

**COVID-19: GOING BACK
TO COLLEGE SAFELY**

HEARING
OF THE
**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**
UNITED STATES SENATE
ONE HUNDRED SIXTEENTH CONGRESS
SECOND SESSION

ON
EXAMINING COVID-19, FOCUSING ON GOING BACK TO COLLEGE SAFELY

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JUNE 4, 2020
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COVID-19: GOING BACK TO COLLEGE SAFELY

Thursday, June 4, 2020

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The Committee met, pursuant to notice, at 10:04 a.m., in room SD-430, Dirksen Senate Office Building, Hon. Lamar Alexander, Chairman of the Committee, presiding.

Present: Senators Alexander [presiding], Collins, Cassidy, Murkowski, Scott, Braun, Murray, Baldwin, Murphy, Warren, Kaine, Hassan, Jones, and Rosen.

OPENING STATEMENT OF SENATOR ALEXANDER

The CHAIRMAN. Good morning. The hearing of the Senate Health, Education, Labor, and Pensions Committee will please come to order. We want to thank our staff for working through some technical difficulties this morning and thank the Senators and our witnesses who are joining us from around the country in various offices. We are all following the attending physician's protocol for safe distancing and those of us who are here are wearing masks on our way in and sitting at least six feet apart while we are here.

Senator Murray and I will each have an opening statement. Then we will turn to our witnesses for their statements of about five minutes each, if they could please summarize them in that time. And then Senators will each have five minute rounds of questions. We have a vote at 11:40 a.m. so we will need to finish this hearing by about noon and hopefully all the Senators will have had, by that time, a chance to ask their questions. The question for administrators of 6,000 colleges and universities is not whether to reopen in August, but how to do it safely.

Most are working overtime to get ready for one of the surest signs that American life is regaining its rhythm, 20 million students going back to college. Our witnesses today are here to tell us their strategies for reopening safely. Mitch Daniels, President of Purdue in Indiana, Christina Paxson, President of Brown University in Providence, Rhode Island, Logan Hampton, President of Lane College in Jackson, Tennessee, Georges Benjamin, Executive Director of the American Public Health Association in Washington. Purdue, University of South Carolina, Rice, Creighton, University of Notre Dame, and others, will finish their in-person classes before Thanksgiving to avoid further spread of COVID-19 during flu season. Vanderbilt University will require masks in classrooms. To

make social distancing easier, colleges are rescheduling classrooms that are usually empty in early mornings, the evenings, on weekends and summer. Concerts and parties are out. Grab and go meals, flu shots and temperature checks will be in. Campuses will offer more online courses.

Recently I was on a phone call with about 90 chief executives of Tennessee's 127 higher education institutions. They are planning to resume in-person classes, almost all of them, in the Fall, but they want Governments to create liability protection against being sued if a student becomes sick. Bucking the trend, California's State University system has announced that it will offer most of its courses only online. All roads back to college lead through testing. The availability of widespread testing will allow colleges to track and isolate students who have the virus or have been exposed to it so the rest of the student body doesn't have to be quarantined.

Campuses are exploring using mobile phone apps for tracking and creating isolation dormitories to isolate students who have the virus or have been exposed as University of Tennessee, Knoxville is doing. Widespread testing not only helps contain the disease, it builds confidence that the campus is safe. Fortunately, U.S. Assistant Secretary Brett Giroir told our hearing that there will be 40–50 million tests available per month by September. That is 4 to 5 times the number of tests available today and more than any other country.

Dr. Francis Collins, who led the Human Genome Project, now leads a competitive so called Shark Tank, an enterprise at the National Institutes of Health to discover new ways to conduct tens of millions of additional accurate tests with quick results. Should everyone on campus be tested? On a webinar for institutes of higher education on Friday, May 29, Centers for Disease Control and Prevention officials said that they are not recommending that at this time you test every student, but they are encouraging campuses to work with their state and local health officials.

However, that does not take into account testing for peace of mind. Some schools may want to test everyone before they come back to campus. At least schools may want to think about randomly testing to detect asymptomatic cases and have the ability to test everyone in certain categories, health care, food service, cleaning workers, older faculty, students with medical conditions, students who are arriving from virus hot spots, all students in a class or dorm where there is an outbreak or a person infected. Administrators ask me, where will I find tests? The answer is, consult your local health department and your Government—and your Governor. Each state submits a monthly plan to the Federal Government outlining testing supplies and needs. Admiral Giroir's team then helps fill the gaps.

My recommendation is you want your school's testing needs to be in your state plan. A school can also contract directly with laboratories who conduct tests, review the Food and Drug Administration list of authorized tests, or ask for help from a local university or hospital that has created its own test. COVID-19 plans should last for at least the full school year.

