

Epidemiologist  
Natalia Linos'

# COVID-19

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RESPONSE AND  
RECOVERY PLAN

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# NATALIA LINOS

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DEMOCRAT for CONGRESS

Paid for by Natalia Linos for Congress



## Dear District Four,

Like many of us, I've been feeling increasingly frustrated with the government's devastating response to COVID-19. Our neighbors have lost friends and family, without even being able to say goodbye in person. Many have recently found themselves without income or health insurance, and for communities that were already struggling, the future is daunting. And yet, the federal government still doesn't have an adequate plan based on science to protect us while preventing the collapse of our economy.

As a social epidemiologist, I have been warning that this health crisis is only amplifying the deep inequities our country has yet to solve. It is clear that this isn't a health crisis that will resolve itself in the next few months and we cannot "go back to normal." The direct and indirect impacts on our health, our livelihoods, our economy, and even on human rights will be felt for years. But I also see an opportunity. This is a moment for re-imagining what kind of society we want to live in and re-building our economy and our country with one guiding principle: it must work for everyone.

So I'm running for Congress because we can no longer afford to hope that politicians will listen to the scientists. We need people with my background, scientists and human rights advocates to work in government. Here is my plan for how we respond to COVID-19, how we REOPEN, RECOVER, and REBUILD. Simply put, our health—and I truly mean our physical, mental, economic, and planetary health—can't wait.

Sincerely,



**REOPEN**  
WITH EQUITY AS A  
GUIDING PRINCIPLE

**RECOVER**  
FROM THE SHOCK  
TO OUR ECONOMY

**REBUILD**  
OUR SOCIETY IN LINE  
WITH OUR VALUES

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## REOPEN

WITH EQUITY AS A GUIDING PRINCIPLE



1. PPE for all



2. Expand Testing



3. Involve community  
in contact tracing



4. Combine tracing  
with safety net



5. Protect health  
care jobs



6. Invest in vaccines



7. ↑ vaccine awareness  
& ↓ costs

## RECOVER

FROM THE SHOCK TO OUR ECONOMY



1. Provide immediate help



2. Strengthen social  
safety nets



3. Extend paid medical  
leave



4. Support small business



5. Invest in schooling



6. ↑ research, innovation

## REBUILD

OUR SOCIETY IN LINE WITH OUR VALUES



1. Strengthen our  
health care system



2. Align with Green  
New Deal



3. Invest in schools  
and child care



# NL Introduction

## MA04

On January 30, 2020, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. Six months later, the COVID-19 pandemic has claimed the lives of over 150,000 Americans, has left 4.4 million ill, and has impacted the daily lives of everyone. The national response to COVID-19 has been disastrous. The federal government still does not have an adequate plan based on science to protect lives and livelihoods. Lacking a coordinated plan, we are seeing cases surge across the country.

This global crisis, which is simultaneously a health crisis and an economic crisis, requires a comprehensive approach and a robust response and recovery plan at the local, national, and international levels. The current administration has politicized the epidemic, sidelining key organizations such as the CDC while failing to leverage the ability of the White House to coordinate across federal agencies aiding the response. With the U.S. economy having lost 15 million jobs between February and June, the time for half-measures has long passed.

As a first-generation American, a social epidemiologist, and a mom to three young kids, I have always fought for social justice and equity, for healthy communities, and for a healthy planet. My time as science advisor to the New York City's Health Commissioner during the Ebola epidemic, my years as a policymaker at the United Nations advancing women's rights and combating climate change, and my work as part of the Poor People's Campaign COVID-19 Health Justice Advisory Committee have given me the perspective and experience needed to help lead us out of this crisis.

As we continue to learn about COVID-19 and continuously adapt our response, this plan presents important building blocks to **protect the most vulnerable, reopen safely, recover from the financial and economic shock, and rebuild our country while protecting our planet so that we are better prepared for the crises of the future.**

**My plan calls for equitable, science-driven, and coordinated policies and investments. It is a plan focused on those impacted the most, because if we protect our most vulnerable, we protect everyone.**

## Section I: Equity as a Guiding Principle

Saving lives during this pandemic will require acknowledging that the unequal toll of COVID-19 is not due to individual failures or genetics. Rather, high infection rates in some communities reveal structural failures in the manner in which societies are organized and the impact of ongoing racism and widening inequalities. Those whose employment is precarious or who cannot afford to stay home — because they lack paid sick leave or because they are essential workers but lack protective equipment — need additional support to protect themselves and their families.

