COVID-19 | A PATHWAY FOR AMERICA'S RECOVERY

PREPARED FOR THE UNITED STATES OF AMERICA

INTRODUCTION | COVID-19

At the submission of this document Americans are mourning the lives of more than 100,000 of their loved ones, families, co-workers and neighbors. Upwards of 40 million Americans have lost their livelihoods and have filed for unemployment. And millions of Americans continue to suffer from the mental and emotional trauma of a nationwide pandemic that has ended lives, upset the economic system, and brought forth unprecedented unpredictability in modern times.

Unfortunately, the COVID-19 Pandemic is not yet over. Health care officials continue to issue warnings of new spikes in disease and death rates, and many are not yet ready to address fears that COVID-19 could be a lasting or even recurring threat to the health and well-being of the American people. Simultaneously, economic and world leaders continue to issue warnings of lasting damage to national and global economic and health care systems, while millions of workers continue to be on the "front lines".

As Americans and global scientists work tirelessly to develop a vaccine and to save lives, immense challenges are continuing to build for federal, state and local infrastructures. Policy researchers and elected officials must now also turn their attention to ensuring the nation's economic and other infrastructures remain strong enough to carry the United States through the COVID-19 Pandemic.

This document introduces the four (4) most crucial systemic level policy changes necessary to guide the United States through COVID-19 and beyond.

1. Universal Basic Income Right to Capital Model
2. Direct Service Universal Health Care
3. Payroll-Based Paid Time Off
4. A Coordinated Pandemic Response Level System (CPRLS)

I. UNIVERSAL BASIC INCOME | A MODEL FOR THE UNITED STATES OF AMERICA

Introduction

The single most important policy needed at this time is the establishment of the *Right to Capital*, a universal basic income model that ensures Americans can meet their basic needs while alleviating the national debt, and addressing economic and budgetary concerns of federal, state and local governments at the same time.

To understand the case for universal basic income in general, it is important to understand the basic concepts of our economy. First, the economy is a social construct we use to trade goods and services. It is nothing more than a set of guidelines and rules we follow to guide our process of trade. Many Americans, including elected officials, continue to believe that money "comes from somewhere". And most likely that is because in the past it did. The United States' economic system was backed by tangible goods, namely gold or silver. But in the 1970's, the United States, like most other countries, switched to the fiat currency. In short, this means the nation's wealth is not determined by a fixed "pot" of money to be distributed. Rather, it is established by a set of rules and assumptions created by the Federal Reserve. Simply put, the economic system is just a set of policies.

Once we understand the basic structure of the economic system, we can more readily delve into the challenges the United States is facing today. In the simplest of terms, in the United States, the economic system's challenges are largely caused by using a one-legged approach. In order for money to enter the market, the Federal Reserve lends money to banks. Banks lend money to businesses. And businesses employ individuals. Once employed individuals have funds, they buy services from other businesses. Those businesses repay their loans and the banks repay the Federal Reserve.

Many people believe this one-legged approach is successful because they focus on only two indicators of success: stock market trading and unemployment rates. If unemployment numbers are low, and stocks are trading, the economic system is considered to be successful. This has been the case for quite some time. Unfortunately, the indicators of a "faulty" economic system have been largely overlooked. And more unfortunately, the indicators of a faulty system in the United States have continued to increase over time. The following challenges were present well before COVID-19.

- 1 in 10 Americans, more than 38 million, live at or below poverty.
- According to one study, upwards of 8 in 10 American workers live paycheck to paycheck with little to no savings or any economic security; Another study noted nearly 8 in 10 Americans must be rely on some sort of debt in order to make ends meet.
- Social Security, the nation's primary safety net and retirement security model, is slated to begin default within the next 15 years.
- Between 500,000 and 1 million Americans, including vulnerable populations such as veterans, those living with a mental health diagnosis, and children, youth and families are homeless each year.

- In order to address the economic system's shortfalls, the United States must provide a myriad of social programs, and now carries an annual deficit and a debt of more than $25 trillion.

These are indicators the one-legged approach used in the United States' economic system is failing the American people as a whole. And it has been for some time.

Economic systems have a primary mission to provide a mechanism that allows Americans to secure their basic needs (i.e. food, housing, transportation, entertainment, etc.), establish a system of trade, and allow for those who wish to go above and beyond to do so. While unemployment rates and stock trading have shown positive success in recent history, the overlooked indicators means the system is not working. In fact, this is why today the United States government must operate with a substantial deficit while carrying an insurmountable national debt. The federal government is being called upon to address the failings of the one-legged approach.

The one-legged system simply has not worked and cannot work, particularly without being heavily subsidized by the United States' own budget. To be clear, the signs of economic fragility have been with the United States and global economic systems for quite some time. This is not the fault of a single administration or government model. The challenges and cracks in the system were already omnipresent; COVID-19 has accelerated the impact to the point these faults in the system can no longer be ignored at the systemic level.

In fact, the COVID-19 Pandemic marks the second time in less than twelve years that Americans have faced a significant economic crisis due to the one-legged approach. Many Americans already had to increase their personal debt loads to overcome the Great Recession. Simply put, the one-legged approach is fragile. When a single disruption to the system occurs, even briefly, the entire system falters. If one business lays off its employees, those employees stop spending. When those employees stop spending, other businesses must lay off employees. And the cycle continues until the government intervenes, which often means taking on substantial debt. But most importantly, each subsequent faltering of the one-legged approach leads to long-term permanent damage.

In less than two months of "stay-at-home" orders, states and cities were already considering layoffs and budget cuts. Large and small businesses are closing their doors permanently. And the warnings from economists and watchdogs across the globe are clear. If the United States does not address the challenge in the economic system now, the threats of economic depression and long-term instability are imminent. Fortunately, there is a solution. And more importantly, there is absolutely no reason for the United States to enter a recession or depression due to COVID-19.

Solution

Universal basic income provides the United States economic system with a two-legged model to automatically shore up the incapacities of the one-legged system. The model is more simply administered by nations, such as the United States and others, who have moved to the fiat currency. Universal basic income provides a monetary policy that allows money to be injected into the economic system in two ways instead of one. As with the current model, money enters the market

through the Federal Reserve. But in addition to lending to banks, the Federal Reserve allots a specified amount directly to American citizens as well.

This second leg of the economic system provides a safeguard against disruption in specific industries (i.e. housing lenders during the Great Recession). In fact, it can even carry the economy through system-wide disruptions such as state-based "stay-at-home" orders used during COVID-19. This second leg also provides the baseline for economic regrowth whenever a disruption occurs. By providing a consistent injection of money into the system, Americans, as consumers, can immediately drive economic recovery themselves rather than requiring the United States to incur additional debt to address the system's shortfalls.

There are different approaches to universal basic income. In broad terms, universal basic income models establish an amount paid directly to American citizens. The amount is generally determined by the cost of living, and with the assumption universal basic income would replace other government programs, such as unemployment, housing assistance, food stamps, and even Social Security. For example, in the United States, Americans would begin receiving a monthly check in the amount of $1,000.00 or $2,000.00 at the age of 18.

The most common universal basic income models, however, present two challenges. First, most proposals assume universal basic income should be based on a "wealth redistribution model" achieved by taxing wealthier Americans at higher rates and administering payments from part of the United States' own budget. Unfortunately, this model further institutionalizes and exacerbates the one-legged approach. An effective universal basic income model is administered utilizing a two-legged approach, which means rather than being provided by the United States government's own budget, it is established as a monetary policy by the Federal Reserve. Taxing the wealthy (or even non-wealthy Americans) is unnecessary, enforces the single "pot" theory, and derails the point of universal basic income.

The second underlying challenge in common universal basic income models is the establishment of fixed monthly payments. For example, using the two-legged approach, the Federal Reserve would provide direct payments to the American people of $1,000 or $2,000 per month. While establishing many of the benefits of universal basic income, the traditional model has the unintended consequence of creating equality in the economic system, but not *equity*.

Consider for a moment there are five (5) people who have reached the age of 18 and begin to receive $2,000 per month. The first one, Sal, also received a substantial inheritance. Sal plans to invest the inheritance in the stock market, start a business, and save the monthly universal basic income (UBI) funds. The remaining four do not have additional resources from their families. One wishes to go to college and will use the UBI funds to pay for housing and food, but will still need to borrow money to pay for classes (assuming today's current higher education funding models and tuition rates). Two will enter the workforce and save their monthly UBI funds to purchase a house with a large down payment at some point in the future. The remaining person, Pat, would like to start a business and become an investor with Sal. Pat, however, does not have the funds because Pat's allotment is capped at a fixed monthly installment. Pat is limited by the generational inequity originally created by the one-legged system. In order to ensure universal basic income

meets its goals, this inequity must be addressed when universal basic income is introduced in the United States.

The Right to Capital: A Model for the United States of America

The Right to Capital is a universal basic income model that provides a lifetime allotment, rather than a fixed monthly allotment, and allows Americans to determine the distribution method in the way that best meets their own needs. With this model, for example, Americans receive a lifetime allotment of $2.5 million (based on the current cost of living) divided into pre-retirement (ages 18-68) and retirement (age 68 and above). The first portion of the allotment, $1.5 million, is distributed in one of the following ways:

- Monthly installments of $2,500.00
- Annual installments of $30,000.00
- Decennial installments of $300,000.00 at the ages of 18, 28, 38, 48, and 58
- One-time lump sum of $1.5 million

At the age of 68, Americans receive the remaining allotment of $1 million, with similar options for distribution.

Note: In the traditional universal basic income model, a person who begins receiving $2,000 per month and has a life expectancy of 98 would receive approximately $1.9 million dollars in their lifetime. The Right to Capital provides equity in the system by allowing Americans to use this same amount (roughly) in a way that best meets their own personal life goals, rather than predetermined payment models by the government.

Implementation

Because the United States already has the infrastructure to provide services, the implementation of the Right to Capital is straightforward. The Federal Reserve can introduce the second leg of the monetary policy immediately, and the Social Security Administration (SSA), which has been providing direct funds to Americans for generations, can update its mission to disburse universal basic income (Right to Capital) payments to Americans directly. With tenacity, the White House and Congress can ensure the passage and implementation of the Right to Capital within a matter of months which will curtail and prevent a national depression, alleviate national debt concerns, and immediately re-energize the economy in the wake of COVID-19.

<u>Social Security Administration</u>

An educational program geared at teaching Americans the importance of financial management, saving, taking risks, investing, safeguarding assets, and protecting their funds by avoiding scams and preventing exploitation needs to accompany the distribution of the Right to Capital funds. Fortunately, the Social Security Administration (SSA) already has the capacity to provide education via in-person training, by mail, through video tutorials, or through over-the phone assistance. It is possible for the SSA to begin the development of this material immediately.

