

Chairman Alexander Opening Statement
“COVID-19: Update on Progress toward Safely Getting Back to Work and Back To School”
June 30, 2020

All of our witnesses today are participating in person, and some senators are participating by videoconference.

I'd like to say something about masks:

The Office of the Attending Physician has advised that senators and witnesses may remove their masks to talk into the microphone since our chairs are all six feet apart.

So that's why my mask is off—because I'm six feet away from everyone else. But like many other senators on this committee, when I'm walking the hallways or on the Senate floor, I'm wearing a mask.

People wear masks because the Centers for Disease Control and Prevention advises the use of “simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.”

Unfortunately this simple lifesaving practice has become part of a political debate that says: If you're for Trump, you don't wear a mask. If you're against Trump, you do.

That is why I have suggested the president should occasionally wear a mask even though there are not many occasions when it is necessary for him to do so. The president has millions of admirers. They would follow his lead. It would help end this political debate. The stakes are too high for it to continue.

Around here, senators and staff wear masks—because we don't want to make each other sick.

I was exposed to COVID-19 by a pre-symptomatic staff member on my way to Dulles Airport and, as a result, self-quarantined for two weeks. The senate physician told me one reason that I did not become infected was because the staff member was wearing a mask and that greatly reduced the chances of exposure.

It's also a pretty good way to make a statement. I like to wear my plaid mask. Dr. Fauci uses his mask to demonstrate his loyalty to the Washington Nationals. Senator Kaine is either a cowboy or a bandit.

If you want college football to return this fall, like I do, listen to the words of Coach Fulmer at the University of Tennessee who told fans how they can help make that happen: “If you really really want sports, football, and all those things, then wear a mask and keep social distancing,” he said last week.

The United States is in the middle of a very concerning rise in COVID-19 cases and hospitalizations in many states, and the experts in front of us today have told us that washing our hands, staying apart and wearing a mask are three of the most important ways to slow the spread of the virus.

I am grateful to the Rules Committee, Sergeant at Arms, the press gallery, the Architect of the Capitol, the Capitol Police, and our committee staff, Chung Shek and Evan Griffis, for all of their hard work to help keep all of us safe.

Among the casualties of COVID-19 are the 75 million students who were sent home from schools and colleges in March.

Add to the casualties the teachers who weren't prepared to teach remotely and the working parents who suddenly had school children at home and who weren't prepared to home school.

Add the lost sports seasons and once in a lifetime graduation ceremonies. Then there were unprecedented dilemmas for administrators and inadequate school budgets.

Being sent home from school does not rank with the sickness and death the virus has caused. The United States has over 2.5 million cases of the virus and over 126,000 deaths according to Johns Hopkins University.

While states and communities continue to take action to help keep people safe, nothing was more disruptive to American life—and nothing would head it back toward normalcy—than for those 135,000 public and private schools and 6,000 colleges to reopen safely this Fall.

Earlier this month this committee heard from college presidents and school leaders about their plans for safely reopening this fall. This hearing is an opportunity for an update and to hear from the nation's top health experts on how headmasters, principals, superintendents, chancellors and college presidents can open their schools safely just a few weeks from now.

This committee last heard from today's four witnesses on May 12, when three of the four were quarantined and most of the senators participated virtually. That was one of the first virtual senate hearings in history and surely the best watched virtual hearing. Every network carried the two and half hours of statements and questions and answers from senators.

The question before the country today is not about whether to go back to school or college or child care or work, but how to do it safely. Even though COVID-19 has not, in general, hurt young children and college-age students nearly as much as older or more vulnerable Americans, there is some health risk. But in my view the greater risk is not going back to school.

Guidance for reopening schools from the American Academy of Pediatrics tells school administrators: "the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school."

The American Academy of Pediatrics adds: "The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families."

Dr. Lloyd Fisher, the incoming president of the Massachusetts chapter of the American Academy of Pediatrics told reporters last week: “While for most children COVID-19 has not had the devastating and life-threatening physical health effects that have occurred in adults, the negative impact on their education, mental health and social development has been substantial,” he said. “Nothing can take the place of the daily face-to-face interaction our children experience when attending school in person.”

Many American colleges—overall considered the best in the world—will be permanently damaged or even closed if they remain, in Brown University president Christina Paxson’s words, “ghost towns.”

Mitch Daniels, the president of Purdue, wrote in a *Washington Post* op-ed that for Purdue, “failure to take on the job of reopening would be not only anti-scientific but also an unacceptable breach of duty.”

So today, in addition to hearing more about the concerning rise in cases and hospitalizations in some states in the U.S., I would like to ask our witnesses in their statements and answers to questions to put themselves in the place of a superintendent of one of America’s approximately 14,000 school districts, or the principal or headmaster of one of the 135,000 schools, or the president or chancellor of one of the 6,000 colleges, and help them answer the question of how to reopen schools safely.

So Dr. Fauci, I hope that in your opening statement or in answers to questions you will suggest the steps a superintendent might take to open school safely, and how not only to keep children safe but to keep safe the adults—teachers, parents and grandparents—with whom they come in contact.

Dr. Hahn—Will there be treatments or medicines this fall that will help speed recovery from COVID-19 or reduce the possibility of death? I believe the fear of going back to school—or going anywhere these days—is in large part because of the fear of severe illness. If that risk can be lessened by new treatments, it should increase confidence in going back to school.