Those in congregate settings, such as nursing homes, homeless shelters, and prisons, depend on others to reduce their risk of infection. The data in the United States, although incomplete, tell a clear story: we are all affected by COVID-19, but there are those among us who bear a disproportionately high burden of death and illness. Any response plan must pay particular attention to the needs of different communities including the Black, Latinx, Indigenous and other communities of color which have been disproportionately impacted by COVID-19.

This reflects not only disparities in access to healthcare, but also the way that social exclusion and inequities exacerbate poor health outcomes.

**While Black Americans account for 13% of the country's population, they comprise 30% of COVID-19 cases and 24% of COVID-19 deaths.**

Indigenous communities have also been disproportionately affected -- the Navajo Nation in the Southwest has the highest rate of infection per capita of any community in the United States. In Massachusetts, Latinx and immigrant communities of Chelsea and Lawrence have been hit particularly hard. This is in part because poor and marginalized racial groups are overrepresented in low income jobs.

Low-income workers are often required to work in-person jobs that put them at greater risk of exposure than more economically privileged workers. Delivery drivers, grocery store workers, janitors and sanitation workers, those working in meatpacking plants and other essential personnel often do not have sick time, do not have access to PPE (personal protective equipment), and cannot afford to stay home to protect their vulnerable family members.

**Seniors, people with disabilities, and community members with pre-existing conditions** must also be protected. The risk of severe illness from COVID-19 infection increases with age, and 8 out of 10 COVID-19 related deaths in the United States have been among those 65 and older. We must take therefore take vigorous measures to protect our seniors, while also ensuring that physical distancing does not result in social isolation, which is in itself a risk factor for poor health.

**People with disabilities** are also at risk during this time, as they may be denied care on the basis of stereotypes or deprioritized during a health crisis. We cannot allow decisions about who receives care to discriminate against people with disabilities.

**At the same time, those living with HIV, heart failure, diabetes, or other conditions** that require regular treatment and disease management, are not only at heightened risk for COVID-19 complications, but may be left unable to receive health care as many providers have stopped providing “elective” or non-urgent services. Those who are fortunate enough to have insurance and access to technology may benefit from increased telemedicine access, but in many cases, patients are left to fend for themselves.

**Allowing the forces of systemic inequality to amplify the impact of COVID-19 on our communities is a moral failure.**

We have the responsibility to demand that our government provides an equitable response. To prevent another outbreak, we must target our resources to support marginalized and vulnerable communities and not only address the current crisis, but begin to remedy the long history of exclusion that has resulted in health disparities persisting for far too long.

Special attention must also be given to the increased risk and **unique challenges of individuals in congregate settings, including detention centers, prisons, jails, and homeless shelters**, where overcrowding and unsanitary conditions make it impossible to follow public health guidance. People in such settings often lack access to quality medical care and lack access to masks, testing, and other COVID-19-related services.

Special attention must be given to: **nursing homes, residential health care, and long term care facilities** which have been devastated by COVID-19. In Massachusetts, deaths at nursing homes have accounted for over 60% of the fatalities from COVID-19.

Some contributing factors are unavoidable—groups of older or immunocompromised residents living in close proximity will always face higher risk from infectious diseases. However, poor funding, understaffing, and underpaid staff have compounded these risks, and the effects have been tragic. Other long term care facilities, including those serving people with intellectual and developmental disabilities, face similar challenges.

**We must act quickly to ensure that the most vulnerable among us are cared for with dignity and safety.**

We must raise Medicaid reimbursement rates and provide supplementary funding so that these facilities can reach adequate staffing levels, including increased maintenance and cleaning personnel. We must also care for the staff at nursing homes and other residential healthcare facilities by ensuring that everyone who is in contact with vulnerable patients has paid sick leave so that they don't have to choose between their paycheck and staying home when they are sick.

We must also prioritize nursing home and residential health care staff for early vaccination to protect vulnerable patients and residents. We have seen the heartbreaking stories of loss from across the country, making it clear that

without taking specific measures to protect residents in such congregate settings, the lives of many more will be lost.

**Prisons and Jails.** Incarcerated Americans are also at high-risk for COVID-19 because the virus spreads in close proximity and incarcerated people cannot easily self-isolate. Many facilities have failed to provide consistent access to water and soap, testing, and quality medical care.

**During this crisis, we need to act with the understanding that keeping people incarcerated poses a threat to their lives. Decarceration efforts must be part of our COVID-19 response.**

Protecting incarcerated people is also a public safety measure benefiting us all because correctional staff, visitors, contractors, and vendors returning to their homes can also bring infectious diseases into their communities. We must expand decarceration efforts, including releasing the elderly who are at a higher risk of death from the virus and those who are there for non-violent crimes, such as drug use. We must also ensure that people are not placed at increased risk in jails simply because they cannot afford to pay bail.