Safeguards for Universal Basic Income

Universal basic income is intended to prevent and alleviate reliance on federal, state and local governments. To ensure this goal is met, two important safeguards are necessary to guarantee the second leg of the economic system operates as intended. First, Congress needs to prohibit the reduction of universal basic income payments for any reason, to include for punishment of a crime. Universal basic income is a personal safety net, and even those accused or convicted of crimes must be able to access funds to meet their basic needs, which is particularly important in the reduction of recidivism. In addition, no matter how well the Social Security Administration provides education about financial management and risk reduction, it remains possible a small percentage of Americans could find themselves having depleted their total pre-retirement capital, and due to disability or other unexpected factors, unable to work to earn income prior to retirement. A mechanism to distribute post-retirement capital in fixed monthly installments must be in place to prevent the United States from having to develop additional programs and support services. This can be easily established through a fixed formula. For example, a person who, at the age of 35, has expended their pre-retirement capital, and is unable to work, would be eligible to begin receiving a fixed monthly payment based on a life expectancy of 105. The formula is direct: 105 – 35 = 65 years. $1,000,000.00 / 65 years = $1,282.00 per month. Knowing these safeguards up front will help Americans better determine their financial management risks when considering options throughout their lifetime.

Measurable Outcomes

The time is now for the federal government to enhance its monitoring of the full range of the indicators of successful economic policies. The Right to Capital not only provides Americans with a guaranteed mechanism for securing their own basic needs, it prevents the occurrence of system-wide disruption, recession and depression. Equally as important, this model allows for Congress to develop measurable outcomes in addition to unemployment and stock trading. To monitor the success of the Right to Capital, additional indicators or markers of success should also be utilized. For example, within a matter of a few years, the Right to Capital should provide for the following outcomes:

- 0% unemployment; Increased employment and self-employment opportunities
- 0% homelessness
- 0% poverty
- A balanced national budget
- The ability to pay down and eliminate the national debt
- Economic security for 100% of America's retirees and people living with disabilities
- The reduction of taxes on working Americans

Benefits

The benefits to universal basic income, and particularly the Right to Capital model, are numerous. Using the one-legged approach, a wide variety of rigid and costly safety net programs are required to shore up the system, including unemployment insurance, housing vouchers, Social Security,

and others. These programs have resulted in necessary but ever-increasing budget deficits for the United States. Universal basic income will allow the United States and state governments to phase out safety net programs and their associated burdens on taxpayers over time. Ultimately, the Right to Capital will replace the need for many of the United States' safety net programs, which means the ability for the United States to have a balanced budget, lower taxes for the American people, and the elimination of costly and complex eligibility-based programming.

As result of universal basic income, for the first time in living history, homelessness and poverty rates can be reduced to 0%, and Americans will have the ability to pay off debts that have been necessary to shore up income shortfalls. What's more, Americans will be able to make debt a true elective choice, rather than a necessity to make ends meet. When Americans can realistically choose debt options, rather than being forced into them, the Federal Reserve can once again raise interest rates.

Guaranteed income means Americans can pay their mortgages or their landlords and participate in elective purchasing. Investors and businesses can more readily rely on the strength and continuity of the economic system which is likely to result in increased employment opportunities, lower lay-off rates, and greater investment options.

But the benefits to state and local governments cannot be overstated. The good news is Americans are living longer. With an aging population, however, comes the need to ensure infrastructure like sidewalks, roads and bridges are maintained. But today's one-legged approach has left millions of aging adults with small, fixed incomes. Raising taxes to support these necessary infrastructure improvements only burdens an already vulnerable population. The Right to Capital will help shore up the ability for America's aging adults to receive new economic security. And as a result, the nation's state and local governments can once again reach out to their communities to help provide the resources necessary to ensure basic services and infrastructure improvements are in place.

Finally, let us consider Sal and the other 4 people from before. With the Right to Capital model, Sal's situation does not necessarily change because Sal already has access to significant capital. But the other four benefit immensely. The first one is able to pay for college without borrowing money. The second two could enter homeownership much sooner, and even avoid the need for a mortgage if they chose. The barriers to Pat's economic mobility have been reduced, if not eliminated completely. Pat can now also begin investing at a young age and reap the benefits available to Sal.

Common Misconceptions

There are many common misconceptions about universal basic income. In fact, many Americans, including elected officials, are unaware that universal basic income has been presented to Congress in some form since the beginning of the nation's founding. The barriers to this important policy are rooted in several common misconceptions which must be addressed in order to overcome objections.

"Universal basic income is socialism."

In fact, universal basic income is exactly what is needed for capitalism to work as intended. This is because true capitalism can only exist in the absence of exploitation. Without universal basic income, Americans are dependent on employers or government programs for their very survival. Universal basic income allows for employment to be a choice rather than a necessity to live. This equalizes the power between employers and employees and provides the foundation capitalism was meant to have. In addition, universal basic income ensures 100% of Americans can participate in the free market.

Consider for a moment an individual whose physical, mental or emotional abilities lead them to creating "macaroni art". This individual spends more than 40 hours each week on this endeavor. But the artwork can only sell in the free market for $1.00 per piece, if at all. For all intents and purposes, the individual is working full time, and contributing to society to best of their abilities. However, the one-legged approach to the economic system means the person will unlikely ever be able to afford basic needs such as food, shelter and clothing with their earnings. Under the current one-legged approach, the United States government provides a small, fixed income to this person, which allows the person to pay for housing and food, and little more. Because of this, the person is also unable to contribute to other parts of the economic system.

With universal basic income, the United States government is no longer required to subsidize the person's basic needs. But even more importantly, the person now has income to participate in the economic system. This means the person can contribute to other industries as a customer, thus increasing economic trade in the nation.

The United States has yet to experience true capitalism. Universal basic income provides the missing link, and the two-legged approach ensures all Americans can participate in the free market in ways that best align with their own unique abilities and contributions, and without government intervention.

"People won't work."

The COVID-19 Pandemic has demonstrated that when given the choice between staying locked at home or going to work, many people would prefer to be doing something they consider productive. For many people, work is about more than earning an income. It provides an opportunity for people to share their time and skills, and to contribute to the world around them.

Consider for a moment the many people who continue to work into retirement. Of course, the current one-legged approach economic system means some of them have no choice. But for many people, working continues to provide an avenue to participate in their communities, and to do something they feel is meaningful with their time. Similarly, there are many people who receive Social Security due to mental or physical disabilities. Often, these are people who *can* work, but not at a traditional pace that would provide for basic needs, such as food, shelter and clothing. The establishment of universal basic income, and the Right to Capital in particular, is likely to open

new doors and pave the way for employment opportunities for people whose skills or goals are better suited for part-time, or more flexible shifts, than the traditional model allows.

In reality, universal basic income will likely result in 0% unemployment rates in the United States. And for many Americans, their employment status will not change; Universal basic income will simply guarantee retirement security of up to $2.5 million (in addition to their own contributions), and ease concerns about Social Security's pending default.

"Universal basic income is a form of welfare."

Universal basic income will allow the United States government to reduce--and perhaps even eliminate--many welfare programs because Americans will be guaranteed the ability to provide for themselves. This single policy is likely to significantly reduce the national budget and the national deficit immediately. More importantly, this policy will allow more Americans to live independent of government intervention.

"This could negatively impact businesses."

No. Current economic conditions often limit the number of possible customers. Business leaders recognize universal basic income means a continuous, predictable, uninterrupted flow of economic potential. Universal basic income is a positive impact for businesses.

"Businesses might see more competition."

Yes. By ensuring all Americans have access to capital, more innovators, entrepreneurs and start-ups can enter the free market. This is exactly how capitalism is designed to work. Good-natured competition in the market promotes better products, goods and services.

"There will be hyperinflation."

Ultimately, Americans control hyperinflation themselves by deciding where and how much to spend. While there may be some businesses that see the initial adoption of universal basic income as an opportunity to exploit Americans, upstanding business leaders and investors will recognize universal basic income fills a long-standing, multi-generational gap, and is not an opportunity to increase prices for Americans. For example, one might assume a landlord would seek to increase rent. However, the same landlord would also receive universal basic income payments. As such, Americans already know the landlord has *no reason* to increase rent and can intentionally decide to do business elsewhere. This same logic can be applied to other industries as well. Capitalism's intention is for poor business practices to be weeded out through the loss of customers. The Right to Capital finally provides capitalism's intended "invisible hand". In addition, the Federal Reserve still has the power to address challenges in the system should they arise.

"This could impact global trade."

The United States has one of the world's most robust economies. Universal basic income, and particularly the Right to Capital model, will also benefit nations throughout the globe. Rather than creating a shortcoming for the United States' economic system, establishing the Right to Capital in the United States is likely to encourage other nations to do the same. This means a level

economic playing field--along with the reduction of hunger, poverty, and economic depression--throughout the globe.

SUMMARY

COVID-19 highlights the critical importance of a universal basic income model in the United States. Many American workers displaced by "stay-at-home" orders found themselves being required to join the "essential workforce" in order to make ends meet, thus transferring many vulnerable people into an already high-risk group. Had universal basic income been in place prior to COVID-19, the ability for Americans to truly "stay-at-home" would have been possible. Even small businesses would have been better able to weather the storm. What's more, it is likely millions of Americans would have been able to "stay home" on their own recognizance, without the implementation of "stay-at-home" orders to begin with.

Significant challenges presented by COVID-19 are largely due to the United States' one-legged approach to the economic system. The time is now for the United States to introduce the second leg. Delay in implementing the Right to Capital universal basic income model allows for increased poverty, homelessness and economic recession or depression that is likely to follow COVID-19. As importantly, it leaves the United States' already indebted economy with no back-up plan should another pandemic of any type threaten the United States again.

Implementing the Right to Capital now also means being able to address economic challenges on the horizon unrelated to COVID-19. As automation becomes more prevalent, and Social Security's payouts continue to decrease and reduce the ability for aging adults to participate in the economic system, the United States will be called upon to shore up the system, which means more debt, an unbalanced budget, and continuance of the generational economic equity divide.

As COVID-19 continues to have an impact on the lives and livelihoods of the American people, elected officials are faced with an important fork in the road. Continue the one-legged system that already results in the suffering of millions of Americans and could likely lead to more suffering in the wake of COVID-19. Or introduce the second leg of the economy, the Right to Capital, to provide capitalism's missing link, and empower Americans with the tools they need to push through the COVID-19 Pandemic and beyond.

