

June 29, 2020

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health, and
Human Services
Committee on Appropriations
U.S. Senate
Room S-128, The Capitol
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health, and
Human Services
Committee on Appropriations
U.S. Senate
Room S-128, The Capitol
Washington, D.C. 20510

The Honorable Richard Shelby
Chairman
Committee on Appropriations
U.S. Senate
Room S-128, The Capitol
Washington, D.C. 20510

The Honorable Patrick Leahy
Vice Chairman
Committee on Appropriations
U.S. Senate
Room S-128, The Capitol
Washington, D.C. 20510

Dear Chairman Shelby, Vice Chairman Leahy, Chairman Blunt, and Ranking Member Murray:

Time is of the essence, and there has been a marked absence of urgency from the Trump Administration to carry out the steps that could get America healthy and safe again.

Virtually every public health researcher and official agrees that the United States requires a comprehensive program of testing, tracing, and supported isolation (TTSI) if we are to maintain the health of our people, restart the economy, and revive community life in towns and cities across the country. As Americans bonded by a sense of the possibilities that this country can provide, we owe it to each other to equip and inform each other—for one another and *with* one another—so that we make it through this pandemic *together*.

Recent research and recommendations from the Mercatus Center at George Mason University and the Safra Center for Ethics at Harvard University¹ indicates that if we move quickly, we can take steps to secure the health and well-being of Americans from this pandemic, without sacrificing further lives and liberty to do so. Mercatus and Safra drew from

¹ Please see Danielle Allen, *et al.*. 2020a. *Roadmap to Pandemic Resilience: Massive Scale Testing, Tracing, and Supported Isolation (TTSI) as the Path to Pandemic Resilience for a Free Society*. Edmond J. Safra Center for Ethics COVID-19 Rapid Response Impact Initiative. https://ethics.harvard.edu/files/center-for-ethics/files/roadmaptopandemicresilience_updated_4.20.20_1.pdf (accessed 23 June 2020).

across the political spectrum; from government, health, business, civil society, and labor; and from thinkers and practitioners in all of these fields.

One fundamental step we can take is to focus on funding TTSI—a scientifically valid and historically proven approach for managing active epidemics and reducing population infection levels. There is need for particular speed here.

Contact tracing capacity is the key to TTSI work—fast and effective tracing can help to reduce the necessary levels of testing. In turn, supported isolation also depends on how widespread and effectively we can trace and test contacts of infected and potentially infected people. The Association of State and Territorial Health Officials and the National Association of County and City Health Officials have estimated that states and localities require 15 contact tracing professionals per 100,000 population in non-emergency situations; in the current surge brought on by the pandemic emergency, we require 30 professionals per 100,000 population. As of June 18—more than three months after much of the country initially put shelter-in-place orders into effect—only seven states, the District of Columbia, Guam, and the Northern Mariana Islands thus far has this capacity; six more states have reserve staff to investigate the current burden of cases. This means that *almost three quarters of the states lack necessary contact tracing capacity.*²

The U.S. must also continue to expand testing availability. Testing guidelines have expanded or are expanding in many places; for example, in Maine, the Maine Center for Disease Control and Prevention (MCDC) has broadened testing guidelines to include all those who have been *potentially* exposed. We need to help people to know that *testing is no longer just for the symptomatic* while also continuing to aggressively scale up testing across the country

To support the above principles, I ask that the Senate Appropriations Subcommittee on Labor and Health & Human Services allocate at least the following amounts to support the TTSI paradigm:

- *State, county, and local public health office support* (\$5.5 billion): This would include \$1 billion to upgrade IT infrastructure for digital records management that supports test administration and contact tracing. An additional \$4.5 billion per year would provide ongoing support to retain contact tracing workforce levels.³

² Selena Simmons-Duffin. 2020. “As States Reopen, Do They Have The Workforce They Need To Stop Coronavirus Outbreaks?” *NPR Morning Edition*, 18 June. <https://www.npr.org/sections/health-shots/2020/06/18/879787448/as-states-reopen-do-they-have-the-workforce-they-need-to-stop-coronavirus-outbre> (accessed 22 June 2020).

