the same communities that have suffered the most from the virus. But as unemployment is set to expire, we still lack the structure to safely return to work. States are re-starting their reopening plans without what is needed to ensure it can happen safely and without the social provisions that people need to get back to work, like childcare.

These twin crises have had a particularly devastating effect on vulnerable communities—particularly communities of color. Insufficient public health and social service capacities have already exacerbated inequalities and undermined pandemic response. Marginalized communities have struggled to access what limited support is available: for example, PPP funds have disproportionately benefited white business owners.

Meanwhile, our current public health infrastructure has been drastically underfunded. States and localities, who control much of the public health response, lack the budget and the infrastructure to provide the support needed to combat these twin crises. Worse, they face a looming revenue crisis that will further cut into their ability to provide care to those who most need it. The nonprofits and community-based organizations that have stepped into the void are facing similar revenue shortfalls.

We urgently need a new federal stimulus program to extend social and income support, a financial lifeline to local and state governments, and a COVID jobs program. That stimulus must include a Community Health Worker program—one that is larger and more ambitious than existing federal proposals. For example, in contrast to the "Health Force" program proposed by Senators Kirsten Gillibrand and Michael Bennet, our proposal would create substantially more jobs, and ensure that those jobs were addressing a broader set of needs—supporting the COVID *affected* as well as *infected*. For example, instead of just tracing contacts and telling them to stay home, our proposal allows for supportive social distancing by giving people the support that they need to safely isolate, such as connecting people to wraparound social services. Our proposal also centers the hardest-hit communities, including by strengthening the community-based organizations that have supported them, and would raise standards for jobs through high wages, worker protections, and flexible scheduling. We call for most of the jobs created to remain, or to be on track to become, permanent work, because our proposal is grounded in the recognition that we must address the root cause of health inequities; we can rebuild better if we properly appreciate the nature and roots of the crisis. Finally, our proposal aims to empower workers and community groups by ensuring that there are local oversight boards and training opportunities; this is a practical measure that can help ensure that these are good jobs, and that workers and communities' interests remain central to the program.

Now is not the time for half measures. We need a program ambitious enough to match the massive disruption and the raging pandemic that America is facing, a scale of disruption not seen since the Great Depression and the Great Influenza Epidemic of 1918. We are now seeing that contact tracing alone does not work; people need additional support to safely isolate, and millions of Americans need jobs. These jobs must guarantee adequate wages and support services, so that workers can re-enter the workforce. We can address the deeper structural roots of this crisis by connecting a COVID response program to a jobs guarantee, and seize this opportunity to build a more equitable, resilient economy for the future.

SCOPE OF THE COMMUNITY HEALTH CORPS

The Community Health Corps should provide a range of roles that go beyond testing and tracing to provide individuals with support navigating the social support provisions necessary to isolate, and to provide businesses with the supplies and sanitation necessary to safely re-open. The jobs

should be high-quality, with living wages, benefits, and access to wraparound support services that let workers access jobs as we reopen the economy, like childcare and flexible scheduling. We estimate that the program could create at least two million jobs at a cost of roughly $150 billion. Automatic renewal provisions tied to key indicators would ensure that many of these jobs remain—strengthening our economy and health infrastructure over the long term.

- **Roles:** A COVID response program should perform several functions to support public health beyond just testing and tracing. In addition to contact tracing and testing, it should include:
  - Public health functions, including community health work to conduct community-based research mapping local health and services needs.
  - Social services navigation, including case and social work, advocacy, access to legal services, who can help those exposed to effectively quarantine by accessing the social support services they need, like unemployment insurance, housing, and mental health support.
  - Legal support, for example to address eviction or other legal service needs.
  - Economic reopening support, including supporting small businesses and community centers by re-configuring workplaces, ensuring access to PPE, providing sanitation, and "surge" transportation staff capacity.
  - Direct care providers, including child care and home healthcare for those infected, in recovery, or disabled care support (ideally not through a new program but by expanding access to home-based care in Medicaid and other existing programs).
  - School support staff, including janitorial support, and increased teaching capacity of both trained educators and curriculum support staff. Here, as elsewhere, the program could also help stem job losses that are depriving the public sector of much needed experience and expertise.
  - Community ambassadors to help support social distancing.
- **Quality of Jobs:** To provide relief to workers, the Corps should provide a truly sustaining wage (for example, census worker-level of $27/hour), access to benefits (including health insurance for workers and their families), and the right to organize. Workers should have access to support, resources, and training, pathways for advancement, safe workplaces, accomodations, union rights (e.g., the rights to organize and bargain collectively), and freedom from discrimination, sexual violence and harassment. Wraparound supports that ensure everyone can participate in a jobs program are particularly important in the context of COVID-19, when families may have increased non-work responsibilities.
- **Target Workforce:** The program should prioritize hiring those who have been hardest hit by the COVID crisis—including laid off public workers, and younger workers from low-income communities and communities of color that may not have had access to training. Young people, particularly those without underlying conditions, are at lower risk of developing serious complications and are entering a labor market at a time with unprecedented disruptions. A commitment should be made to hire workers from the communities that they will serve (both demographically and geographically), both to ensure that they are trusted and effective providers and to help build resources in the same communities that are most in need.