The Government is pursuing vaccines at warp speed, but no one expects one in August. In the second semester there should be

more tests, more treatments, better contact tracing and vaccines. But amidst the flu season and the return of COVID-19, it will be the Fall of 2021 before we begin to approach normal. But students returning in the Fall and their families will want and need to have peace of mind that they, and their loved ones, are heading back to a safe environment. Testing is the key to providing that. There are several reasons colleges have an advantage in providing a safe environment for students and faculty. One, younger people have been hurt less by COVID-19. For example in Tennessee, nursing homes account for around 5 percent of cases but 36 percent of the deaths. Compare that with Tennesseans under the age of 30, 30 percent of cases of infection, less than 1 percent of deaths. Still, there is much we are learning about the virus, and Dr. Anthony Fauci has warned us not to be cavalier about assuming that young people are not at risk.

Second, colleges are notorious wasters of space. Former George Washington University President Stephen Trachtenberg once estimated that a typical college uses its facilities for academic purposes a little more than half in the calendar year. He said that he could generate—he said that continues to generate maintenance, energy, and debt-service expenses that contribute to the high cost of running a college. He said that he thought he could run two colleges in the space that he has one college if he organized efficiently. Well, he was never able to do it that way.

Keeping students six feet apart will be easier if colleges embrace a new efficiency and use more of their classrooms and spaces throughout the day and throughout the year. And maybe that is a lesson that will last beyond the COVID-19 crisis. Third, tracking and tracing will be easier to do at colleges. We know what classes students attend, and what dorms they live in. If colleges take it a step further, assign seats in classes, infections will be easier to track. Fourth, a college can presumably require students to wear masks. Perhaps campuses can make mask-wearing a part of the campus culture. But college environments pose a couple of challenges as well. 19 and 20-year-olds especially don't always choose to do the healthiest thing. A national survey on drug use and health found that a third of college students admitted to binge drinking in the last month, for example.

Fifth, 86 percent of undergraduate students are not living on campus, according to the National Center for Education Statistics. That means that many students will leave and return, potentially exposing themselves and others to the virus, making social distancing and CDC recommended health status all the more important. What should the Federal Government's role be in helping colleges and universities safely reopen? Providing advice from the CDC, funding for innovation such as the Shark Tank I mentioned for tests, encouraging universities to work with states to get included in their testing plans, helping supplies—provide supplies that the states don't have, funding such the \$14 billion in CARES Act to address lost revenues, and the Federal Government could provide some liability protection.

Beyond that, decisions, in my view, ought to be left to the individual campuses. From the small technical universities to Harvard, from MIT to the four-year Berea College in Kentucky, which is tui-

tion free, they are best able to make their own decisions. When I became a university president in 1988, I asked the president of the University of California, David Gardner, why the University of California was so good. And he said, well first autonomy and second, the Government money follows the student to a college of their choice.

The United States is home to 6,000 colleges and universities, arguably the best system in the world and it has gotten that way because the institution, campuses have had maximum autonomy and minimum direction from Washington on everything from their curriculum, tuition, admissions, policies, health care plans for students, compensation for faculty. The campus systems themselves determine what their policies will be for student behavior and conduct, housing, safety, and a host of other things.

I would suggest that we follow the same tradition here. President Trump and Congress should not be telling the California State University system that it has to open in person in the fall, nor it should be telling Notre Dame and Purdue they cannot in person in the fall, nor should be telling Brown University they can't test everyone if Brown wants to, and telling the Indiana that it has to, or Purdue that it has to even though they don't want to. We know that a single lost year of college can lead to a student not graduating and set back career goals.

Already, disruption of university research projects has erased much of the funding that Congress has given our research universities. Many American colleges will be permanently damaged or even closed if they remain, as our witness today, Christina Paxson of Brown says, ghost towns. Two thirds of college students want to return to campus, according to the Axios survey. Mitch Daniels, another witness today, says that at Purdue tuition deposits by incoming freshmen broke the last year's record.

Colleges and universities are microcities. College presidents and administrators can make them among the safest small communities in our country's safest communities in which to live and work during this next year. In doing so, they will help our country take its surest step toward normalcy.

Senator Murray.

OPENING STATEMENT OF SENATOR MURRAY

Senator MURRAY [continuing]. So hard to make it possible for this hearing to be safe and socially distant. Before we begin, I just want to say that as we see people around the country, especially young people, protesting for long overdue change, we must remember the opportunity institutions of higher education have to help address disparities and systemic racism and their responsibility to do so.

That means as we look at the dramatic impact COVID-19 is having on institutions of higher education and discuss ways to keep students, faculty and staff safe, we absolutely have to address the unique impact this virus has on Black communities and other communities of color. We have already seen that communities of color, tribes, and other vulnerable populations face some of the harshest impacts from this pandemic.