At a bare minimum, correctional facilities should not hold more people than they have the capacity to routinely test, provide treatment for, and isolate as needed.

**Homeless Shelters.** Half a million Americans experience homelessness on a given night, putting them at a higher risk for COVID-19. They must be recognized as a priority group for public health and we must take immediate action to protect them. We need to leverage immediate, emergency funding to expand shelter capacity, deliver services to unsheltered populations, and invest in direct housing provisions. For long-term recovery, we need rent freezes and programs that cancel rent and mortgage payment obligations.

**We must reduce crowding in shelters and other congregate settings and provide people experiencing homelessness with safe housing where they can self-isolate and receive adequate resources.**

## **Section II: Reopen Safely**

We are all eager to reopen and return to our normal routines and schedules.

But the reality of this pandemic requires that we focus on the safety and economic wellbeing of our communities first and foremost. Our main focus must be ensuring that people have adequate access to resources and health care and can get back to work and school, while protecting both themselves and those most vulnerable.

In order to meet these goals, we must bolster our public health infrastructure until we have a vaccine and better treatment options. To reopen safely, we must take steps to protect workers, detect and trace cases to prevent further spread, and fully fund our healthcare system.

In public health emergencies, especially when there is uncertainty and an evolving understanding of the threat, risk communication is of critical importance. There are clear principles around transparency and simple and consistent messaging of known facts that help reduce rumors and panic and encourage the public to follow public health guidance. Ensuring people have the means and tools to follow guidance is equally important. This section of the plan outlines the necessary steps needed to build our public health infrastructure to reopen safely and equitably.

## STEP 1: Ensure adequate production and distribution of PPE for everyone who needs it

Personal protective equipment (PPE) is essential to preventing the spread of COVID-19. Our country's response was disastrously hampered in the critical early stages of the pandemic by major PPE shortages. The Trump Administration declined to use the Defense Production Act to spur domestic production of PPE and refused to play a coordinating role in procurement. This left states scrambling for necessary equipment in a chaotic and expensive bidding war against other states and countries. The federal government's lack of preparation and coordination has contributed to greater spread of the virus and needless deaths.

In late March, as demand peaked, a national survey of hospitals showed that over 30% of respondents were nearly or entirely out of masks. Even now, hospitals in District 4 remain dangerously under-equipped for future waves of COVID-19, with one hospital in Milford asking the community for rain ponchos to use as protective gowns.

The PPE situation has been even more dire outside of hospitals.

For example, although elderly residents of long-term care facilities are particularly vulnerable, in late April, 70% of health care providers at long-term care facilities reported they were still unable to access adequate PPE. In April, only 19% of essential workers reported that their employer had made masks available for them.

I will fight for federal support to increase and incentivize domestic manufacturing while also ensuring that employers are given both resources and a clear mandate to provide adequate PPE to all essential workers, along with clear guidelines as to what constitutes adequate PPE. Beyond workplace provision, we must ensure that PPE is made broadly available, leveraging existing networks of care through health providers, social services, and community institutions to serve as distribution channels.

## Step 2: Significantly expand testing access and availability

Rapid diagnostic testing is essential to contain the spread of COVID-19. Every case that goes unidentified poses a risk to the community and it is a public health imperative to make testing free and widely available.

**To reopen safely and equitably, and to ensure that PPE is available to anyone who needs it, we must address supply shortages while ensuring the strategic allocation and distribution of PPE.**

Although there have been attempts to reduce cost barriers to testing, they have not gone far enough. Current programs do not ensure coverage for non-citizens and also do not comprehensively eliminate out-of-pocket payment for tests. Testing sites sometimes require up-front fees—up to \$200 per test. Although these fees are eligible for reimbursement, this out-of-pocket cost may be prohibitive for some. We must work to close these gaps so that testing is truly free.

The federal government also has an important role to play in ensuring that testing resources are strategically coordinated and fairly distributed, as well as ensuring that data from testing can inform public health responses.

**We need a federally supported and coordinated national COVID-19 monitoring system.**

Such a system would conduct routine testing on sample populations to rapidly identify small outbreaks, allowing us to respond quickly with targeted local interventions. To do this adequately, we need more test capacity. While the country's overall testing capacity has increased significantly since the early days of the pandemic, total testing capacity at any given time is limited by considerations of infrastructure and availability of testing reagents.

By some estimates, we need over 900,000 tests per day to safely phase out social distancing measures, but only have an average of 500,000 tests available, with demand greatly exceeding supply as COVID-19 cases continue to surge upwards in several states.

