February 4, 2021

<table>
<thead>
<tr>
<th>The Honorable Nancy Pelosi</th>
<th>The Honorable Chuck Schumer</th>
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<td>Speaker of the House</td>
<td>Senate Majority Leader</td>
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<td>United States House of Representatives</td>
<td>United States Senate</td>
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<td>Washington, D.C. 20515</td>
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<th>The Honorable Kevin McCarthy</th>
<th>The Honorable Mitch McConnell</th>
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<td>H-204 U.S. Capitol</td>
<td>S-230 U.S. Capitol</td>
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Dear Speaker Pelosi, Majority Leader Schumer, Minority Leader McCarthy, and Minority Leader McConnell:

We are grateful for your work to craft COVID-19 relief legislation that meets Americans’ tremendous needs at this critical moment. Our committees will soon begin the urgent task of crafting this legislation and executing President Biden’s American Rescue Plan. As we commence this work, we write to underscore the critical need to expand our public health workforce quickly, in a manner that recognizes the unique needs of our communities and preserves public trust. We believe the best way to do this is through language included in our Coronavirus Containment Corps Act.

The Coronavirus Containment Corps Act is a plan to both bring the coronavirus to heel and get Americans back to work by expanding our public health workforce. It includes dedicated funds and directives for our states’ existing workforce systems, which were included in both iterations of the House-passed Heroes Act. Our workforce system can quickly and efficiently connect unemployed individuals with employment opportunities within their communities doing the critical work needed to stop the spread of COVID-19. It can also connect these workers to long-term opportunities after the pandemic. Providing resources, like those outlined in the Coronavirus Containment Corps Act, for our pre-existing workforce system will help build up the public health workforce needed to expand contact tracing, boost vaccine outreach, and ultimately end the COVID-19 pandemic. The funding included in our legislation should complement robust and direct funding for public health authorities, which have been severely underfunded since the Great Recession.1

We were heartened to see President Biden’s American Rescue Plan specifically call for hiring public health workers “to work in their local communities to perform vital tasks like

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1 “A deficit of more than 250,000 public health workers is no way to fight Covid-19.” Robin Taylor Wilson, Catherine L. Troisi, and Tiffany L. Gary-Webb. STAT News. April 5, 2020
vaccine outreach and contact tracing in the near term, and to transition into community health roles to build our long-term public health capacity.”2 We were also glad to see President Biden’s *National Strategy for the COVID-19 Response and Pandemic Preparedness* describe explicitly the objectives outlined in our bill. In discussing the need to build out our public health workforce, the plan states:

“…workers will be recruited from the communities they serve in order to facilitate trusting relationships with local residents. HHS and DOL will explore mechanisms to create and connect workers to ‘career ladder’ programs and consider reimbursement mechanisms to encourage health care institutions and community-based organizations to employ them post-pandemic.”3

Our bill would hire public health workers to perform contact tracing and vaccine outreach, utilizing “mechanisms” provided by under the Workforce Innovation and Opportunity Act (29 U.S.C. 3225(b)(1)(B)) for this recruitment and to “support the transition of individuals hired as contact tracers and related positions into an education or training program, or unsubsidized employment upon completion of such positions.”4

The Coronavirus Containment Corps Act also mirrors President Biden’s recognition of “the need to hire a workforce that reflects the communities where people will work.”5 Our bill makes clear that we need to hire Americans from the communities in which they will work and who reflect the diversity and speak the languages of those communities. This is essential to building public trust.

An understanding of the distinctive challenges and perspectives of individual communities is necessary for contact tracing and vaccine education campaigns to succeed. The American Psychological Association (APA), for example, has highlighted the need to “train a culturally competent workforce to interact with diverse communities” and “understand and address the history of mistrust among marginalized communities and populations as a vital step toward building trust.”6 The APA has also underscored the need for “culturally competent interventions” as our communities work to overcome vaccine hesitancy.7 We cannot hope to conquer these challenges without a workforce that comprehends the unique concerns of unique communities—especially communities of color that, understandably, are distrustful of a medical system that has historically exploited them in the name of medicine.

The name “Coronavirus Containment Corps,” or CCC, echoes President Franklin Delano Roosevelt’s own CCC, the Civilian Conservation Corps, which put hundreds of thousands of Americans back to work during the Great Depression. We know that you, as well as President Biden, share our commitment to using the same imagination that lifted our country nearly a century ago. We are grateful to our colleagues—at the time of writing, more than 40—who have

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4 H.R. 710, Coronavirus Containment Corps Act.
cosponsored the Coronavirus Containment Corps Act and share our dedication to this public health imperative that will, at the same time, put Americans back to work.

We urge you to retain the language from our bill that appeared in the Heroes Act in the next COVID-19 relief bill and look forward to working with you to bring Americans true relief and end the COVID-19 pandemic.

Sincerely,

ANDY LEVIN
Member of Congress

ELIZABETH WARREN
United States Senator

CC:

The Honorable Robert C. “Bobby” Scott
Chairman, House Committee on Education and Labor

The Honorable Patty Murray
Chairwoman, Senate Committee on Health, Education, Labor, and Pensions