II. UNIVERSAL HEALTH CARE | A MODEL FOR THE UNITED STATES

Introduction

Equally as important as the implementation of the *Right to Capital* for the United States is the establishment of a universal health care system owned, operated and administered by the United States. Initial concerns about COVID-19 had just as much to do with the capacity and infrastructure of the health care industry in the United States as the virus itself. The reason for this challenge can be summed up briefly. The United States does not currently have its own health care *system.*

Health care in the United States is provided by independently owned and operated health care providers throughout the nation based loosely on free market principles. Specifically, health care providers offer a service and Americans can purchase the services they need. Unfortunately, despite the incredibly talented medical professionals who provide these services, this model is not only incapable addressing COVID-19 in a coordinated way, it has not been capable of providing adequate health care to Americans under normal circumstances for generations.

Health care is a unique service.

Unlike ordinary products and services in the free market, Americans often seek health care when they are at their most vulnerable, or in a state of illness or injury. Seeking services is unavoidable in many cases because the result could be poor functioning, severe and permanent injury, or even death. Simply put, health care service is very often necessary to be alive. But health care services are also unique in that they provide a service, not a product, and these services cannot be exchanged or undone--in most cases--once they have been provided.

When an American buys a faulty product, they have the ability to exchange goods, or to seek a refund for services. But no health care treatment is 100% guaranteed. When a treatment does not meet its intended goal in the health care industry, the patient must purchase additional treatment, see a different professional or undergo additional testing. This means Americans must not only be able to pay for the initial service, but for subsequent and follow up services if the first treatment fails to meet its indented outcomes. While Americans can budget for elective purchases, the need for health care is often unplanned. It is difficult for Americans to plan for a broken leg or cancer diagnosis, and even more challenging to budget for potential follow up services, such as testing, x-rays and additional appointments.

To address this unique dynamic in the free market system, the United States has adopted an insurance-based model. But the cost to individual Americans, states and the federal government to support the insurance-based model are staggering. Americans must pay for health insurance through monthly premiums, payroll taxes, and even through other insurance programs like car and homeowner's insurance. In addition, nearly all insurance policies also require "out-of-pocket" expenses.

In fact, Americans have never been able to afford this system. The United States has upwards of 6,000 hospitals operating independently (note: these figures do not necessarily include additional services such as assisted living facilities, dental offices, mental health care providers and others). This means separate administrative overhead expenses, accountability measures, and department

financial management protocols for thousands of providers. The system is not a system at all, but rather a collection of independent agencies that are competing with one another for patients, supplies, services, and funds. The result has always been a higher premium for Americans.

In 2008, nearly 1 in 6 Americans were reported to have barriers to accessing health care. And even after the passage of the Affordable Care Act, the needs of 30 million Americans were left unaddressed while cost burdens for working Americans continued to rise. Unfortunately, while intended to address the challenges in the health care industry, the Affordable Care Act only further institutionalized a model that is fundamentally flawed.

The insurance-based model does not work for one main reason. Insurance is designed for things that *could* but are unlikely to occur. For example, homeowner's insurance makes sense because a fire is unlikely to occur. Participants in the pool can afford to make lower premiums, and few claims are necessary relative to the pool's size. However, at this time in human history, human beings are *very likely* to get sick at some point in their lives. Even those who take the most care of themselves have the potential to experience an accident causing critical injury, or develop a chronic illness, such as cancer. Insurance is not a practical or rational model for things are *very likely* to occur.

The additional challenge with the insurance model is that it establishes a fee-per-unit framework for costs and expenditures in the health care industry. This approach makes sense in a traditional, profit-based business model. However, when applied to health care services, this approach is akin to requiring drivers in the United States to pay not only for each mile of road they travel upon individually, but also for each dotted line, reflector and mile marker they pass on their trip.

There is no need to account for health costs in this fashion, however. This is because health care delivery costs are actually *formulaic*. This means there are fixed costs associated with serving a fixed number of people. For example, to serve 25,000 or 50,000 residents, a single system needs to maintain X number of staff, X number of supplies, X pieces of equipment, and provide X number of treatments. The fact is health care services can and should be delivered using a fixed-expense budget to meet the needs of a specific region's patients based on population size.

The final challenge with the insurance model is that it is ultimately a high expense, high risk *product*. Americans are asked to pay monthly premiums, payroll taxes, high deductibles and co-pays, and are still subject to treatment and service denial from their providers or insurance carriers. While many Americans do purchase health insurance because there are few, if any, alternatives at this time, the product itself is not logical or practical. It makes sense for insurance providers, but not for patients.

In fact, it is not only personal premiums for health care that are required to subsidize the private health care industry. Americans are required to purchase "hidden" costs as well. Consider for moment the costs associated with automobile insurance, homeowner's insurance and liability insurance. A significant portion of these insurance products are related directly to subsidizing the private health care industry.

Despite the incredible amount of financial support Americans currently provide to subsidize the private health care industry, the industry is unable to meet the needs of Americans on a regular basis. Millions of Americans forego basic preventative and even life-saving treatment each year, leading to unnecessary deaths and/or costly chronic disease. In fact, despite the incredible expenses Americans pay towards the private health care industry, COVID-19 required the entire nation to issue "stay-at-home" orders to protect an unprepared private sector. And just as importantly, a nation of thousands of independent providers is not coordinated in a way to adequately respond to national crises such as COVID-19. The current model resulted in federal, state and local governments, as well as private providers, competing for resources to serve the people of the United States during an emergency.

Solution

Universal health care is a premise that asserts a system should be developed to guarantee 100% of Americans have access to basic health care services, regardless of income, employment status or geographic location in the U.S. For many people, the idea of universal health care conjures images of a "nationalized" health care *industry*. However, the solution is <u>not</u> to nationalize the health care industry, but for the United States to enter the health care industry itself. Much like a grocer provides "generic" or "store brand" goods and products, the *direct service universal health care model* allows the United States to provide its own "brand" of health care service in the market.

Rather than subsidizing the private market at great expense to taxpayers and employers while still failing to guarantee access to health care for 100% of Americans, the United States has the ability to drive down costs and promote efficiencies in the system by providing a baseline standard of service itself. The direct service universal health care model can save Americans and taxpayers far more than the current system, and more importantly, it can guarantee 100% access to services, particularly during a pandemic.

U.S. Corporation for Public Health & Wellness

To provide direct service universal health care for the United States, Congress needs to establish a single independent agency with a mission to ensure 100% of Americans can access basic health care and life saving services, and that is tasked with providing specific health and mental health services for the American people. For the purpose of this document the independent agency is named "The United States Corporation for Public Health & Wellness". Services provided by the U.S. Corporation for Public Health & Wellness include, at minimum:

- 1-2 physicals or wellness exams each year, which include basic lab tests and preventative screenings
- Individualized wellness and illness prevention plans, as well as preventative treatment for known diseases such as vaccines, antibiotics, etc.
- Examination and consultation to determine root causes of illness or injury when patients present with issues or complaints, including relevant x-rays, labs and additional testing as needed
- Recommendations for treatment and prevention, including prescriptions for specific drugs, surgeries, or referrals for specialized services, including social services, mental health services, physical therapy and others

- Surgical or other physical procedures to address immediate bodily injury, illness or trauma
- On-going treatment as needed for chronic illnesses, such as cancer, heart disease, diabetes, kidney failures, etc.
- Basic dentistry and vision services
- Mental health counseling and addiction treatment services
- Supported living facilities
- Medically-related transportation
- Prescriptions fulfillment, research and development
- Equipment creation and acquisition

To deliver these services, the United States Corporation for Public Health & Wellness defines population-based health service regions of 50,000 or 25,000 which establishes approximately 6,600-13,200 centralized hospital and related facilities regions across the United States (similar to the current amount of hospital facilities already in existence). Each region is equipped with the appropriate staff, supplies and medical technologies to completely serve their region and provide the basic and essential services included in the Congressional mandate for the United States Corporation for Public Health & Wellness.

Budget

The most equitable way to guarantee adequate funding for the United States Corporation for Public Health & Wellness is for the United States to initiate a federal sales tax. This ensures all Americans have ownership over the system and participate in the funding of the service, regardless of employment or income status, or geographic location within the United States. A flat rate sales tax of 10%, or a tiered-rate sales tax of 5-15%, would provide an initial budget of approximately $2 trillion per year under normal U.S. GDP estimates (specifically including the sale and transfer of stocks). As importantly, this payment model alleviates the monthly subscription and income payment-based burden from American workers and fixed-income retirees.

Consider for a moment the United Kingdom's National Health Service (NHS) budget of £120 billion, which equates to approximately $145 billion in the United States. This budget allows for the NHS to provide health care services for upwards of 66 million people. To provide a similar service in the United States, scaled for population size, the United States would need to provide five (5) times the funding, or $725 billion to serve approximately 330 million Americans.

A $2 trillion budget would advance the United States' health care system beyond anything available today. It would allow the system to provide for chronic treatment, prescriptions, medical and mental health care, assisted living, and even medically related transportation. The initial budget would also allow for the United States to purchase existing facilities from the private sector, or to build new facilities as needed to serve 100% of American communities.

Benefits

Specifically, a federal sales tax model eliminates several cost burdens for Americans, taxpayers, employers, states and the United States government. The direct service universal health care model eliminates the Medicare tax, the need for Medicaid, monthly insurance premiums, co-pays, "out-of-pocket" expenses, service and treatment denials, and "hidden costs", such as higher auto and

homeowner's insurance policies. In addition, as Americans are guaranteed health care services regardless of employment, income or geographic location in the United States, employers have the opportunity to turn current health care benefits into direct wages.

Perhaps one of the most important benefits, however, is the removal of what is known as perverse incentives from the health care industry. Specifically, health care providers in the private industry earn income when people are sick. This means they have no choice but to rely on illness and injury to earn a profit. The United States Corporation for Public Health & Wellness, on the other hand, is the one business in the United States that has a vested financial interest in keeping people healthy. This means it must provide the most effective and efficient services to ensure Americans get back to good health as quickly as possible. Simply put, by providing high impact prevention and basic services, the United States will save money by keeping people healthy. Shareholders, which in this case would be taxpayers, celebrate when the United States Corporation for Public Health & Wellness can lower taxes and decrease its budget because so many Americans are healthy and well.

A Regional Approach: Determining Essential Services and the Therapeutic Framework

Within a matter of months, the United States could have its very own direct service universal health care system, even rivaling models of other nations. Advisory boards and commissions for each health service region made of medical professionals, social workers, researchers, patients and other health industry and community stakeholders ensure the most up-to-date advancements, and the continuous incorporation of best practices in the field. In addition, these regional advisory boards can help the United States Corporation for Public Health & Wellness codify services that need to be considered "essential". For example:

- Chiropractic care
- Massage therapy
- Wellness Coaching
- Dentistry
- Vision
- Mental Health
- Addictions Treatment
- Emergency Medical Transportation
- Non-Emergency Medical Transportation
- Supported/Assisted Living Facilities
- Social work services
- Patient/health care navigation
- Prescriptions
- Chronic illness treatments
- Trial vaccines and treatments

Regional advisory boards can also address systemic disparities and help to encourage continuous innovation in therapeutic approaches that, when proven successful at the local level, can benefit Americans across the nation. As a single, independent agency with local advisory boards, the United States Corporation for Public Health & Wellness competes with itself to provide the best services rather than with other hospitals or medical providers. In addition to the traditional medical model, regional advisory boards can also help introduce the most cutting-edge, whole-person approaches to health and wellness.