It is our job to ensure that the students who have been, and will continue to be, disproportionately impacted by COVID-19, don't see their education suffer or fall behind. So with that in mind, today we must recognize and address the disproportionate impact this crisis is having on those who were already facing challenges, students of color, first-generation college students, students experiencing homelessness, and student parents, and we must let public health and science drive decisionmaking. The coronavirus crisis has deeply affected every single aspect of our higher education system and it will have profound impacts on students and colleges for many years to come.

The COVID-19 pandemic has forced institutions of higher education to grapple with unprecedented challenges from widespread closures, to rapid transitions to online education, to unprecedented student financial need and unemployment, and sharp revenue losses and looming budget cuts. Many may not be able to reopen their doors, including many historic and under-resourced colleges that serve high populations of students who have low incomes and students of color.

Faculty and staff, from professors and adjunct instructors, to administrative and support staff, to custodial workers and food servers, and much more, are wondering if they will have a job to return to in the fall. And for students across this country, from graduating high school seniors, to community college students, to students pursuing advanced degrees and more, this pandemic has completely shattered their notions of a normal school year as they are forced to navigate this new world.

Every single student across this country is experiencing unprecedented disruption. And many students will need additional support, like advising, tutoring, and mental health counseling to succeed in the new learning environment. But not every student is experiencing equal disruption. The pandemic has hit certain communities, particularly communities of color, significantly harder than others. And these disparities hold true for higher education, where certain student populations are bearing a heavier burden of the crisis than others. Before the pandemic started, students of color, students who are parents, first-generation students, LGBTQIA+ students, students with disabilities, and veteran students were already far more likely to struggle to meet basic needs like food, housing, health care, and child care.

But with on-campus resources now widely closed, this pandemic has exacerbated existing problems for many of these students. Millions of students who rely on dorms and college-managed apartment buildings have been forced home. But for many students, like students experiencing homelessness, former foster youth, students with unsafe homes, and international students are unable to return to their home countries. Going home is not an option. For many students without access to a computer or the internet, or a safe or quiet place to study, online learning is not an option.

With many on-campus and community child care providers closed, the one in five college students who are parents have even fewer options for child care. As we move toward solving the truly countless challenges facing our colleges and students, we absolutely have to keep in mind and address the unique needs of the students

who have been disproportionately impacted by COVID-19 as colleges begin to reopen safely, physically or online. We need to ensure that colleges do not rush into a decision on how to reopen without thorough consultation with public health officials. There is a very real possibility, as Dr. Fauci told us the other week, of a resurgence of coronavirus. That is why colleges and universities need a detailed plan for how to keep the campus community safe, regardless of how the pandemic evolves in the coming months.

Our students, our faculty, staff and college communities need to know that before colleges reopen their doors, they have planned for every potential outcome, every contributing factor, and every scenario. But colleges and universities can't do this alone. They need in-depth, actionable and detailed guidance from the Federal Government on best practices when it comes to how to house and feed students safely, how to minimize class size and keep students socially distant, how to ensure library books and other shared equipment are cleaned properly and often.

When it comes to the broader community, how to keep faculty and staff members of the larger community safe, and how to minimize risk when students travel to and from campus. These are just a few of the questions that need to be answered before schools can open safely. Doing so requires a complex planning process that we absolutely cannot get wrong. Colleges and universities need actual support from Secretary of Education Betsy DeVos, who instead of working with the higher education community on how to reopen safely, is forcing colleges and universities to implement a new harmful, ideological Title IX regulation during a pandemic that will ensure one thing, that students, already worried about the pandemic, are now going to be more unsafe next school year when it comes to sexual assault and harassment.

While I am glad we have the opportunity to hear from the witnesses today, this Committee, and the American people, deserve to hear directly from Secretary DeVos on how she is working with the higher education community, as well as Secretary of Labor Eugene Scalia on how we can safely protect workers from the virus, and Secretary of Health and Human Services Alex Azar on how the Administration is responding to this health crisis.

Today, we need to not only address the immediate needs of colleges and students, but we need to begin to plan what the future of higher education will look like in the wake of the coronavirus. These truly unprecedented times require bold, responsive leadership but right now colleges and universities are not getting what they need from the Federal Government.

While I am fighting to secure additional funding and address the ongoing needs of colleges and students across the country, I will continue to push this Administration to not only implement the law as intended by Congress but to step up and provide leadership and guidance to our faculty, staff and students because they desperately need it. Thank you Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Murray. We will now move to the witnesses and then to Senators' questions. Pleased to welcome all four of our witnesses and will introduce all four, but let me ask Senator Braun to introduce our first witness and then I will introduce the other three.