³ Danielle Allen *et al.* 2020b. *Pandemic Resilience: Getting It Done*. Edmond J. Safra Center for Ethics COVID-19 Rapid Response Impact Initiative, 31. https://ethics.harvard.edu/files/center-for-ethics/files/roadmap-supplement_final_1.pdf (accessed 22 June 2020).

National Association of County & City Health Officials. 2020. “National Association of County and City Health Officials’ Position Statement on Public Health Capacity for COVID-19 Contact Tracing Surge.”

- *Contact tracing personnel* (\$3.6 billion per year; \$9 billion over 12 months): This funding would support the baseline of 100,000 contact tracers needed to aggressively uphold the TTSI paradigm, with contact tracing as the central technique for controlling COVID-19. An additional \$5.4 billion would be needed to support short-term contact tracing surge capacity over the next 12 months.⁴
- *Voluntary self-isolation* (\$34.5 billion): To prevent infection spread, we must provide opportunity for infected individuals—symptomatic or not—to self-isolate.
 - *Voluntary self-isolation facilities* (\$4.5 billion): Some people will not be able to self-isolate in their homes because of the number of people living there or the physical structure of their dwelling. We can use idle hotels and other hospitality infrastructure to deliver this essential public service.
 - *Voluntary self-isolation financial support* (\$30 billion): We must disincentivize infected individuals from engaging with their communities during the period of isolation. In addition to the paid leave provisions of the FFRCA, we should provide additional financial support during the period of self-isolation to account for financial exigencies related to self-isolation and to ensure maximum effectiveness, similar in concept to the model of Pandemic Unemployment Assistance in CARES. Providing \$50 per day, analogous to federal jury duty, should increase the efficacy of containment efforts.⁵
- *Testing infrastructure* (\$25 billion): I thank the committee for the \$25 billion for testing appropriated in the CARES II Act. Some of this can certainly be used for sentinel surveillance testing and testing for possible exposure discussed above. We should expect and even require that private insurance and employers—particularly in high risk industries—pick up some testing costs as well. We should also make investment in 5 to 10 regional labs that can provide surge testing capacity.

Funding this level of TTSI may seem high, especially considering the previously expended federal response money. In reality, it is extremely cheap. Experts suggest we spend \$50 billion to \$300 billion on TTSI over the next two years.⁶ Collective quarantine or shelter-in-place strategies impose quarterly losses of \$400 billion to \$1 trillion to the economy, absolutely dwarfing the cost of well-provisioned TTSI.⁷

NACCHO, 16 April. https://www.naccho.org/uploads/downloadable-resources/Contact-Tracing-Position-Media-Release_4.16.20.pdf (accessed 23 June 2020).

⁴ Allen *et al.* 2020b, 31.

⁵ Allen *et al.* 2020b, 32.

⁶ Allen *et al.* 2020a; Allen *et al.* 2020b, 33.

⁷ Allen *et al.*, 2020b, 33; Swagel, Phillip L. 2020. *Comparison of CBO's May 2020 Interim Projections of Gross Domestic Product and Its January 2020 Baseline Projections*. Washington, DC: Congressional Budget Office. <https://www.cbo.gov/system/files/2020-06/56376-GDP.pdf> (accessed 18 June 2020).

We have it within our power to prevent further excess deaths from this pandemic. Our country has been called in the past to meet essential and existential challenges. A TTSI strategy is the base upon which all other pandemic response efforts depend. If we phase TTSI growth and consolidation in sync with economic mobilization, we can best preserve the life, liberty, and welfare of the American people.

Sincerely,

A handwritten signature in blue ink that reads "Angus S. King, Jr." The signature is written in a cursive style with a prominent initial 'A' and a trailing flourish.

ANGUS S. KING, JR.

United States Senator