I’d also like to commend Dr. Hahn and the work FDA did to get tests on the market as quickly as possible to help understand the spread of the virus. Since then, FDA has worked out which tests have not worked as well as they should, and taken steps to remove them from the market. That’s what is supposed to happen during a pandemic.

Admiral Giroir—at our last hearing you said you expected there to be 40-50 million diagnostic tests available each month by September. Is that still true? And exactly how does a school district go about making sure it has those tests? And who pays for them? What are the prospects from the “shark tank” at NIH that there will be new fast, reliable and inexpensive tests available for more widespread testing?

Dr. Redfield—you are continuing to work on additional guidelines about going back to school and college safely. Are CDC employees available to help states work with school districts or college administrators to develop their plans? And what advice do you have about the arrival of the flu season this fall at the same time as COVID-19?

This is a lot to discuss but there will be time during the next two and half hours to answer most of those questions.

Let me highlight three areas that have come up in our four earlier hearings this month that I think need clarification.

First, contact tracing. There is no doubt contact tracing is crucially important to identify anyone who might have been exposed so that person doesn't, in turn, expose someone else. According to an NPR report on June 18, states already have hired at least 37,000 contract tracers. State health officials and Johns Hopkins Center for Health Security issued a report estimating a need for at least 100,000 contact tracers.

Several reports have suggested that the federal government should appropriate funds to pay for these contact tracers. The reality is: Congress already has.

On April 24, Congress appropriated \$11 billion, which has been sent to states and tribes for the expenses of testing. The legislation explicitly said that money could be used for contact tracing.

This is in addition to the nearly \$755 million from the first emergency appropriations legislation signed into law March 6 that went out to states for coronavirus response and can be used by states for contact tracing.

This is also in addition to the March 27 legislation in which Congress provided at least \$1.5 billion in the CARES Act for states, territories, and tribes to use for COVID preparedness and response, some of which can be used for contact tracing. The CARES Act also included \$150 billion to states, but a significant amount of that \$150 billion has not been spent because it is restricted to expenses related to COVID-19.

For example, Tennessee Governor Bill Lee has told me that he is reserving as much as \$1 billion of what Tennessee received so he can determine what flexibility he has in spending the money. Washington state has not spent as much as \$1.2 billion. According the Missouri State Treasurer, Governor Parsons has not spent about \$1 billion.

According to the report by state health officials and Johns Hopkins, an average salary for a contact tracer would be a little more than \$35,000. That adds up to about \$3.5 billion for 100,000 contact tracers. So Congress has already sent to states enough money to hire all the contact tracers that are needed.

Second, who pays for testing. In the CARES Act, Congress voted to make all COVID-19 tests available to patients at no cost. That meant insurers would cover diagnostic tests, which detect whether a person is currently infected with the virus, and also antibody tests, which indicate whether a person has had COVID-19 in the past and now may have immunity to future infection.

Guidance from the Labor Department, the Treasury Department, and the Centers for Medicare and Medicaid Services last week said insurers are only required to pay for tests without patient cost sharing if a doctor orders it. I agree with that.

But given that the CDC specifically recommends doctors order tests in 2 situations—when a person has signs or symptoms of COVID-19, or recently had contact with someone known or suspected to have COVID-19—who pays for testing at other times?

I believe Congress will need to take further action. For example, if a school wants to test its students randomly, perhaps that school should coordinate with their state to become a part of the state

testing plan, making all tests free to students and teachers. Congress may need to provide more money to states to cover that.

If an automaker wants to test all its employees at a plant every two weeks, perhaps the automaker should pay for that testing or become part of a state testing program using funds already provided by the federal government.

Third, flu shots. CDC has said more people need to get flu shots this fall so health care workers can better distinguish between COVID-19 and the flu. CDC says a priority is for all children over the age of 6 months be vaccinated for the flu so they don't become sick and pass it to more vulnerable populations who could have more severe consequences.

On January 24, Sen. Murray and I hosted our first bipartisan briefing on coronavirus at a time there were only 4 cases in the U.S. Since then this committee has held 4 more briefings. This is our 8th hearing on coronavirus and U.S. preparedness.

Last week's hearing was about steps to take this year, while our eye is on the ball, to better prepare for the next pandemic. I have issued a white paper outlining five recommendations for Congress to prepare Americans for the next pandemic, and that paper has received more than 350 substantive comments that are available to every member of the committee.

At the end of this hearing, I'm going to ask each witness what are the 2-3 actions that Congress could take this year to prepare for the next pandemic, some of which undoubtedly could help with this pandemic.

But this hearing is about what happens now as administrators prepare to reopen schools and colleges.

Experts underestimated this virus and there is still much we don't know about it. But we do know the basic steps to take to reopen schools and colleges in 2020 before there is a vaccine and those are: social distance, wear a mask, wash your hands, test, contact trace, and isolate those exposed or sick. And hopefully by the fall there will be treatments to make the consequences of the disease less severe.

I look forward to hearing from our distinguished witnesses how school leaders and college presidents can safely reopen 135,000 schools and 6,000 colleges, and also learning the latest developments on testing and treatments that we can expect during the year 2020 before vaccines arrive.

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