Senator Braun.

Senator BRAUN. Mitch Daniels. The first time I met you Mitch was in 2015. I was a freshman legislator and you came into the Ways and Means Committee. And I remember it was like the third year I think into the tuition freeze and I think you had tuition increases for 36 years prior to when you did that. And as a, entrepreneur, I asked you the question, what are you going to do to actually lower costs? I remember it vividly, you said, I am going to look at purchasing across all our locations, made sense. You were going to tackle fringe benefits, especially healthcare costs.

I did that back in my own business in 2008 and that is a rowdy affair when you do it, but when you make it sustainable, it is great for your employees. There is no doubt about that. And you said you would turn a four-year degree into a three-year degree. That impressed me. That was the kind of entrepreneurial spirit I think we need across the Federal Government for sure and it addresses high education costs, post-secondary, and health care costs, the two most uncontrollable sectors in our economy. It is noteworthy that you did that without shifting from full-time faculty to part-time. You did not increase your percentage of international and out-of-state students, and you signed a book deal with Amazon that lowered costs by 30 percent, making it to where now tuition is less in nominal terms than it was back in 2012.

Also borrowing, down 31 percent. You got the back to boiler program, which is an income share agreement model. Provides, I think, a better alternative to the Parent Plus and private loans. All of this is no surprise. As Governor of Indiana, you took a chronic deficit situation, \$800 million a year, turned our credit rating into AAA. Every position you held from the time of chief of staff for Senator Dick Lugar who's seat I proudly occupying now, to advisor to Ronald Reagan, to the Director of the OMB for President Bush, you have demonstrated fiscal conservatism, business acumen.

Once again, Purdue leads, this time as a university, leads reopening for institutions of higher education following the COVID-19 emergency. In a recent op-ed in the Washington Post, Mitch rightly argues that not only is reopening campus in the fall possible, but it is the duty of the university to continue to provide high value instruction, training, and research for which the university is nationally respected.

I look forward to seeing how Purdue has, approaches this unique challenge, how it plans to bring its campus back safely into educating. I am proud that an Indiana institution is leading the way for others across the country. I am pleased to have its leader here today to testify virtually in front of our Committee where we can discuss these changes at Purdue more in depth.

The CHAIRMAN. Thank you, Senator Braun. I think I will ask you to introduce me sometime. That was a good introduction as I have heard of anybody. Thank you very much. Our second witness is Dr. Christina Paxson. She is President of Brown University in Providence, Rhode Island. In April, Brown announced it's plan to hold classes in person this fall creating a healthy fall 2020 task force to develop a plan to safely reopen campus. Dr. Paxson was appointed President of Brown in July, 2012. Prior to that, she served as Dean of the Woodrow Wilson School of International and Public Affairs

and as the Hughes Rogers Professor of Economics and Public Affairs at Princeton University. She has been active in the fields of economics and public health, serving as the principal investigator on several research projects supported by the National Institutes of Health and serving on the Board of Directors of the Federal Reserve Bank of Boston.

Our third witness is Dr. Logan Hampton, President of Lane College in Jackson, Tennessee. Lane College has announced it is considering bringing students back to campus in the fall. He was appointed President of Lane in June, 2014. And prior to that he served as Vice Provost for Student Affairs at the University of Arkansas at Little Rock among other positions serving students. One of Lane college's distinctions is it was the place where Alex Haley's father taught, raised four distinguished children. Welcome, Dr. Hampton. And I would like to turn to Senator Murray to introduce our next witness.

Senator MURRAY. Mr. Chairman, thank you very much. I am delighted that we have the opportunity to hear from Dr. Benjamin today who is an expert on what we need to be doing in terms of making sure that our colleges and universities and our public health system is working correctly when it comes to having a safe place to return to this fall. So I really want to thank—

The CHAIRMAN. Thank you, Senator Murray. Now, we will thank our witnesses for joining us virtually. We will ask them to summarize their statements in about five minutes, which will leave more time for questions by the Senators. And we'll begin with President Daniels. Welcome, President Daniels.

STATEMENT OF MITCHELL DANIELS, PRESIDENT, PURDUE UNIVERSITY, WEST LAFAYETTE, IN

Mr. DANIELS. Thank you, Mr. Chairman and the Committee for this invitation and for the good advice I know we will receive during the next couple hours. Purdue—we teach everything at Purdue University, but we are the one of the most STEM centric schools and therefore proceed from science and data when we can. And we certainly did in this case. I will say that if we had to make the reopening decision in March or even early April, we would have not been able to justify saying so, but it was only as data made plain how highly focused the lethality of this terrible virus is that we began to make—come to a different conclusion. As we now know and nationally deaths in nursing homes alone represent over 40 percent of the reported fatalities. In our state, 48 percent and a story this morning suggest maybe well over half.