Implementation Overview

This model is designed to allow the United States to guarantee 100% of Americans can access health care services by ending private industry subsidies and replacing the Affordable Care Act and Medicaid/Medicare insurance programs with more efficient, affordable and better health care outcomes associated with direct services offered directly by the United States Corporation for Public Health & Wellness as quickly and efficiently as possible.

Implementation calls for the President and Congress to establish the United States Corporation for Public Health & Wellness as standalone independent agency, or under the pre-existing Department of Health & Human Services. The President, with the advice and consent of the Senate, can appoint a governing board to oversee the agency's operations made of 15-30 medical professionals, patients, community advocates and liaisons, and others who are committed to the health and well-being of Americans. Within a matter of months, the board can establish federal wages and benefits for those employed by the U.S. Corporation for Public Health & Wellness, while beginning to convene regional advisory boards across the nation to provide input into essential patient care services. During the process, the U.S. Corporation for Public Health & Wellness can also begin establishing contracts and purchase offers for local facilities. In a matter of 12-15 months (or less), the United States will have its own direct service universal health care system, guaranteeing 100% of Americans' access to health care, ensuring the ability to coordinate against nationwide pandemics, and eliminating staggering health care costs for local and state governments and the American people as a whole.

Common Misconceptions

Like universal basic income, resistance to universal health care is rooted in a variety of misconceptions. These must be addressed in order to ensure the success of the model.

"Universal health care is a form of socialism."

Capitalism calls for businesses and governments to utilize the most innovative, efficient and affordable mechanisms to meet their goals. The insurance model drives up costs for Americans and requires ever-increasing government and taxpayer subsidies. In order to reduce costs, ensure 100% of Americans can access health care, and to support public health (particularly during large-scales events such as COVID-19) the direct service universal health care model is the best strategy. In fact, it is capitalism itself that calls upon the United States to enter the health care market.

"What about Medicare for All or Single Payer?"

"Medicare for All" is a form of universal health care *insurance*, not universal health *care*. As with the current insurance-based model, this means costs are likely to continue to rise for governments and taxpayers. In addition, "Medicare for All" does not provide for a coordinated system, which means in cases like COVID-19, private providers would still be competing with other providers, as well as federal, state and local governments, for equipment, funding and supplies. A direct service universal health care system eliminates the challenges associated with insurance-based models, including the inability for private providers to coordinate nationally during a pandemic.

Similarly, "Single Payer" is neither a health care service nor health insurance. It is an expensive, consolidated accounting system that presents challenges to private providers and patients. Both "Medicare for All" and "Single Payer" require vast government and taxpayer subsidies without guaranteeing health care services for 100% Americans. Direct service universal health care is the only model that will guarantee 100% of Americans can access health care services regardless of income, employment status or geographic location, and allows for rapid, real-time national coordination efforts in the face of a pandemic like COVID-19.

"I don't want to pay for other people's health care."

It is important to remember this model is a universal health care *system*. Taxpayers pay for the *system* to be available to all Americans, including themselves, rather than for an individual's personal needs. The model is similar to federal, local and state transportation systems. When Americans pay gas taxes or vehicle registration taxes, they are paying for the transportation system to be available, not for another individual's transportation. Subsequently, a person is then able to use as much or as little of the transportation system as they need. In addition, because the direct service universal health care model is based on a federal sales tax, everyone chips in. Even a person who receives an allowance contributes to the health care system when they purchase a pack of gum.

"But wasn't there concern about Veterans Administration (VA) hospitals ran by the United States?"

It is likely a better model for local communities to employ professionals who specialize in Veteran Care than to have a separate system. This ensures Veterans receive a baseline standard provided to all Americans, as well as specialized care necessary to address Veteran-specific concerns.

"There is already a shortage of medical professionals".

By establishing a health care system that allows medical professionals to focus on patient care and medical and mental health care advancements, rather than profit-based outcomes, the health care industry will likely see an increase in interested professionals. In addition, by establishing a robust health care system, the United States will be able to provide employee incentives that might not currently be available to private-sector employees. For example, the United States military often provides for tuition-reimbursement or student loan payoffs when members enlist for certain periods of time.

"Health care is not a right; You cannot be entitled to other people's labor."

Unfortunately, this concern is often used out of context. Using the same line of thinking, it could be said the United States should not have a military. Afterall, based on this assertion, Americans are not entitled to the labor of others. However, the United States has chosen to provide this service, and thus, pays those who serve. The same is true for a direct service universal health care system.

"Private providers will be put out of business."

No. It is possible many hospitals and private practices will be bought out by the United States Corporation for Public Health & Wellness. However, those who work in the health care industry

are likely to continue to do so. As importantly, they are likely to work in environments that provide greater protections and economic security than the previous model.

It is also likely new business models will emerge. For example, there are doctors today who only charge $35.00 per visit. However, labs, x-rays and other tests are often additional expenses which present challenges for patients who need to take advantage of lower cost providers to begin with. A direct service universal health care system will allow more private doctors to operate this way, or similar, because additional tests and even prescriptions will be provided by the United States Corporation for Public Health & Wellness. Simply put, the establishment of a direct service universal health care system will allow even more private practice providers to enter the market because additional needs like labs, x-rays, etc., will be covered by the direct service universal health care system.

In addition, there will always be Americans who prefer to do business with small or private providers simply because they do not want to do business with the government. This will remain a cornerstone of the United States' free market system.

"I don't want the government to have my medical information."

Establishing the United States Corporation for Public Health & Wellness as an independent agency of the United States creates a barrier between the "government" and the service. For example, when you use the United States Post Office, the government is not entitled to read your mail. HIPAA and 4th Amendment Protections still apply, and likely even more so, to the United States Corporation for Public Health & Wellness. In addition, lawmakers can establish additional shields between medical information and public records.

"I like my current insurance (or Medicare/Medicaid)."

Unfortunately, the current insurance model must be subsidized by taxpayers, as well as other industries, at great expense. In addition, the insurance model still leaves more than 30 million Americans uncovered. This means in order to keep the current insurance model, millions of Americans, including children and families, face chronic illness and even death each year. There is no reason for any American to suffer when a more holistic, efficient and affordable model is available.

"What about people's "unhealthy" personal life choices?"

While there are certainly "best practices" for a healthy living, the simple fact remains a pack-a-day smoker could never get sick, while the avid bicyclist and nutritionally conscious person could fall and sever their spine. Fortunately, with the direct service universal health care system, the tools are available to serve whoever needs them, and for whatever reasons they might need them. There is no need to deny services or provide preferential treatment or services based on personal life choices, and in fact, it would be ethically wrong to do so.

What about currently "controversial treatments", such as abortion, or gender reassignment surgery?

Universal health care is designed to ensure access to basic primary health care services, life-saving procedures and ethical treatments (including mental health care services) for 100% of Americans. The United States Corporation for Public Health & Wellness will need to establish protocols for determining what is "essential".

"What about death panels?"

In the 2008 elections, during the last major health care reform movement, many people spoke about "death panels" in which they envisioned politicians sitting around trying to determine who should or should not get care. Ironically, this is actually what happens today with medical professionals often being called up to make decisions based on payer, rather than patient needs. The United States Corporation for Public Health & Wellness answers directly to the American people, and is guided by a governing board, and thousands of regional advisory boards which eliminates the possibility of "death panels". Patient needs and health outcomes are automatically able to be prioritized over payments.

"Other countries have nationalized health care, and some people don't like it, or they have to wait for treatment."

In the United States, if an American does not have access to private or public health insurance, they could be made to wait forever, and this includes many of America's most vulnerable populations. The U.S. Corporation for Public Health & Wellness (USCPHW) addresses many of these concerns by becoming a part of the industry, rather than "nationalizing" it. In addition, the USCPHW has the ability to learn from other nations and avoid potential pitfalls at the outset.

"Wouldn't it be better for states to do this, rather than the federal government."

If some states provide universal health care and others do not, this means the federal government will still be called upon to fill in the gaps. In addition, COVID-19 demonstrates that having 50 (or more when including territories) health care systems competing for supplies and services is not beneficial to the health and well-being of the American people as a whole.

SUMMARY

Unfortunately, COVID-19 has laid bare the inefficiencies and challenges in the United States health care industry more forcefully than ever before. Federal, state and local governments found themselves competing with one another and private providers to secure equipment and supplies. In addition, despite the vast amount of public subsidy for the private health care industry, states across the nation were forced to issue "stay-at-home" orders to address the inadequacy of the current health care infrastructure. And insurance providers are already calling for an increase in premiums under the Affordable Care Act.

Yet, Americans themselves have been calling for the United States to develop a solution to challenges in the nation's health care industry for generations. Millions of Americans, including veterans, aging adults, young professionals, workers with lower incomes, and extremely vulnerable populations forego basic preventative and life-saving treatments each year, leading to death, permanent injury and chronic illness. And despite the shuttering of businesses and commerce and mass injections of public funds during COVID-19, medical professionals are seeing layoffs, and those in the field still have inadequate resources to protect themselves and their patients. These are signs the infrastructure was not meeting its goals even prior to COVID-19.

The direct service universal health care model would provide the most cost-effective, efficient and highest quality services while guaranteeing health care for 100% of Americans. With a direct service universal health care system, medical professionals would continue to receive pay, and perhaps be called upon to assist in other areas during a pandemic rather than being furloughed or laid off. In addition, it would allow the United States to implement coordinated preparations for pandemics and public health crises without having to compete with the private market. In fact, despite criticisms, the United States proved it was able to provide support to shore up the nation's health care industry capacity to address COVID-19. In a matter of weeks, beds, staff and supplies were enhanced throughout the nation.

Within a matter of months, the United States could be poised to have perhaps the most efficient and cost-effective health care system in the world. The time is now for the United States to replace the insurance model with the direct service universal health care model for America.

III. UNIVERSAL PAID TIME OFF | A MODEL FOR THE UNITED STATES

Introduction

The establishment of the Right to Capital and the implementation of a direct service universal health care system by the United States will most likely address the primary concerns of health-related and economic disparities brought fully to light by COVID-19. Yet there remains a simple missing policy from the United States Department of Labor that could not only have addressed the current spread of COVID-19, but could help to eliminate and alleviate the spread of future and additional viruses as well; The establishment of universal paid time off (PTO).