**We should incentivize and adopt innovation that can increase testing capacity and efficiency, such as pooled testing methods.**

Beyond this, we should ensure that testing capacity is being most effectively and fairly distributed. We must be targeted in our testing and prioritize boosting test capacity in communities that are at particularly high risk.

**We must also establish and continue to support additional testing sites at easily accessible locations such as community health centers (CHCs).**

These clinics, 90% of which are located in underserved communities that have test-positive ratios of more than double the national average, already provide COVID-19 testing and much-needed case monitoring at this time.

### **Step 3: Involve community members in contact tracing**

Contact tracing aims to find and follow up with people who may have been exposed to the virus and ensure appropriate follow-up and action to limit spread of the infection. Other countries have demonstrated that if testing and contact tracing are effectively done, they can limit spread significantly and even avert lockdowns. Most current plans in the United States focus on the rapid mobilization of an ad hoc corps of contact tracers to collect data and conduct follow-up.

These contact tracing efforts have had limited success so far, with response rates lower than hoped—partly because they have not emphasized the key element of trust. **Contact tracing is most effective when conducted by trusted community members who understand the daily realities of their communities.**

In addition, protocols must ensure that data will not be shared with law enforcement, ICE, or non-health agencies. In Massachusetts, passing the Safe Communities Act will help ensure immigrant communities can seek medical care and participate in our collective solutions, including disclosing contacts, without fear. Expanding community-based contact tracing will require tapping into the existing community health workforce (CHW), as well as training a new workforce to not only help contain COVID-19, but also address the inequalities the disease has so starkly exposed.

**I stand with a growing coalition of health organizations asking Congress to authorize additional emergency supplemental funding for the community health workforce.**



It is also important to add CHW services as an optional benefit in Medicaid and offer an increased federal match for state expenditures on CHWs. These reforms will make it easier for states to take advantage of these services and provide incentives to grow the CHW, benefiting overall population health in the long-term.

#### Step 4: Combine contact tracing with safety net supports and resources

The preventative power of testing and tracing is only as strong as the success of persuading people to quarantine and seek appropriate care if exposed to infection. Decades of failed public health interventions have shown that information alone is not enough to change behavior—information must be coupled with provision of necessary social and economic resources. This is especially true for COVID-19, where someone may rightly fear that quarantining for two weeks will interfere with their ability to make ends meet, keep their job, or care for loved ones. Depending on their living situation—for instance, if they are homeless individuals and families or share rooms with family members—it may not even be possible for them to physically isolate for two weeks.

**An effective and comprehensive public health prevention strategy is only possible through care resource coordination, which has been markedly absent from most plans.**

In tandem with economic and labor reforms to provide security for taking sick leave, we must ensure that contact tracing and care resource coordination are tightly linked. We must invest in development of social services that can provide a vital safety net. Those conducting contact tracing should also be prepared to connect people to these services—to ensure they have help with grocery delivery and child care if needed, advocate for their rights in the workplace, support them in signing up for health insurance or unemployment, and provide them with housing options if they do not have a suitable place to isolate. **Finally, enforcement of social-distancing measures should not involve police or law enforcement agencies.**

The use of police to advance public health measures could result in disproportionate and selective enforcement, excessive use of force, especially for communities of color, and undermine the entire response and public safety.

## Step 5: Ensure hospitals, community health centers, and health care workers can continue doing their jobs

Hospitals and health care providers have suffered unprecedented financial losses as a result of cancelling non-urgent medical procedures and outpatient services, which typically provide the majority of revenue. In Massachusetts, hospitals are losing \$1.4 billion per month. Efforts to improve hospital cash flow are necessary to ensure the strength of these community institutions and **protect the jobs of those serving on the front lines of the pandemic**. The CARES Act provides financial support to hospitals, but it has been hampered by a slow rollout, a lack of targeted funding for hospitals who dealt with a disproportionate amount of COVID-19 cases, and an uneven distribution that favors the wealthiest hospitals. Future legislation to improve funding for hospitals should include direct financial support for hospitals that have treated a significant number of COVID-19 patients and have had to incur additional costs to pay overtime, secure PPE, and reduce non-COVID-19 care. We need to reconsider the formula for fund distribution to ensure that hospitals and community health centers (CHCs) that

provide care for underserved communities receive their fair share. We also need to give special attention to earmarking aid for our rural hospitals -- many are already financially precarious and now face difficulties in short-term cash flow that could force their closure, even in the midst of a pandemic.

## Step 6: Invest in the production and distribution of a vaccine

While we all await the FDA approval of a vaccine with bated breath, we must diligently plan for how to produce vaccines at scale and equitably distribute them across the most vulnerable populations. Current modeling projects that the threshold of vaccinated or previously infected individuals needed to prevent future outbreaks, known as herd immunity, is between 43-60%. Manufacturing of this scale will take months.