Meanwhile on the other end of the age spectrum, the typical college age individual we now know has a 99.99 percent survival rate much higher than from many other illnesses that do affect people old and young. It doesn't—the COVID fatality data suggests it is not even in the top 10 risks facing our students every year, outranked by many illnesses as well as accidents of different kinds and I am distressed to say suicide. Meanwhile, students are telling us very emphatically that they want to be on campus, they don't want their education interrupted. We believe that we have fashioned ways and other schools have to deliver content online very capably but that still deprives the student of many other experi-

ences that are only available on campus, in encounters of some kind with faculty and with their peers.

The plan we have assembled for our university is based on two basic strategies. One is the protection of the vulnerable to minimize the risk to those we now know are at serious or potential danger from this virus. On the other end to maximize choice, we will say to students and the faculty after you have surveyed all the precautions that we are putting in place, that if you are still uncomfortable, please don't come. We have an online option for you as a student. We have a myriad of hybrid options available to you as a professor.

A week from today, our Board of Trustees will examine and I hope approve the third of three sets of actions that taken together constitute our plan to protect Purdue. Just to give you the flavor, at least a third of all our staff will continue working remotely indefinitely. We will lower the occupancy of classrooms by at least 50 percent.

There will be a 10-foot minimum between any faculty member and any student, and those students will be wearing masks and that faculty member will be behind plexiglass. I learned last night our purchases of plexiglass now exceed 1 mile. We will de-densify our dining. Indoor seating will be will not occur indefinitely. A grab-and-go, as the Chairman said, will become the rule. In our residence halls we have taken out over 1,000 beds. Many doubles will now become singles.

We will rearrange the other so that there is a—we are looking at 13 to 14 or 15 feet distance between roommates as they sleep. Social distance will be achieved every way we can. No convocations, concerts, large gatherings, no parties. We will spend the millions already on HVAC and disinfection improvements. And of course, testing. We will have a comprehensive screening on arrival and extensive testing from the first day, of course, testing of those who have been in proximity to people testing positive, and probably a lot of random testing during the semester. We have over 500 beds already set aside for the quarantine of positive testers, and we expect to have many more.

All this will cost, before we are done, tens of millions of dollars, but we are just going to try to leave nothing to chance. But I want to finish by saying that we all recognize the single most important change we must make is in behavior, is in culture. We will be—we have already begun saying to our students, if you are uneasy about any of this, please don't come. We have another option for you. On the other hand if you are going to come, please be prepared to pitch in and to comply with the protect Purdue pledge, which we have fashioned committing each person in our community to all the changes that I have mentioned and many more. We make no pretense to having all the best answers.

We made our intentions known early. And not to preach to anyone else but because we need every day, we think, to implement effectively a program that comprehensive. We are encouraged to see now almost all schools coming to a similar conclusion. We look forward to learning from them and from this morning's Committee meeting. Thank you.

[The prepared statement of Mr. Daniels follows:]

PREPARED STATEMENT OF MITCHELL DANIELS

I express my gratitude to Chairman Alexander, Ranking Member Murray, and Members of the Senate HELP Committee for the invitation. On behalf of Purdue University, I thank you for your interest in supporting the ongoing preparations to protect students and employees in the coming fall.

We have learned much in the past few months.

On Feb. 1, watching the outbreak of a new virus in China, our university suspended travel to that country. On Feb. 26, we extended that ban to visiting other countries reporting the infection. On March 10, we decided to close the Purdue University campus for the spring semester and move to remote instruction. On March 17, we canceled our traditional commencement.

At the point when the campus was shut down, if we had needed to decide on our plans for the fall, we would have felt compelled to resume with remote instruction and keep the campus closed. For all we knew, COVID-19 posed a danger across all lines of age and health status, and a place as densely populated as our campus would be defenseless against it—operations couldn't be responsibly restarted.

We have all learned a lot since then. What would have been a reckless and scientifically unjustified decision in late March is now plainly the best option from both a scientific and a stewardship standpoint, at least for our particular institution. We're not alone: Two-thirds of the more than 800 colleges surveyed by the Chronicle of Higher Education have now come to the same conclusion and will reopen with in-person instruction in the fall.¹

The most salient discovery the world has made during these terrible two months is that COVID-19 is a very dangerous disease, specifically for the elderly and the infirm, particularly those with diabetes, hypertension, other cardiovascular illnesses or the obesity that so frequently leads to these disorders.