The ability to form independent contracts between two people without government interference is a cornerstone of the American free market. This fundamental understanding has led governments in the United States to be largely "hands-off" in employment matters since the nation's founding. But just as consumer protection laws are designed to prevent exploitative business practices, labor laws are intended to prevent exploitative employment practices. Today we have established federal protections related to child-labor, minimum wage, and over-time pay.

Despite these important protections, millions of Americans across the nation do not currently receive PTO. Many that do often must differentiate between "sick-time" and "vacation time", requiring employees to incur personal costs to visit hospitals and health care facilities when they need to take time off for feeling ill. COVID-19 demonstrates the challenges that occur when Americans are forced to choose between their job (or livelihood) and their health and safety. For generations, employees have often chosen to go to work, even when ill, rather than risk their employment security. Even more importantly, COVID-19 demonstrates that employees and public health and safety would fare better if given the opportunity to "stay home", rather than expose others to potential illness by going to the doctor when severe symptoms are not present.

Solution

Implementing a national universal paid time off policy at this time is not only practical, but potentially lifesaving as well. It is an essential and straightforward way to ensure Americans can more readily take personal measures to stop the spread of COVID-19 as well as influenza and other communicable diseases; Both, now and into the future. In addition, a payroll-based PTO model can alleviate the need for costly and perhaps dangerous PTO policies that differentiate between "sick time" and "vacation time". PTO can also have important societal benefits leading to a reduction in juvenile crime, reduced reliance on safety net programs, and greater economic security for employees and the labor market overall.

Universal Payroll-Based PTO Model (UPPTO): A Model for The United States

Ensuring PTO for 100% of America's workforce can be broken down into an easily managed payroll model that can ensure Americans begin to receive PTO benefits immediately, while not overwhelming an employer's budgeting and scheduling needs.

The universal payroll-based PTO model (UPPTO) provides a manageable framework for employers to establish a minimum of four (4) weeks annual PTO for 100% of employees, including

full-time and part-time. The model provides the necessary balance between employee and employer needs by calculating and providing PTO based on the per-pay-period model. This allows employees to begin earning and utilizing PTO immediately in the spirit and intention of the policy, while allowing employers to mitigate scheduling and budget impacts.

Specifically, an employee who works 40 hours per week earns the equivalent of 160 hours of PTO per year. If the employee is paid twice per month, or 24 times per year, this equals 6.66 hours per pay period (or 13.33 hours per month). For those who receive payments every two weeks, or 26 times per year, PTO is earned at a rate of 6.15 hours per pay period.

Part time employees earn the equivalent of four (4) weeks per year as well by basing PTO on hours worked. For example, an employee who works 20 hours per week earns a total of 80 hours of PTO per year. If the employee is paid twice per month, or 24 times per year, this equals 3.33 hours per pay period (or 6.66 hours per month). For those who receive payments every two weeks, or 26 times per year, PTO is earned at a rate of 3.07 hours per pay period.

This model allows for employees to begin earning and using PTO immediately upon hire, while also ensuring employers can manage PTO budgeting and scheduling needs in a practical manner.

Variables for Businesses and Employers

One of the greatest concerns for many businesses is the potential for hard costs associated with a universal PTO model. But in many cases--perhaps even most--PTO is a matter of annual scheduling and timeline adjustments rather than budget. However, in order to balance the needs of customers, fellow employees and employers, employers must have some flexibility to set internal guidelines for the use of PTO. Specifically, employers must be able to establish internal policies for how PTO is used, its cash value (if any), accumulation criteria, and managing unplanned versus planned PTO.

Per hour, day or shift

In most cases, allowing employees to utilize PTO on an hourly basis provides employers and employees the most benefit. It allows employees to utilize PTO as needed to take care of personal matters, while maintaining a presence at the workplace during a normally scheduled workday or shift. This practice often provides benefit to both the employee and the employer, and mitigates disruption caused by time away. In certain industries, however, coverage may be required for even 1 or 2 hours of absence, which could mean bringing in other employees to handle duties while the employee requesting PTO is away. In these cases, employers need the flexibility to require employees use PTO for full days or shifts at a time in order to balance the needs of the agency.

"Cash Out" versus "Use It Or Lose It"

Employers must also have the ability to establish "cash out" or "use it or lose it" policies with regard to accumulated PTO. "Use it or lose it" policies require employees to utilize their PTO benefits within a certain timeframe. This type of policy helps to achieve the goals of PTO by encouraging employees to use PTO to take care of their personal, familial, mental health or even entertainment needs throughout the year. In matters of budgeting and scheduling, this means

employers set aside salary for 2080 hours per year for full time employees while expecting 1920 hours of productivity. “Use it or lose it” policies alleviate much of the cost burden for PTO which is essential for many small businesses and nonprofit organizations. On the other hand, “Cash Out” policies allow for employees to receive unused PTO as a direct payment. This requires employers to set aside up to 2240 hours in salary for a fulltime employee at 2080 hours per year. Organizations with capital assets can save unused salary in interest bearing accounts until such time as it is cashed out.

Accumulated PTO

Regardless of the “Cash Out” or “Use It Or Lose It” Model, employers must also have the ability to create a well-thought plan for accumulation of PTO. For example, a full-time employee who is with an agency for four years will accumulate the equivalent of 640 hours of PTO if no PTO is used during that time. If the employer uses a “Use It Or Lose It” model, the employer must be prepared to allow the employee to utilize the accumulated PTO all at once, or establish a time frame or capped amount in which PTO must be utilized before it is “lost”. For example, an employer might require employees to use PTO in a twelve month period or allow accumulation up to a certain amount (i.e. 320 hours). “Cash Out” models are a payment liability for employers. Employers must determine if they have the capacity to meet their obligations for an employee’s entire tenure, or if they must payout these liabilities on a timed basis (i.e. annually). Regardless of the model they choose, employers must be able to maintain the flexibility to determine accumulated PTO policies within the spirit and intent of PTO, while meeting the needs of their own agency and business model.

Unplanned VS Planned PTO

Employers also need to consider whether or not they need to establish protocols for planned vs unplanned PTO. In many professional settings, this consideration may not be necessary. However, in certain industries, advanced notice is preferable. Current models often refer to this time as “sick time” or “vacation time”. However, reason-free PTO is essential to achieve PTO’s intended benefits. Specifically, COVID-19 makes the case against requiring employees to visit the hospital or a medical practitioner when feeling ill. In many cases, it may be best for the employee to simply stay at home to get better. Rather than establishing reasons or criteria for the use of PTO, employers and employees benefit from establishing policies surrounding unplanned versus planned PTO. Policies that are too strict, however, would eliminate the intended goals and benefits of PTO.

Other Considerations

In addition to these four (4) primary issues, employers must also have the ability to provide enhanced PTO polices if they choose. Hourly employees should also receive PTO accumulation enhancements in addition to wage enhancements during over-time.

Implementation

The time is now for Congress and the United States Department of Labor to adopt national PTO standards for America’s workforce. A simple act by Congress, signed by the President and followed up with implementation guidelines and technical assistance from the United States

Department of Labor can guarantee 100% of America's employees are provided with a framework for universal PTO by the end of year, if not much sooner. In normal times, it is possible to debate the value of PTO ad nauseum. But COVID-19 makes this issue timely. In fact, in order for the United States to be "safely" open for business, PTO needs to be available to America's workforce immediately. The United States Department of Labor can immediately role out a proposed set of permanent regulations; State legislatures do not need to wait for the United States to pass UPPTO at the state level and can do so immediately. At minimum, regulations should include:

- A requirement for 100% of employers to provide the equivalent of 4 weeks, reason-free paid-time-off (PTO) for all employees (including part-time and full-time);
- Guidelines and recommendations for accumulation, overtime, "cash out" vs "use it or lose it" policies, and hourly or per diem usage; and
- A recommendation for guidelines for independent contractors to negotiate PTO in their self-employment contracts.

Benefits

The benefits to universal PTO are numerous. For the first time in American history, 100% of America's employees will be provided with PTO, which is a milestone of its own. However, UPPTO is also likely to result in several measurable outcomes as well. First, UPPTO is likely to result in increased employment longevity and workplace productivity. This means greater economic security for America's workforce, better workplace outcomes, and lower hiring and training costs for employers. The introduction of UPPTO is likely to add a greater sense of continuity and resiliency for the labor market and economic system as a whole.

UPPTO is also likely to result in positive health and mental health outcomes for American workers, their families, and their communities. Initial reports regarding COVID-19 indicate Americans with underlying health concerns are at a far greater risk of succumbing to the full and fatal impacts of COVID-19. In many cases, poor overall physical health can be attributed to a lack of work/life balance, leading to depleted immune systems and other health side-effects. But physical health is not the only challenge created when PTO is unavailable. There are extreme social costs when Americans must choose between work and taking care of their children's school needs, attending important functions, or even taking time off for themselves. Adverse behaviors and criminal activity can often be attributed to a lack of parental availability, and upwards of 1 in 4 Americans suffer from some form of mental health or emotional distress at any given point during the year. The ability to address physical and mental health needs without the threat of employment insecurity is likely to reduce unresolved and overlooked mental health indicators and chronic health needs. And over time, could even lead to decreased adverse behaviors and criminal activities, particularly among juveniles and adolescents.

Of course, most importantly at this time, UPPTO is also an essential policy for allowing employees to take personal responsibility, without risking their employment security, to stop and reduce the spread of COVID-19 and other communicable diseases.

Common Concerns

Though implementation of universal PTO is uncomplicated, there are many concerns that have prevented its establishment in the past.

"Universal PTO is government overreach."

Capitalism calls for mechanisms to ensure exploitation is removed from various markets. In the case of PTO, a mechanism is necessary to ensure Americans can achieve employment security in the labor market without having to forego their basic human needs, such as caring for children, taking time off when sick, or even having a day just for themselves. Universal PTO provides a mechanism to balance employer and employee needs within the labor market, rather than requiring costly government safety nets.

"The cost will be prohibitive."

For many businesses, hard costs are not incurred by providing PTO. Budget and scheduling needs can be mitigated by internal policies guiding when and how PTO is used. In some cases, businesses may need to hire additional employees to ensure adequate coverage for their business and customer needs. However, a key benefit of PTO is employee longevity, which immediately decreases the costs associated with hiring, on-boarding and training new employees. In this case, hard costs of PTO are often balanced by the continuity of the workforce.

"I may have to cut salaries, hours or staff to provide PTO."

Sustainable business models require sufficient human resources to meet their goals. A business model that requires cutting of salaries, hours or staff to provide PTO may already be exhibiting signs of being unsustainable. Rather than cutting salaries, hours or staff, businesses with this concern are encouraged to receive technical assistance and guidance to develop business model alternatives that can ensure long-term success and sustainability overall.