**Therefore, we must use a targeted and phased process, vaccinating those most at risk first and then prioritizing groups to expedite economic recovery.**

A strong federal plan for centralizing emergency vaccine production and distribution, drawing from information gathered at the state and local levels, must be drafted expediently and pass public scrutiny.

Given the dynamic nature of this situation, all networks involved in the production and distribution of vaccines should be flexible in order to incorporate new information, such as vaccine efficacy, safety, and production speed as the situation progresses.

In District 4, as well as across the country, targeted vaccinations – and public communication at every phase – will be critical. For example, our front line health care workers (hospital and support staff), essential workers (including those working in food production and distribution), and those living in nursing and long-term care homes should be vaccinated first, as they bear the most immediately pressing health risks (i.e. repeated exposure to high viral loads as a direct result of work, resulting in a high COVID-19 mortality rate). Other groups that should receive priority include communities where there has been a disproportionate impact, including individuals over the age of 65, those with preexisting conditions, underserved BIPOC (Black, Indigenous, and People of Color), those who cannot distance at home or work, low income populations,

and incarcerated individuals. Should FDA approval extend to individuals under 18, primary school students should also be among the first wave of the general population to receive vaccines to enable a faster and safer return to education. This will lessen the disproportionate social and economic burden faced by many parents during this extended public health crisis.

## Step 7: Build awareness and ensure that cost is not a barrier

Vaccines and other COVID-19-related treatments must be made **freely available** through Congressional appropriation of funds and an expectation of fair pricing from the industry. So far, the federal government has failed to provide adequate assurance to individuals that lose their health care coverage because of COVID-19 and further damaged public trust in our health care system. Immigrants and other populations fear seeking treatment due to the demonization of their groups by the current administration.

## Expedient and equitable care will require the federal government to:

- **Finance** innovation in healthcare.
- **Educate** the public on the vaccine campaign to increase vaccine literacy in order to build public trust.
- **Create** a federal plan for rapid vaccine production, using the Defense Production Act or new federal legislation.
- **Identify** the most at-risk populations that need to be vaccinated first.
- **Distribute** vaccines using a flexible and phased approach.

As incomes and spending decline, state and local tax revenues will fall as well, requiring aid from the federal government in the form of direct grants, to maintain state and local spending. The recovery is also an opportunity to fix long-standing holes in our safety net, so that more Americans can recover from this devastating blow to their livelihoods.



**Step 1: Ensure that the millions of Americans experiencing newfound economic hardship are provided immediate assistance**



## Section III: Recover from the shock to our economy

A robust recovery plan must involve a targeted, comprehensive approach to economic recovery that takes into account the immediate challenges for families, including paying rent and putting food on the table, as well as the survival of small businesses.

The current crisis requires immediate cash assistance beyond \$1200, as well as extended support for the unemployed. The federal government should set a standard wage replacement rate across all states, guarantee 52 weeks of benefits for the unemployed, and partially replace employer contributions to employee



retirement plans. This will help the unemployed through a difficult period while also boosting the economies of low-income states.

**We also need more efficient, timely responses to future recessions.** The Sahm plan — which proposes that whenever there are large, sudden increases in unemployment the government should automatically send large stimulus checks to all American households — is one example that deserves serious consideration.

The US is also in the midst of a housing crisis, which is being exacerbated by COVID-19. Housing is unaffordable for many, vulnerable and marginalized communities still face housing discrimination, and widespread homelessness persists. The federal government must pursue policies to protect families during the COVID-19 pandemic and its aftermath.

**We need a continued moratorium on foreclosures and evictions and an expansion to include all low-income households, so that Americans losing their jobs due to the pandemic are not forced into homelessness.**

I would pair this moratorium with a viable plan to address families that cannot afford mortgage payments and rent once the moratorium is lifted by expanding rental assistance, mortgage assistance and other housing programs

aimed at stabilizing families during this period. I support a “housing first” approach to addressing homelessness that recognizes the importance of stable housing as a first and crucial step in successfully navigating other needs.

## **Step 2: Strengthen social safety nets so that all eligible families access the benefits they deserve**

The suffering of low-income people was evident long before the COVID-19 recession. By strengthening our social safety net, we can greatly improve the lives of the most disadvantaged Americans, who have effectively been in a recession for the past fifty years. Programs like SNAP, WIC and the EITC, among others, have been shown to meaningfully change the lives of millions of families. Yet many eligible families cannot access the benefits they deserve because of administrative hurdles and unnecessary bureaucratic hoops that disadvantage the most vulnerable. We need to start measuring the success of our programs not only by whether they manage to keep ineligible families out, but by how

many eligible families they manage to enroll. As an example, WIC – a federal program which provides nutritional aid to pregnant women, infants, young children, and recent mothers – has enrolled just half of all eligible families. That's why I favor the WIC Enrollment Collaboration Act of 2020. The Act would make it easier for states to enroll low-income families in WIC using existing information on these families from programs such as Medicaid and SNAP (Supplemental Nutrition Assistance Program).