The companion discovery is that this bug, so risky in one segment of the population, poses a near-zero risk to young people.² Among COVID-19 deaths, 99.9 percent have occurred outside the 15-to-24 age group;³ the survival rate in the 20-to-29 age bracket is 99.99 percent.⁴ Even assuming the United States eventually reaches 150,000 total fatalities, COVID-19 as a risk to the young will rank way below accidents, cancer, heart disease and suicide. In fact, it won't even make the top 10.⁵

This is fundamental information for institutions with radically skewed demographic compositions. If you're running a nursing home, it means one thing. New York unintentionally ended hundreds of lives prematurely by ordering COVID-19 patients into such homes, the worst possible places for them.⁶

But if you're running a university, the science is telling you something diametrically different. Our campus, including its surrounding community, has a median age of 20.5. More than 80 percent of the total campus population is 35 and under. We may have the population density of New York City, but we have the age distribution of Uganda. The challenge for Purdue is to devise maximum protection for the unusually small minority who could be at genuinely serious risk in order to serve the young people who are our reason for existing at all.

Here's something else we've learned. Our students (and, one suspects, their trapped-at-home parents) overwhelmingly are eager to continue their educations, in person and on campus. We know it is not the case everywhere, but at Purdue, tuition deposits by incoming freshmen have shattered last year's record by double digits and re-enrollments of upper-class students are at normal levels.

Forty-five thousand young people—the biggest student population we've ever had—are telling us they want to be here this fall. To tell them, "Sorry, we are too incompetent or too fearful to figure out how to protect your elders, so you have to disrupt your education," would be a gross disservice to them and a default of our responsibility.

¹ <https://www.chronicle.com/article/Here-s-a-List-of-Colleges-/248626>.

² (2020). Estimates of the severity of coronavirus disease 2019: a model-based analysis. *The Lancet Infectious Diseases*. doi.org/10.1016/s1473-3099(20)30243-7.

³ Data.CDC.gov.

⁴ (2020). Estimating the burden of SARS-CoV-2 in France. *Science*. DOI: 10.1126/science.abc3517.

⁵ (2020). Estimating the Risk of Death from COVID-19 vs. Influenza or Pneumonia by Age. Roy, Avik. <https://freopp.org/estimating-the-risk-of-death-from-covid-19-vs-influenza-or-pneumonia-by-age-630aea3ae5a9>.

⁶ 2020. AP count: Over 4,500 virus patients sent to NY nursing homes. *ABC News*. abcnews.go.com/Health/wireStory/ap-count-4300-virus-patients-ny-nursing-homes-70825470.

Instead, we have spent every waking minute of the past eight weeks planning changes to almost everything we do—how we house and feed students and preserve the value of the tutelage and mentoring by faculty and advisers, while maintaining a safe physical distance between the two groups. A panel of scientists and clinicians is guiding our choices.

We will make our campus less dense in multiple ways. At least one-third of our staff will be required to work remotely. Our technologists have applied what they've learned about social distancing to redesign 700 classrooms and labs, and 9,500 dormitory rooms, all of which will be reconfigured with lower occupancy limits. All large-enrollment courses will be offered online as well as in person, to accommodate those who cannot or choose not to come to campus, and to further reduce in-class numbers.

We will test systematically and trace contacts of anyone testing positive for the coronavirus. Large numbers of symptomatic Boilermakers will also be tested. Among the options we are considering include random testing, tests for those with potential exposure, and tests for those living in potential “hot” spots as determined by contact tracing.

We will forgo the concerts, convocations and social occasions that ordinarily enliven campus life. It will be a quieter fall without fraternity parties, but first things first.

Perhaps most important will be the cultural change on which we have to insist because, in another lesson of the coronavirus spring, nothing makes a more positive difference than personal behavior and responsibility. Wearing masks indoors and in any close-quarters space reduces viral transmission dramatically all by itself. Combined with rigorous hygiene and prudent social distancing, facial protection can probably provide more protection than all the extra disinfecting, plexiglass-barrier installation, HVAC improvements and other measures we take.

On arrival in August, each Boilermaker will receive a kit including face masks and a thermometer for daily temperature-taking as well as the Protect Purdue Pledge asking for a commitment to at least a semester of inconvenience, not primarily for the student's own protection but for the safety of those who teach and otherwise serve them. I will urge students to demonstrate their altruism by complying, but also challenge them to refute the cynics who say that today's young people are too selfish or self-indulgent to help us make this work.

A final thought: We recognize that not every school can or should view the decision to reopen as we do. Unlike Purdue, many colleges were already struggling with low enrollment and precarious finances when the pandemic hit. But given what we have learned, with 45,000 students waiting and the financial wherewithal to do what's necessary, failure to take on the job of reopening would be not only anti-scientific but also an unacceptable breach of duty.

