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The Honorable Frank Pallone Jr. Chairman, Energy and Commerce Committee U.S. House of Representatives Washington, D.C. 20515

Dear Chairman Pallone:

On behalf of the 1.4 million members of the American Federation of State, County and Municipal Employees (AFSCME), I am writing to applaud you for holding a hearing on "Oversight of the Trump Administration's Response to the COVID-19 Pandemic" and request that this letter be included in the hearing record. As most of our nation shelters in place, many AFSCME members continue to work on the front lines as nurses, public health care workers and EMS (Emergency Medical Services) personnel, putting their lives at risk to help people that are sick with COVID-19.

As the testimony from the Department of Health and Human Services witness states:

"Contact tracing is a core disease control strategy that involves case and contact investigation followed by the implementation of an intervention (for example, isolation and quarantine) that interrupts disease transmission. Case investigation and contact tracer staff have been *employed as local and state health department personnel for decades* to address other infectious diseases, and contact tracing is a key strategy for preventing further spread of COVID19 as well as a key component of state plans to reopen."[*emphasis added*]

Until there is a safe and effective vaccination deployed, surveillance, testing, contact tracing, and community mitigation interventions are the best public health tools our federal, state and local government have to prevent and contain the spread of COVID-19. Bipartisan public health leaders have called on Congress to help fund the needed expansion of the current public health contact-tracing workforce because it is currently capable of providing only a fraction of the contact tracing needed.

AFSCME agrees that more funding is needed to expand this specialized public health workforce. Because COVID-19 testing and contact tracing are so central to governmental efforts to minimize and contain the spread of the coronavirus, the workforce doing contact tracing must be staffed by civil servant public sector workers and not outsourced to private contractors.

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Some have argued that because this workforce must be ramped up and deployed quickly that it should be done by contractors or volunteers through national service programs and not merit-based civil servants. We disagree for several reasons.

The private contract workforce is at a higher risk of lack of transparency and distortion of data for political reasons.

The President, Vice President and some governors have tried to minimize the skyrocketing number of COVID-19 cases by claiming that those numbers are high because we are testing so many people. This is incorrect and designed to obscure the need for contact tracing, imposition of quarantines and isolation and other public health actions to reduce the spread of the virus which also impact the economy. As more states and localities open, the pressure to ignore growing hot spots may increase as politicians are under fierce pressure to revive the economy and keep business open. In such a conflict, a contact workforce is more susceptible to political pressure to distort the data. Merit staffed workers, who are public sector employees and can only be fired for just cause, are less vulnerable to these pressures, especially when they have a union.

Indeed, the very creation of a merit-based personnel system for the civil service was to counter a public workforce that got their jobs through the spoils of political victory. In short, public health and the scientific data needed to support difficult but important public health policy decisions demand data transparency and no distortion of the facts. The public sector workforce is best able to weather political forces under a merit-based personnel system. Stronger workforce protections ensure the stability of this public sector workforce as well as the transparency and quality of their data.

A private contract workforce is not as accountable to interrelated parts of public health and state and local governments.

When the President pressed for private labs to conduct testing federal, state, and local public health agencies could not hold them accountable. The governmental public health agencies could not force these private labs to report data, or report it promptly, or to provide the specific information to conduct contact tracing. Similarly, an outsourced testing and contact tracing workforce will not have the infrastructure of accountability to other interrelated core governmental operations.

For example, a contract tracer will have access to sensitive and private health information, for which the government, not a private contractor, will be held accountable. In some cases, a contact tracer and testing worker may need to engage local authorities to enforce a quarantine. This is a significant action which is inherently governmental and not commercial in nature. To protect the due process of the community the local government needs full oversight and direct control of this workforce and must be accountable.

A further example, a contact tracer may see indications of domestic violence or child abuse. Public sector workers would have the needed infrastructure to both accomplish their public health mission, to connect with proper governmental authorities and be held accountable. But a private contractor would not have access to the full range of governmental services that an individual under quarantine might need. As the committee moves forward in helping our nation expand the needed services of testing and contact tracing to mitigate the coronavirus, we urge you to ensure that this workforce be comprised of civil servants.

Sincerely,

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Scott Frey Director of Federal Government Affairs

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