STRUCTURE OF THE PROGRAM

The Community Health Corps should be a federally-funded program that is administered at the state, local, and community level. To ensure that the jobs provided are quality jobs, federal funding should come with a set of wage, benefits, and support requirements that would act as a floor, along with robust oversight to ensure that they are being implemented at the community level. Finally, where possible, the Health Corps should build on and expand existing programs that we know work.

- **Funding:** The Community Health Corps should be federally funded given the budgetary strains on state and local governments that will likely accelerate in the face of declining tax revenues. It should prioritize partnering with and disbursing funds through state and local governments, and prioritize public sector employment, as well as the involvement of community-based organizations to provide them with a consistent funding stream (for example to help provide navigator support and training), and to get their assistance with recruiting workers in hard-hit communities. It also presents an opportunity to create mechanisms for semi-participatory budgeting at the local and community level.
- **Implementation.** State and local entities would be responsible for implementation of the Community Health Corps. A local oversight board with participation from community groups and representation from workers would be responsible for priority setting and oversight. Training would come from local organizations and unions, many of which are already skilled in educating workers on safety protocols and other work-related skills. Statutory language and federal guidance would create a wage-and-benefits floor for the program that states and local entities could then surpass. Cross-cutting federal oversight would help ensure that implementation is in line with standards.
- **Leveraging Existing Infrastructure:** The Corps should facilitate implementation by relying on existing public health, union, and community infrastructures and programs to both build out new functions. It can build on existing public health institutions to expand the number of contact tracers and community health workers, including through the CDC's Public Health Emergency Preparation and Public Health Crisis Response forces. It should also direct funding through existing structures like Medicare-funded home care and the Child Care and Development Block Grant that should be scaled up in COVID response.
- **Fiscal Oversight.** At a time when states and localities are suffering from severe budget shortfalls, it is critical that funding for the Corps does not get used for budget relief for other services. In addition, billions of dollars for testing and contact tracing that have already been appropriated by Congress have yet to be disbursed by CDC and other federal agencies. Thus, federal, state, and local reporting and oversight mechanisms must be in place to ensure timely use of these funds to facilitate rapid scale-up of the Corps.

LONG-TERM VISION

Ultimately, the Community Health Corps can fuel a nationwide effort to provide a job for all, to build a more comprehensive infrastructure of care, and to renew our trust in government in communities across the United States. It is an

experiment with job creation that is federally funded but locally designed. The Corps is designed to evolve to fill the other monumental challenges facing the United States, from a seasonal return of COVID-19 to the climate crisis. It could act as a proof of concept for building high-quality new jobs that can work with localized control and prioritize hiring in low-income communities. It would build the infrastructure for the high-quality public provisioning of care, valuing the work of primarily women—and disproportionately women of color—that has gone uncompensated and unseen. It could pave the way for a new civilian corps to provide non-police responses to crises, as well as broader renewal programs, such as the Green New Deal, including bringing to life massive clean energy infrastructure investments.

POLLING METHODOLOGY

From 5/24/2020 to 5/25/2020 Data for Progress conducted a survey of 1,594 likely voters nationally using web panel respondents. The sample was weighted to be representative of likely voters by age, gender, education, urbanicity, race, and voting history. The survey was conducted in English. The margin of error is ± 2.5 percent.

COVER PHOTO
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