I thank the Committee for this invitation and any guidance you may offer us in enabling 45,000 purposeful young people to continue their education without interruption.

The CHAIRMAN. Thank you, President Daniels, and thanks to you and our other witnesses for interrupting demanding schedules to be a part of our hearing.

Dr. Paxson, welcome.

STATEMENT OF CHRISTINA PAXSON, PRESIDENT, BROWN UNIVERSITY, PROVIDENCE, RI

Dr. PAXSON. Good morning, Chairman Alexander, Ranking Member Murray, and Members of the HELP Committee, and thank you so much for inviting me to testify in today's hearing. Before I begin, I want to acknowledge the pain that our country is experiencing over systemic issues of racial injustice. And in times like these, our colleges and universities play an especially critical role in helping communities build collective understanding and make calls for action. So, thank you.

Now, Chairman Alexander, you might appreciate the fact that my grandfather was a longtime faculty member at your University,

the University of Tennessee, where he directed the experimental research station. And I grew up hearing about the challenges that University experienced during the Great Depression. And of course the Great Recession, which I experienced, was another time of great stress for colleges and universities. But I can say that whether you are a public or private institution, large or small, rich or poor, we have never seen anything like this. Last spring, when the coronavirus started to spread in the United States, colleges and universities had no choice but to shutter our campuses.

Testing was scarce. There was no way to know if the virus was silently spreading through dormitories and classrooms. So now, as economies are reopening, we are developing plans to bring research and students back to campus. And I want to underscore that Brown will not open unless we can do so safely in compliance with CDC and state guidelines. We will not compromise on safety. I am cautiously optimistic that we can reopen if we continue to coordinate closely with the State of Rhode Island and develop a sound, science based public health plan for our campus. And this plan must include all of the things we just heard about, very familiar now, for preventing the spread of infection, testing and more testing, tracing, isolation, quarantine, social distancing, masks, and hygiene measures. We are changing how we use lecture and classroom spaces. We are adjusting living arrangements in dorms. We are developing plans for remote teaching among a multitude of other steps.

This work is complex. It is all-consuming. It is very expensive. But if this is what it takes to make a safe opening possible, it is well worth it because there is so much at stake. First, our students are eager to come back to campus. Many say that they may delay getting their degrees if they can't return and that would be bad for them and bad for the country. Second, a lot of federally funded research is languishing on the bench—labs doing COVID-19 related work throughout the spring but important work on things like Alzheimer's disease, cancer, and new energy technologies, it simply isn't getting done. Third, the pandemic has created enormous financial pressures with colleges and universities and this will get even worse if students can't safely return in the fall.

Brown is fortunate, we can weather this, but colleges and universities don't have the resources to do so. And if they can't reopen, they will have no choice but to lay off even more of their employees and possibly close forever. Colleges and universities, as you know, have traditionally been some of the most stable employers and consumers of goods and services in their regions. And our missions of education and research drive upward mobility, reduce disparities, increase innovation, and support standards of living.

I want to thank you for the support you have already provided for colleges and universities. Going forward, the higher education sector can't reopen without your continued support. So we need help implementing public health plans for the safety of our students and employees and addressing declines in enrollment. Another major need is financial aid. Institutions will spend tens of billions of dollars on aid for students whose parents have lost their jobs and they may be unable to return to school without emergency

assistance even if colleges open and we can't risk losing a generation of students.

Finally, universities, medical schools, teaching hospitals need estimated at least \$26 billion dollars in emergency support for research that has been adversely affected by the pandemic. This includes funding for grant contract extensions, facility support, post-doctoral and graduate student fellowships. Now, this is a time when partnership between higher education and Federal Government and State Government more important than ever for the sake of the research and innovation that is at the core of America's health care industry and economic competitiveness, the cities and states that rely heavily on institutions as major economic drivers, and especially and most importantly for the sake of our students. So thank you for the opportunity to offer testimony today, and I look forward to questions.

[The prepared statement of Dr. Paxson follows:]

PREPARED STATEMENT OF CHRISTINA PAXSON

Good morning, Chairman Alexander, Ranking Member Murray and Members of the Health, Education, Labor and Pensions Committee. Thank you for inviting me to testify at today's hearing, "COVID-19: Going Back to College Safely." I appreciate the opportunity to share my views on one of the most important and challenging decisions higher education has ever faced—how to return students, faculty, staff and researchers to campus as soon as it is safe to do so, while continuing to provide excellent educational opportunities to our students.