"I may have to increase prices to pay for PTO; It won't be fair for small businesses, nonprofits or certain contractors."

In most cases, there should not be any reason to increase prices. However, for the first time in history, the entire American workforce will have PTO. It is likely a minor increase in prices for goods and services would be understood--if necessary--to support this important system-wide employment safeguard. Employers who do increase pricing, however, should be prepared to demonstrate to customers, funders and stakeholders why it cannot be avoided. In particular, however, a level playing field will be created for many small businesses, nonprofits and government contractors because federal, state and local funders will be required to recognize a federal mandate to provide the minimum benefit of four (4) weeks PTO.

SUMMARY

COVID-19 demonstrates the time has come for the United States to move forward with universal PTO; UPPTO can help mitigate a prolonged COVID-19 Pandemic and reduce the impacts of other

communicable diseases as well. Universal PTO promotes the health and safety of America's workforce, while strengthening continuity in America's economic system. This single policy change could have played an important role in saving lives during the initial COVID-19 Pandemic, but it is not too late to make it happen now.

IV. **COORDINATED PANDEMIC RESPONSE** | A MODEL FOR THE UNITED STATES

Introduction

Finally, the United States needs an institutionalized Coordinated Pandemic Response Level System (CPRLS). Over the last twenty years, communicable diseases have increasingly needed government attention. Ebola, H1N1, influenza and now, COVID-19. In matters of the current Pandemic, the White House and federal officials provided information and guidance to the states and territories, while state leaders worked with public health officials to create localized plans.

For the most part, states issued some form of "stay-at-home" order limiting the size of gatherings, shuttering certain businesses, and calling on their residents to "socially distance" and "shelter in place" with the exception of securing basic needs. The aims of these orders were to stop the spread of the disease, if not permanently, then at least long enough to increase the capacity of local hospitals and health care facilities to address life-threatening symptoms. Federal, state and local leaders all deserve commendation for their quick and innovative approaches to stopping the spread of COVID-19. In the absence of a Coordinated Pandemic Response Level System (CPRLS), federal, state and local governments were able to achieve success largely by asking the American people to heed the warnings of various officials.

By and large, federal, state and local governments achieved their main goals, at least initially. Across the nation, business shut down, Americans stayed home, and within a matter of weeks, health care facilities were backed with the tools and equipment they needed to shore up their capacity to serve the people in their regions. But as the weeks turned into months, more Americans began to question the validity of "stay-at-home" orders, mask requirements, and impositions on individual freedom.

COVID-19 brings awareness to several important issues facing the United States. However, one of the most glaring challenges is the need for federal, state and local governments to be able to swiftly enact public health and safety measures without running afoul of the United States Constitution, and the individual liberties and freedoms of the people they are trying to protect. The fact is pandemics of communicable diseases present a new challenge for elected officials.

The use of mandatory quarantines, travel restrictions and the shutting of certain businesses rightfully raise concerns. However, there are other models currently in use by state and local governments that can help Americans understand the necessity and validity of a "stay-at-home", or similar orders. Americans are already largely aware of important "evacuation" orders given by state and local governments when wildfires or hurricanes threaten homes and businesses. These orders require individuals to leave behind their properties when nature presents a real, imminent and deadly threat.

While an "evacuation order" triggers important systemic responses, such as the mobilization of various agencies, it is the underlying message of an evacuation order that is of critical importance; If the order is not followed, the government's infrastructure may be unable to save you. By staying behind, you acknowledge your life and safety are in your own hands. Ultimately, this is the message of the "stay-at-home" order as well. In addition to one's personal health and safety, the

infrastructure has the potential to be overburdened; It cannot guarantee your protection. Fortunately, evacuation orders are easy for many Americans to understand because the threat is normally imminent and highly visible. Americans can easily make their own risk assessment about whether or not to follow an evacuation order.

And not all government intervention is as extreme as a "stay-at-home" or "evacuation" order. In fact, many states already provide recommendations for school and road closures due to ordinary changes in the weather. For example, in the State of Ohio, a three-tiered system is utilized to provide guidance to Ohioans. Level one provides a basic warning urging drivers to use caution. Level two urges employers to consider closing or issue opening delays. Level three orders all non-essential travel off the road, and though enforced at an officer's discretion, non-essential travel during this time *can* lead to arrest.

Like an "evacuation" order, the underlying message of the level three road closure is that tow-trucks, emergency services and first responders may be unable to help travelers. In fact, by being on the road, the traveler can become a hinderance to the delivery of crucial services; The infrastructure can be overburdened to the point of incapacity.

These levels are often adhered to by large amounts of the population. Similar to an evacuation order, Americans can see for themselves the inherent risks associated with weather conditions. In fact, it might be physically impossible for drivers to move their cars at all, particularly when weather conditions include snow or heavy rains.

The key challenge in a pandemic is that the risk is not highly visible. COVID-19 produces no flames, does not damage the built infrastructure (such as roads and bridges), and it does not physically stop mobility. The roads are clear. The skies are blue. People can physically move about. In order for government pandemic responses to be successful, Americans must inherently trust the information provided, and trust that the government is acting in the best interest of the people.

Unfortunately, despite noble intentions to save lives and ensure the safety of the American people, many government responses raised concerns. Collectively, "stay-at-home" and similar orders across the nation resulted in rescheduling elections, freedom of movement restrictions, restrictions on commerce, encouraging reporting of neighbors to law enforcement for normal behavior (such as weddings, gatherings, parties, etc.), surveillance by technology companies and government agencies, and curtailing of civil liberties, such as the ability to worship at church and restricting gun sales. Health care policies seemingly prioritized some lives over others by halting cancer treatments, abortions, transgender health care services and PrEP protocols. And the "essential worker" versus "non-essential worker" created a significant "class" divide.

Despite the context of the pandemic and the well-meaning intention to stop the spread of disease and to save lives, these *are* signs of an authoritarian government. While millions of Americans accepted the guidance of federal, state and local leaders, questions began to emerge as businesses were closed, employees were laid off, and economic conditions worsened. Those who questioned government responses initially were painted with a wide brush often being labeled as uncaring or

unilaterally dismissed as politically motivated activists. Unfortunately, that narrative is not only misleading, it can be dangerous. Pandemic or not, human and civil rights watchdogs have a responsibility to question these types of orders; The erosion of human freedom *always* starts with some sort of justification.

In addition, "stay-at-home" orders had disparate impacts on various communities, often requiring "essential workers" and lower income workers to be at greater risk than others, and even requiring vulnerable populations to enter the "essential workforce" when their own places of work were "shut down". "Front line" workers were not limited to health care providers, and often included drivers, grocers, gas station attendants, restaurant workers and cashiers (as well as many others). Yet, personal protective equipment (PPE) was not provided to many people in these positions at the outset of the crisis. Concerns about higher incidents of domestic violence, suicides, and other mental and physical health issues were also brought forward as prolonged isolation and economic unpredictability started to solidify.

While government officials should be commended for their efforts to save lives and protect the infrastructures of the United States, it is important to ensure future efforts also address the concerns brought forth during the pandemic responses to secure trust in the system.

Solution

There are several factors that can lead to ensuring trust in the government's pandemic response processes. Among the most important is differentiating between an "authoritarian approach" and an "empowerment approach". An "authoritarian approach" reaches end goals by restricting personal freedoms and enforcing restrictions through shaming, law enforcement, and excessive punishment such as incarceration or large fines. While perhaps effective in the short-term, authoritarian approaches are very often met with resistance, which in some cases can even turn violent. This has been witnessed throughout the nation when it comes to "mandatory mask requirements" in certain states, along with prolonged "shut down" orders. While violence is certainly not okay, it is one of at least five normal human responses to authoritarian measures. Very often "authoritarian approaches" end poorly, with focus turning into a power struggle and the enforcement of rules, rather than the end goal of saving lives, or at least reducing the impact of the disease.

An "empowerment approach" provides necessary tools, information and support systems (i.e. universal basic income, access to health care and guaranteed PTO) for people to reach their own conclusions to act in the best interests of themselves, their families and their communities. Once the government has done its due diligence to inform, provide tools, and ensure appropriate systems are in place, empowerment approaches acknowledge the decision--whether or not in the best interest of themselves or others--is ultimately up to the people themselves.

An empowerment approach is necessary in the United States for two important reasons. First, Americans are guaranteed individual and civil liberties by the United States Constitution and most state constitutions as well. Rights are granted by the people to the government, and not the other way around. The erosion of these liberties, even for causes as noble as stopping the spread of COVID-19, would have a devastating impact on more than two hundred and forty years of human

rights progress. When it comes to COVID-19 specifically, the second reason is more important. Human beings are more likely to adhere to guidelines long-term when they agree with and internalize the conclusion themselves, rather than being told what to do by an authority or "parental figure". This is basic human nature.

To achieve this in the United States, an institutionalized Coordinated Pandemic Response Level System (CPRLS) that is easily understood, widely accessible and makes absolute practical sense must be available. For example, the State of Ohio's Snow Emergency Classification guidelines are readily accessible on the state's website. When it snows, Ohioans know they can turn to the news online, local television stations, or even the radio to find out the road closure or "snow emergency" status. In addition, as part of the CPRLS, there must be systemic safeguards for Americans (as presented in sections I-III of this document) as well as guaranteed protections for American freedoms and civil liberties.

Coordinated Pandemic Response Level System (CPRLS): A Model for the United States

The purpose of the Coordinated Pandemic Response Level System (CPRLS) is to save lives, and protect essential infrastructures by providing Americans, elected officials, business leaders and other stakeholders with clear expectations, guidelines and protocols for pandemics in the United States. A CPRLS allows the United States and state and local governments to each work in tandem to implement the strategies that are best for their own region and jurisdiction towards these goals. There are several basic templates available to establish a CPRLS for the United States; In fact, federal, state and local actions taken during COVID-19 thus far provide a basis for outlining an institutionalized model. To establish trust, predictability and consistency, a CPRLS includes a minimum of four (4) key elements.

- Identifying and articulating the factors necessary to trigger a response
- The primary audience of the response
- The actual response
- The agency in charge

A basic CPRLS for the United States includes four (4) levels each with their own parameters (in the following example, COVID-19 is a Pandemic Response Level 4). A successful CPRLS is based on individual empowerment, which means Level 1 starts by ensuring individuals have the tools, information and supplies (if needed) to protect themselves. Level 2 focuses on business operations. State and federal level responses (3 and 4) are confined to pandemics that are so severe, state, local and even federal infrastructures are likely to be impacted. At the federal level, CPRLS levels need to focus on *recommendations* for individuals, businesses, industries and state and local governments, rather than mandatory orders. This preserves the intended balance of powers established by the United States Constitution. However, in Pandemic Response Level 4, the United States is responsible for implementing protocols relevant to its own jurisdiction (i.e. interstate commerce, military readiness and border patrol). Figure A. shows a sample outline of a CPRLS for the United States.