We can create equivalent administrative simplification programs that put the burden on the government to provide services and not on individual families to navigate the bureaucracy.

### Step 3: Extend paid medical leave

During this pandemic, we all face the risk of falling ill. **No one should be penalized for taking time to recover from illness.**

Unfortunately, the Family and Medical Leave Act (FMLA) does not guarantee paid leave. As the COVID-19 pandemic has made clear, we all are better off when sick employees take the time they need to recover. Paid

leave is critical not just for the safety of the employee, but for the safety of everyone that employee might come into contact with (particularly if they're asymptomatic). Paid leave would also increase labor force participation and improve retirement security.

**In order to make this feasible and not burden businesses further, the federal government should subsidize 2-3 weeks of paid sick leave for all employees. Parents or caregivers should be given additional weeks as needed, and able to use their own paid sick leave to care for loved ones.**

### Step 4: Support small businesses

Small businesses continue to suffer, and we must do more, especially in Massachusetts, which has received less than its fair share of funding for small businesses. Nationwide, this pandemic has hit minority-owned businesses and those in low-income communities the hardest.

**We must ensure small businesses have additional financial and technical resources to reopen safely, including accurate, clear, and consistent guidelines from the federal government and support to implement these.**

We must also strengthen our outreach efforts so that all small businesses have the information and ability to access available grants and loans. We can provide more assistance to help small businesses navigate and apply for loans through the Paycheck Protection Program (PPP) and also fight to ensure that funds reach the most vulnerable businesses in the most vulnerable communities by allocating more to Community Development Financial Institutions (CDFIs). As a member of Congress, I would also ensure that the government better tracks and evaluates who receives government contracts and that relief funds are being spent for their intended purpose.

We must also prioritize support to small businesses that allow the rest of the economy to open. Safe, affordable child care is an essential prerequisite for an equitable economic recovery.

**Expanding access to child care for low-income families returning to work and securing comprehensive protections for those child care workers should be one of our highest priorities.**

Child care centers are currently struggling under a dual burden of lost tuition and increased costs related to new health regulations once they reopen. In Massachusetts alone, their need is estimated at \$690 million. Nationally, without government intervention, almost half of licensed child care centers may close.

**I therefore support immediate measures such as those proposed in the Child Care Recovery Act, which introduce increased federal commitments to child care and enhance tax subsidies for families with children.**

## **Step 5: Invest in innovative approaches to schooling**

COVID-19 may not be the first crisis that will require us to rethink the tools and methods with which we educate our children and it is crucial that we plan for a future where all students have access to both in-person and virtual learning opportunities. We must invest in professional learning opportunities for teachers and free access to internet and online learning tools for students, as well as educational broadcasts that children can watch from home.

We must also prioritize opening schools quickly and safely. We may need to hire more teachers and reduce class sizes. We will also need funding for more school nurses, psychologists, and social workers to address children's physical and mental health during this crisis.

Other important ways to mitigate safety risks, allow educational continuity, and promote our children's socio-emotional wellbeing during this time include: providing educators with adequate PPE, ensuring students have technology and internet access at home to support periods of remote learning, reducing exposure through "A and B" scheduling and flipped classrooms, plans to support working parents, ensuring continuity of school nutrition programs during physical closures, providing professional development opportunities on virtual teaching pedagogy, and compensating teachers and staff with hazard pay. To pay for this, **I support a robust and multi-year package of federal aid for stabilizing education, distributed via a progressive formula that allocates money according to the rate of child poverty in each state.**

This aid will allow us to ensure the continuity and integrity of the educational experience for school-age children, so that educational opportunity gaps are not magnified by the pandemic

We can also learn from innovative partnerships that are already happening, like the one between the Los Angeles Unified School District and PBS SoCal/KCET, which has created local educational broadcasts that children can watch at home. We must also invest in ways to support parents,

so that they can be partners in their children's education while at home and ensure that the needs of students with disabilities and behavioral health concerns are being adequately met.



## Step 6: Increase support for research and innovation

COVID-19 has exposed critical weaknesses in our economic and health care systems and highlighted how years of underinvestment in medical research has cost our country.



District 4 and its neighboring communities are research hubs and are therefore poised to both contribute to and benefit from a renewed commitment to medical research. The renewed commitment must come in the form of expanded federal funding for our public health and medical research institutions, including the NIH and CDC. We must also support multi-disciplinary research that focuses not only on health outcomes, but on health equity.

We must create a capital pool that combines resources and funding from the government and private sector. Innovative programs like the US Treasury Community Development Financial Institutions Fund (CDFI), where federal dollars are invested alongside private sector capital, should be expanded to reinvigorate economic growth and opportunity in distressed communities. We should build long-lasting capital resources that will support a robust COVID-19 response and recovery.

**A strong response requires breaking down the silos of government in order to foster innovation, pool scarce resources through collaborative programs, and support treatment and recovery efforts.**



## **Section IV: Reimagine and Rebuild our society in line with our values**

As we move on from recovery to rebuilding our damaged economy and affected communities, it is imperative that we build a society that better aligns with our values and ensures that we are better prepared for any future pandemics. We need to rethink our approach to systemic problems and rebuild our institutions so that they are more equitable, sustainable, and resilient. To do this, we must use innovative and bold thinking and learn from the COVID-19 tragedy as an impetus for real change.

### **Step 1: Strengthen our health care system, including primary care and behavioral health**

COVID-19 has exposed deep failures in our health care system and exacerbated existing gaps in our health care infrastructure. One of the ongoing tragedies of the pandemic is the rising rates of mental health and substance use challenges. We must prioritize the mental health of our front-line workers, as well as those adapting to new circumstances,

such as social isolation, job loss or caring for children who are out of school.

The role of primary care has also been sidelined during the outbreak, and some have been forgoing care, resulting in patients being sicker when they get to a doctor. In some extremes, states are using this pandemic as an excuse to restrict access to family planning and reproductive health services. Situations like this should be a wakeup call: our health can't wait and we must urgently rethink our approach to health care quality and access.

**We must ensure that our communities have better access to affordable health care, specifically through Medicare for All, and that providers are compensated based on care, rather than volume of procedures.**

We must also create a more efficient, telehealth-integrated care model, expand telehealth options (tele-medicine, tele-psychiatry, and tele-visits), and ensure the regulation and reimbursement policies for telemedicine for all. We must also sustain and strengthen our network of community health centers (CHCs),

which provide vital primary care for nearly 30 million Americans, particularly those living in underserved communities (e.g. low-income communities, communities of color, and rural areas).

CHCs are an essential part of our healthcare network, providing care that is comparable to private clinics and reducing health care costs by preventing emergency visits. They also represent an inspiring model of care that is deeply responsive to and embedded in the community, with patients comprising more than 50% of each CHC board.

Unfortunately, CHCs have been especially hard hit by the pandemic, with over 15% of CHC sites temporarily closed as of May 2020. I will be responsive to the call for Congress to provide sustained, long-term support for the Community Health Center Fund (CHCF), which has previously been allowed to lapse for several months and renewed for a few months at a time.

**We must do better than piecemeal support and seed long-term investment in infrastructure and workforce development for these critical centers of care.**

Finally, we need a renewed and sustained federal commitment to a robust public health apparatus, which has been comparatively neglected for decades. This decline has accelerated under the Trump administration, which has systematically devalued science and scientific leadership and disbanded a national security team charged with pandemic preparedness. But public health has never been accorded its full due.

The investments we make in public health and pandemic preparedness are as critical, if not more, to our national security and wellbeing than the money we spend on national defense. We need to ensure robust support that will endure beyond the immediate responses to COVID-19.

Drawing on recommendations from global public health experts, I will fight for increased investment in public health and pandemic preparedness to ensure that our federal government can appropriately lead in coordinating and supporting local, national and international responses in the decades to come.

## Step 2: Align our COVID-19 recovery efforts with the Green New Deal

As we rebuild from COVID-19, we must do more than reacting to the immediate crises at hand. Instead, we must identify root causes of pandemics and create more resilient systems. There is broad scientific consensus that human-driven environmental change is a major driver of the emergence of new infectious diseases, with three out of four new infectious diseases estimated to arise from human-animal contact.

Indeed, Ebola, Zika, SARS, MERS, and now COVID-19 are all of zoonotic origin. Human encroachment into animal habitats, as well as wildlife trade, are partially responsible for this. Climate change also expands the prevalence and geographic range of carriers of infection, such as mosquitoes and ticks. For example, Lyme disease rates have already doubled in the Northeast since 1991 and, if current warming trends continue, will increase by another 20% in the coming decades.

Environmental change can not only cause future pandemics, but also the chronic health conditions that make people more susceptible to such diseases. Pre-existing heart and respiratory conditions are known risk factors for more severe cases of COVID-19 and long-term exposure to fine particulate matter is associated with a 15% increase in the death rate.