FIGURE A: Sample CPRLS Federal Level Outline for the United States

Pandemic Response Level 1 (Targeted for Individuals)

- Pandemic Response Level 1 is initiated when the U.S. Centers for Disease Control and Prevention (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death.
- U.S. citizens and residents, businesses and industries are recommended to take heightened measures to protect themselves, their families and their employees.
- The United States will issue recommendations for personal safety, and direct funds towards health care services, personal protective equipment and supplies, as well as targeted outreach and prevention efforts. Congress will work to authorize funding as needed to address the Pandemic.
- National response efforts will be led by the CDC.

Pandemic Response Level 2 (Targeted for Businesses and Industries)

- Pandemic Response Level 2 is initiated when the U.S. Centers for Disease Control (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death, and when the threat is also likely to have at least some impact on normal business and industry operations.
- U.S. businesses and industries, including federal, state and local public agencies, are recommended to implement internal protocols to reduce the spread of the disease, to include limiting hours, altering in-store access, encouraging social distancing, rescheduling large events, or other protocols deemed appropriate by the business or industry.
- The United States will issue recommendations for businesses and industries, and evaluate potential impacts on industries, commerce and trade. Congress will work to authorize funding as needed to address the Pandemic. *(Note: At this level, Congress and federal agencies are implementing their own protocols in their role as employers as well.)*
- National response efforts will be led by the CDC.

Pandemic Response 3 (Targeted for States, Local Governments and Territories)

- Pandemic Response Level 3 is initiated when the U.S. Centers for Disease Control (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death, and is likely to have a significant impact on industries, commerce and the health care system at the state and local levels.
- State and local governments are recommended to implement their own Coordinated Pandemic Response Level 3 protocols to prevent the loss of life, mitigate the interruption of commerce and guarantee infrastructure continuity.
- The United States will issue recommendations for businesses and industries, as well as state and local governments, and evaluate potential impacts on state and local

infrastructure. Congress will work to authorize funding as needed to address the Pandemic. (*Note: At this level, states, local governments and businesses are the primary audience.)*

- The White House will facilitate a committee of federal agencies and relevant experts to guide the national response and appoint a lead spokesperson to coordinate national response efforts. *(Note: This is known as the Level 3 special committee in Level 4.)*

Pandemic Response Level 4 (Targeted for National Security)

- Pandemic Response Level 4 is initiated when the U.S. Centers for Disease Control (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death, and is likely to impact national infrastructure, including food supply chains, health care systems, and/or national security.
- The Level 3 special committee will make recommendations for the United States to address national infrastructure and security issues related to the Pandemic, such as closing national borders, restricting air travel, and taking measures to ensure production, supply and food chains remain in operation.
- The President will issue Executive Orders as needed. Congress will work to authorize funding as needed to address the Pandemic.
- Pandemic Response Level 4 actions are led by the President of the United States, in conjunction with the Level 3 special committee.

Pandemic Response Levels should be viewed as cumulative, meaning Pandemic Response Level 3 includes all of the recommendations of levels 1 and 2. Additionally, Pandemic Response Levels should provide a broad framework and parameters, but still allow for targeted responses as needed. At the federal level, building on CDC recommendations and the advice of the Level 3 special committee helps to provide legitimacy and accountability for federal efforts.

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Sample Snapshot for the Coordinated Pandemic Level Response System (National)

One of the key elements of any type of CPRLS is that it can be easily accessed and understood. A simple snapshot or chart outlining expectations provides Americans and elected officials with a sense of trust and predictability which are essential during a Pandemic.

PANDEMIC RESPONSE LEVEL 1	Pandemic Response Level 1 is initiated when the U.S. Centers for Disease Control and Prevention (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death. U.S. citizens and residents, businesses and industries are recommended to take heightened measures to protect themselves, their families and their employees. The CDC will issue recommendations for personal safety, and the White House will direct funds towards health care services, personal protective equipment and supplies, as well as targeted outreach and prevention efforts. Congress will work to authorize funding as needed to address the Pandemic.
PANDEMIC RESPONSE LEVEL 2	Pandemic Response Level 2 is initiated when the U.S. Centers for Disease Control (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death, and when the threat is also likely to have at least some impact on normal business and industry operations. U.S. businesses and industries, including federal, state and local public agencies are recommended to implement internal protocols to reduce the spread of the disease, to include limiting hours or in-store access, social distancing, mask recommendations, rescheduling of large events, or other protocols deemed appropriate by the business or industry. The CDC will issue recommendations for businesses and industries, and evaluate potential impacts on industries, commerce and trade. Congress will work to authorize funding as needed to address the Pandemic.
PANDEMIC RESPONSE LEVEL 3	Pandemic Response Level 3 is initiated when the U.S. Centers for Disease Control (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death, and is likely to have a significant impact on industries, commerce and the health care system at the state and local levels. State and local governments are recommended to implement their own Coordinated Pandemic Response Level 3 protocols to prevent the loss of life, mitigate the interruption of commerce and guarantee infrastructure continuity. The White House will facilitate a committee of federal agencies and relevant experts to guide the national response and appoint a lead spokesperson to coordinate national response efforts. The White House special committee will issue recommendations for businesses and industries, as well as state and local governments, and evaluate potential impacts on state and local infrastructure. Congress will work to authorize funding as needed to address the Pandemic.
PANDEMIC RESPONSE LEVEL 4	Pandemic Response Level 4 is initiated when the U.S. Centers for Disease Control (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death, and is likely to impact national infrastructure, including food supply chains, health care systems, and/or national security. The Level 3 special committee will make recommendations for the United States to address national infrastructure and security issues related to the Pandemic, such as closing national borders, restricting air travel, and taking measures to ensure production, supply and food chains remain in operation. The President will issue Executive Orders as needed. Congress will work to authorize funding as needed to address the Pandemic. Pandemic Response Level 4 actions are led by the President of the United States in conjunction with the Level 3 special committee.

State-Based Pandemic Response Levels

The adoption of a clear and easy to understand Coordinated Pandemic Response Level System (CPRLS) by the United States allows state, local and territorial governments to adopt similar protocols tailored to their specific regions. State-based CPRLSs provide parameters for what a particular state or local government can and will do during a specific Pandemic. Most states can establish a three-level plan, rather than the four-level plan needed at the federal level. However, state and local Pandemic Response Levels need greater attention to detail because they may have a direct impact on daily living for Americans, and may include "stay-at-home" or "evacuation" orders that interrupt commerce and could potentially interrupt or conflict with American civil liberties. These types of orders require a greater level of scrutiny to earn the trust of the public, and to safeguard the lives and liberties of the people of the United States.

For levels 1 and 2, states are likely to work in conjunction with the CDC to make recommendations for personal protection and the implementation of business and industry-based protocols. For example, level 1 focuses on individuals implementing personal protection measures, and level 2 focuses on businesses and industries implementing organization-based protocols, such as social distancing, varied store hours, etc. However, in a Pandemic Response Level 3 (like COVID-19), the state level CPRLS should include specific protocols for the continuance of important state and local-level institutions, infrastructure and the availability of basic human services. At minimum, this includes considerations for elections, food, housing and shelter protocols, justice system protocols, and clear expectations of what are deemed "essential services". Of course, states maintain the ability to initiate Coordinated Pandemic Response Level System protocols before the United States government if they deem it necessary to do so.

Sample Excerpt for a Pandemic Response Level 3 for States

PANDEMIC RESPONSE LEVEL 3	A Pandemic Response Level 3 is initiated by the Governor in partnership with the lead Public Health Official when the U.S. Centers for Disease Control (CDC) and/or the World Health Organization (WHO) indicates the introduction of a new, unknown or increasing impact of communicable disease that is likely to result in increased illnesses, up to and including death, and is likely to have a significant impact on industries, commerce and the health care system at the state and local levels. When Pandemic Level 3 is issued, the Governor and lead Public Health Official will implement some or all of the following protocols as needed to contain the spread of the disease. • Residents will be asked to "shelter in place", except for necessary travel • Elections will be rescheduled within 90 days of their original date • Evictions, foreclosures and utilities disconnection will be prohibited • Schools will be required to move to virtual or independent studies during the duration of the Pandemic Response Level 3 • Business deemed "non-essential" to will be asked to close, or obtain a risk and liability waiver from customers • Non-violent and drug offenders will be released from incarceration or ROR if they are awaiting trial; Suspected non-violent and drug offenders will be issued citations for appearance, rather than arrested • Etc.

A comprehensive outline of protocols provides federal, state and local officials with guidelines for responding to pandemic emergencies, while ensuring the public, including businesses and industries, have appropriate expectations. In the case of COVID-19, at the height of the Pandemic, most states would have issued a Level 3 response, and then decreased to a Level 2 when the peak started to decline.

CPRLS Safeguards

State Governors must have the ability to issue Pandemic Level 3 responses (which may include *limited* "evacuation" or "stay-at-home" orders) if only for the ability to trigger additional chain of events in their states (such as the mobilization of certain agencies), and to act quickly in the face of a pandemic. However, to uphold the United States Constitution and elicit trust in the system from the American people, there must be safeguards in place that allow Americans to make their own well-informed decisions rather than relying solely on government instruction. Pandemic Responses need to include not only safeguards for human lives, but safeguards for livelihoods, and civil liberties as well. ***The three most important safeguards have been presented in sections I-III of this this document: universal basic income, universal health care and universal paid time off.*** These safeguards ensure Governors can take appropriate measures while preventing Americans from being forced to choose between their health and safety and their ability to care for themselves and their families.

However, additional safeguards are needed to protect not only the American people, but also elected officials and leaders who are called upon to enact such executive orders. By implementing these safeguards as part of the Coordinated Pandemic Response Level System, Americans have the ability to provide input into the system, and direct accountability measures towards the system itself, rather than aiming criticisms at a particular official. At minimum, safeguards include time limits, election system protections, a moratorium on controversial legislation, a guarantee for constitutional rights and civil liberties, and guidelines for enforcement of recommendations.

<u>Time Limits</u>

Indefinite executive orders pose a threat to the physical, mental and emotional health of Americans, as well as to civil liberties and the United States Constitution. The lack of predictability leads Americans to suffer mental and emotional distress and can cause undue civil unrest. Time limits are needed for state-based Level 3 initiatives. In addition, pre-established protocols are needed for if, when and how Governors and Public Health officials can extend Level 3 Pandemic initiatives when *absolutely necessary*. For example, states might allow Governors and Public Health Officials to initiate Level 3 Pandemic Responses for an initial period of 30 days but require approval from the legislature or an oversight body to extend initiatives for up to 30 days at a time. These protocols provide important predictability, accountability and oversight for the system.