This may account for the particularly high death rates in dense urban areas and the socioeconomic and racial disparities in COVID-19 outcomes that have been observed since low-income communities and communities of color are disproportionately exposed to chronic air pollution.

Recent research also found that climate change-related increase in air pollution and heat exposure are linked to higher pregnancy risks, affecting black mothers most severely.

The intersection of climate change and existing inequities thus threatens to establish unacceptable health disadvantages starting at birth.

COVID-19 offers us an opportunity to rethink what kind of communities we want to live in, and that must include support for federal and local climate action and strengthening environmental protection.

**Using the Green New Deal as a legislative North Star, we must align COVID-19 recovery efforts with those to advance climate priorities.**

In particular, we can create high-quality jobs by investing in green infrastructure.

For example, unemployed manufacturing employees could be retrained to work building solar panels and wind turbines or jobless construction workers could help build new energy-efficient buildings.

Temporary stimulus measures could also be used to maintain and upgrade our public transportation systems. Due to lower ridership during the pandemic, public transit systems have suffered losses in revenue and I will call for greater federal funding for mass transit. Public systems that curtail service due to lost fare revenues create an undue burden on communities that rely on this transit every day.

**We must ensure public transportation options are available and safe through measures such as increasing the frequency of service and expanding transit fleet and options.**

People who rely on public transit for work need to be able to do so safely while social distancing. Investment in public transportation is also key for long-term, sustainable recovery from the economic challenges we face. As part of aligning COVID-19 recovery efforts with the Green New Deal,



the federal government should invest in maintaining and upgrading existing means of public transportation, and it should pay public sector workers to clean and sterilize all buses and subways to create additional jobs.



### Step 3: Invest in quality schools and child care

Child care has become a pressing issue for many parents who now have to work from home while caring for their children or find other care that may not be consistent with social distancing if they are essential workers or cannot work from home. In Massachusetts, the average cost for infant care is over \$20,000 a year,

which is more than the cost of most public college tuition in Massachusetts. **All children deserve high-quality child care, and Americans who are unemployed as a result of COVID-19 deserve the opportunity to seek work without incurring burdensome costs.**

We can help working parents by creating a universal, publicly funded pre-K system. Just over half of three- and four-year-olds are enrolled in school – the second-lowest rate in the developed world. Universal pre-K would aid both children's development and allow parents to work. I also propose capping the costs of day-care for low-income families and establishing a diverse network of high-quality, low-cost options. We also need fair wages for child care workers who continue to be undervalued and inadequately compensated, especially during this difficult time.

In addition, attention must be given to public schools that are underfunded. We can boost educational equity and our economy by investing more in both teachers and the physical infrastructure of schools. Too many of our public schools – especially those serving low-income students – are in a state of disrepair which impacts both education and health.

# NL Conclusion

## MA04

Our country has some of the most talented and best-trained doctors and nurses in the world, the top hospitals, and tremendously capable scientists and front-line workers trained in emergency preparedness. Yet, while we spend more per capita on health care than any other country, the U.S. remains the epicenter of this global pandemic. In large part, this is because of deep unresolved social and economic inequities. These inequities are exacerbated by the current political climate where high levels of mistrust and skepticism towards science, the expansion of anti-immigration policies, and “alternative facts,” have left us vulnerable.

This pandemic has also highlighted the need for a coordinated communication effort from federal and local governments to provide accurate and clear guidance to fight disinformation, build public trust in government and science, and provide support to enable the behavior-changes that improve public health. As a social epidemiologist who has worked on public health crises in the past, I am uniquely positioned to address this and translate complex scientific information into critical policies and health directives.

**At the same time, the global nature of COVID-19 underscores the need for**

**a coordinated international response because a strong international response improves safety across the world and in District 4. My global background and experience at the United Nations will be an asset as I will push our country to rejoin the WHO and improve information-sharing to avoid a disconnected international response. Coordinated resource sharing can improve the global supply chain for critical supplies, and development of best practices across countries that are put into practice can reduce the global burden of COVID-19. I will ensure that we implement lessons learned and share the successful innovations developed by our international partners, many of whom have seen lower death rates than the U.S.**

Most important, however, this plan underscores that poverty, homelessness, human rights abuses, and suffering are not inevitable consequences of COVID-19. If they occur, it is because they reflect a moral failure in the way we have organized our societies. With this in mind, it is essential that we not only take the necessary measures to reopen safely, but center our efforts on science and equity to rebuild a better future for all.

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# NATALIA LINOS

DEMOCRAT for CONGRESS

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