<u>Elections</u>

The United States is a strong nation because Americans have oversight over the government through an institutionalized election process. Protections for the election system are even more critical during times of emergency and there is no reason to disrupt the election system, even during

a pandemic. Outlining and articulating protocols for election system safeguards during a Level 3 Pandemic Response are an important part of building public trust. For example, legislatures may provide guidelines allowing Governors to postpone elections for up to 90 days to allow time for establishing appropriate safety protocols (or sooner if other necessary infrastructure issues are dependent upon election outcomes). Specifically, this type of safeguard allows states to reschedule (but not cancel) elections within a specific time period and provides important predictability and assurance for the American people.

Legislation

The American system of governance ensures the people have direct oversight over legislative actions by federal, state and local governments. Provisions to issue a moratorium on controversial legislation during a Level 3 or 4 Pandemic builds trust in the system, and ensures Americans retain control and oversight of the legislative process.

Civil Rights and Constitutional Guarantees

The right to petition the government for redress, to protest, to speak freely, and to question the government's actions are cornerstones of human freedom. They must be weighted the *same* as public safety, not below. This calls for federal, state and local governments to consider how they will uphold these freedoms during a pandemic. First amendment rights, such as the freedom to assemble, protest the government, and to speak freely are critical even in times of emergency. Religious freedoms and ensuring protocols to secure speedy trials and prevent indefinite detentions are also of utmost importance. Constitutional rights must be preserved during a Pandemic and setting this boundary up front can help guide state and local level Pandemic Response Level 3 protocols and protections. Most importantly, it can elicit additional trust in the process.

Enforcement & Issuance of Pandemic Response Level 3 Responses

A Coordinated Pandemic Response Level System (CPRLS) provides Americans and elected officials with an easily understood set of guidelines and parameters that allow all stakeholders to be on the same page during an emergency pandemic like COVID-19. In addition, by establishing protocols in writing and in advance, the American people and the justice system can help ensure policies and procedures do not run afoul of federal and state constitutions. A key consideration for a CPRLS concerns appropriate enforcement mechanisms. Often, federal, state and local governments rely on incarceration and fines to enforce laws. However, a pandemic like COVID-19 presents important challenges related to life itself.

Consider for a moment an individual who has been given a terminal illness diagnosis with a significantly reduced life expectancy. For many people, there are important considerations to make, such as completing long-desired goals, visiting with friends and families, and spending time in nature, in groups, or by oneself. These are all normal responses to coming to terms with one's impending mortality. A communicable disease pandemic ultimately presents increased likelihood of death and disease, automatically invoking instincts similar to a terminal illness diagnosis for many people.

For many people, adhering to a "stay-at-home" order can be managed mentally and emotionally with the understanding the order is intended to save lives, and time limits help to provide important predictability. But for others, when state and local governments issue "stay-at-home" orders, they are asking people to go against their innate human nature. As a result, strict enforcement of protocols for wearing masks, or ensuring people "stay-at-home", are likely to cause an increase in violence and civil unrest. Successful CPRLSs must include provisions to prevent and avoid the criminalization of normal human behavior and rational responses.

Light-handed enforcement, such as increased and targeted education about the issue, warnings about the potential consequences, and ensuring support systems are available (i.e. universal income, PTO and universal health care), upholds the dignity and worth of the American people, and is less likely to cause civil and social unrest. In order to prepare Americans, law enforcement and even businesses and organizations, enforcement protocols should be laid out in state and local CPRLSs, and Americans and industry stakeholders should be given the opportunity to weigh in on and review protocols prior to solidification.

Stakeholder Input and Debriefing

The COVID-19 Pandemic is still in process and the preceding recommendations are based on preliminary findings and current models. Across the nation, courts are being asked to weigh in on the processes used by state and local governments to curb the spread of COVID-19. However, a well-established Coordinated Pandemic Response Level System (CPRLS) can help to address many of the issues now being challenged by incorporating citizen and stakeholder input. Federal, state and local governments benefit from establishing intentional stakeholder and citizen input groups or processes (such as online surveys) to weigh in on these and/or other recommendations. Many states have already started this process in their plans to "re-open". Industry leaders and community groups have partnered with government officials to provide guidance on practical matters related to safer operations in particular industries (which is critical to establishing an "empowered" approach to CPRLS Level 2). However, the coming months will also be an important time for federal, state and local governments to begin analyzing their own responses, and asking "What did we do well, and what do we need to improve?". This creates an intentional process for systemic improvement.

<u>Questions</u>

COVID-19 required state and local officials to utilize all processes at their disposal to protect the health and well-being of the people in their states. Some of these initiatives have been more controversial than others. The stakeholder input and debriefing process allows Americans to question and examine these initiatives more in detail.

For example, in order to prevent the spread of disease, many governors closed "non-essential businesses". While universal basic income and universal PTO are likely to help address financial-related concerns to this issue, clear and widely agreed upon guidelines for what can be deemed "essential" are crucial to gain broad support for a CPRLS moving forward. Waivers or other ways to accommodate more businesses are likely necessary.

The constitutionality of border restrictions and mandatory quarantines for out-of-state visitors are likely to come into question, and hard won civil rights protections provided by the Americans with Disabilities Act and various Supreme Court rulings are likely to challenge the concept of "mandatory mask requirements" (particularly when conflicting information is presented about efficacy, "herd immunity" or any potential harm to certain wearers). Fortunately, closer examination of these issues can also result in potential solutions already being utilized in other areas. For example, rather than a state mandated requirement for Americans to wear condoms to halt the HIV/AIDS pandemic, federal, state and local public health officials often make condoms and risk prevention messages widely available while targeting additional education efforts for higher risk populations.

Perhaps most importantly, this process will allow the ability to address policies that had an unintended disparate impact on certain communities and populations. Businesses, governments and individuals were forced to be innovative and creative in their efforts to save lives and address challenges as COVID-19 became a clear and dangerous threat. But even strategies that might seem like common sense (the mandatory use of electronic payments instead of cash for example) can have disparate impacts on certain populations and cause unintended negative consequences. Bringing these challenges to light can collectively result in stronger solutions with limited impacts.

However, several innovative and creative efforts also shined a light on potential new ways of addressing community issues not directly related to COVID-19. For example, mass incarceration and low voter turnout have been issues plaguing the United States for some time. Many jurisdictions sought to release non-violent and "drug-offenders" while limiting arrests to violent crimes. And many states have started to explore new options to enhance voter accessibility. There exists an opportunity for positive developments to carry forth beyond COVID-19.

Intentionally opening the CPRLS process provides Americans the opportunity to directly weigh in while building ownership and trust in the system at local, state and federal levels. Four (4) common questions can help ensure a broad range of stakeholder input.

- What went well and what could be done better?
- What policies had a disparate impact on communities and populations, and how can they be addressed?
- What safeguards need to be in place?
- What innovative efforts came forth that could be continued beyond COVID-19?

Pandemic Response Advisory Council (PRAC)

In addition to establishing a CPRLS system, the establishment of standing federal, state and local Pandemic Response Advisory Councils (PRAC) can help elected officials by serving as expert and community liaisons. Ideally, a PRAC is made up of a multi-disciplinary team of experienced professionals from a wide variety of fields, as well a community liaisons and others who can guide government processes. Responsibilities can include serving as an oversight body for Pandemic Response Level 3 time limit extensions, addressing the needs and concerns of disparately impacted or vulnerable communities, and assisting in the establishment of industry-based protocols for Pandemic Response Level 2. State and local governments may also benefit from providing on-

going workplans for Pandemic Response Advisory Councils. For example, PRACs might be responsible for helping to ensure the development of city and local CPRLS processes, building necessary support for disparately impacted populations, and identifying emerging trends that can help employers, employees, residents or other stakeholder groups.

Benefits

Ultimately, a Coordinated Pandemic Response Level System (CPRLS) has the ability to save lives by establishing trust in the system. It provides important benefits for Americans, business leaders and elected officials by establishing clear guidelines and expectations and bringing everyone on board much more quickly. A CPRLS also protects civil rights and human freedoms. And the institutionalization of the process ensures no one person must carry the burden of the response plan. It allows for Americans to provide input, measure outcomes, and ensure accountability together.

SUMMARY

COVID-19 brings to light some of America's most pressing issues. From the tragic loss of life, to economic and employment instability, the unpredictability of COVID-19 has led to fear, frustration and anger. But the fact remains it has been generations since the United States has collectively faced a disease of this magnitude. And in the absence of a CPRLS, Americans have reason to pause and acknowledge the ability for elected officials at every level of government to come together collectively to halt the spread of the disease. In fact, the willingness of the American people to "stay at home", shut down businesses, and sacrifice their economic stability, livelihoods and their ways of living, if only briefly, in order to save the lives of their communities and loved ones is to be commended. Building upon and acknowledging these strengths will allow the United States to establish a CPRLS, and implement important support systems (universal basic income, direct service universal health care, and universal PTO) that will ultimately ensure challenges in the system are overcome and are prevented in the future.

More than 100,000 lives have been lost since this beginning of the COVID-19 Pandemic in the United States. Still, the quick and innovative approaches of federal, state and local leaders, and the willingness of Americans to sacrifice their ways of living helped to save many more. By combining best practices and current initiatives with an intentional stakeholder input process to build a Coordinated Pandemic Response Level System, federal, state and local officials can build greater trust, save more lives, and continue to guide their regions through the COVID-19 Pandemic and any future pandemic that might arise.

CONCLUSION | A PATHWAY TO AMERICA'S RECOVERY

The White House, Congress, federal officials and state and local leaders have demonstrated their ability to come together, act quickly, and move fast in the nation's best interest. While similar proposals to those presented here have been debated in the United States for generations, COVID-19 has accelerated the urgency of their passage. Implementing the proposed policy changes will save lives, stabilize the United States' economic system, and allow the United States to emerge stronger than it was before COVID-19 came to its shores.

Consider for a moment the ease at which elected officials and the American people could have guided the nation, the states, and themselves through COVID-19 had the Right to Capital, direct service universal health care, universal payroll-based PTO, and an established Coordinated Pandemic Response Level System (CPLRS) been in place. Consider for a moment the lives and livelihoods that could have been saved, and the systemic disruptions that could have been prevented. Unfortunately, COVID-19 is not yet over. And the likelihood of future pandemics and threats to public health and safety are always a possibility.

While medical professionals, scientists, innovators and others work hard to develop treatments, testing and vaccines for COVID-19, the time is now to establish the necessary support systems to save lives, prevent economic recession or depression, and set a path for America's recovery from COVID-19.

Submitted by All People Thriving