I am the president of Brown University, an institution located in Providence, Rhode Island. When our country grappled with the onset of the COVID-19 pandemic earlier this year, institutions of higher education, including Brown, took swift action and were among the first to cease onsite operations. The rapid response that occurred across the country stemmed from our concern for the health of our students, employees and surrounding communities, and our recognition that college campuses pose special challenges for addressing infectious disease.

Thus, when the time comes for colleges and universities to reopen, we must do so safely and in accordance with the advice of public health experts. I recognize that there is no one roadmap for reopening a campus. Colleges and universities vary widely in terms of their financial resources, sizes, access to health care, and the level of COVID-19 infection in their locations. However, I firmly believe we share common priorities and principles that guide planning for reopening our campuses.

First and foremost, the health and safety of the students and employees who make up a college community are the top priority. As I argued in a recent op-ed for *The New York Times*, it should be a national priority to support colleges and universities in addressing the challenges and barriers they face in their efforts to reopen safely. This is a time when partnership between higher education and Federal Government and state governments is more important than ever—for the sake of the educational attainment of students across the country; the cities and states that rely heavily on institutions in their communities as major employers and economic drivers; and the research and innovation that is at the core of America's health care industry and economic competitiveness. I'll address all of these points in this testimony.

First, it is important to understand that the mode of how we deliver the educational experience next year will very likely look different than in past years. It is imperative that colleges large and small—urban and rural—have the resources to ground our actions supporting teaching and instruction in evidence-based public health protocols for safeguarding the health and well-being of our communities.

Institutions need the support of our Federal Government to gain the capacity to develop public health plans that build on three basic elements of controlling the spread of infection: test, trace and separate. At Brown, as at many colleges and universities, we are developing plans with the following features:

- Testing of all students and employees upon return to campus, testing for all symptomatic students and employees, and random testing of asymptomatic members of the community to monitor levels of infection over time.

- Traditional and technology-enabled contact tracing capacity, developed in close coordination with the Rhode Island Department of Health, so that the spread of any infection on campus can be quickly stemmed.
- Residence halls that are “de-densified” so that students have single rooms and there are fewer students per shared bathroom, plus suitable dormitory space set aside for isolation and quarantine.
- Classrooms, libraries and dining halls that are reconfigured to enable social distancing, and additional investments in cleaning and supplies for appropriate hygiene.
- Large lecture courses that are converted to “flipped” mode, so that students watch the lecture online, and gather together in smaller recitation or problem-solving sessions with their instructor.
- The development of a robust public health education campaign, so that students understand what they need to do to keep themselves, their classmates, faculty, staff and community members healthy.

Additionally, even if most students return to campus, institutions will also need to provide remote education for students who are unable to return because of travel restrictions or health conditions.

Putting these elements in place will require an extraordinary effort, and will create additional financial pressure on colleges and universities. Institutions will be required to innovate as they never have before. But in my view, if this is what it takes to safely reopen our campuses, and provided that students’ privacy is scrupulously protected, it is worthwhile. Institutions need to be supported in their efforts to safely handle the possibility of infection on campus while maintaining the continuity of core academic functions.

This path to reopening college campuses requires close coordination with state and local public health officials, not only to protect students and employees, but also the local community members they interact with. At Brown, we are planning for a gradual return to campus over the summer—starting with the reopening of research laboratories—that aligns with plans recently announced by Governor Gina Raimondo for the reopening of businesses and industries across Rhode Island. Even though coordination between the leaders of our Nation’s 4,000 degree-granting post-secondary institutions and state and local governments will vary, especially given the differences in approaches to reopening, it is imperative that we all work together to maintain the health of our communities as we plan for a range of different scenarios for the coming year.

It is important to underscore once again that college campuses should only reopen if it is safe to do so and in accordance with the advice of public health experts. Should there be a resurgence in infection as the U.S. economy reopens, it may not be possible to bring students back to campus in the fall. As many institutions move forward with resuming mission-critical campus and research operations over the summer, we must remain vigilant and be prepared to slow or halt efforts to reopen.

The challenges institutions of higher education face as we develop plans to safely reopen colleges and universities this fall are immense. This planning is necessary for two reasons: institutions provide essential educational and learning opportunities to millions of students every year; and they make significant contributions to our local communities as well as the national economy.

Last fall, over 19 million students were enrolled at an American college or university to obtain some form of advanced learning or training. If students cannot come back to campus, and if schools do not take steps to ensure students have access to excellent educational opportunities, some students may forgo starting college or delay completing their degrees. This would have a damaging effect on our country, especially given the role higher education plays in preparing young people to become productive and effective members of democratic societies.

As a sector, higher education is a significant component of the U.S. economy. Degree-granting postsecondary institutions employ about 3 million people, and as recently as the 2017–18 school year contributed more than \$600 billion of spending to the national gross domestic product. Colleges and universities have traditionally served as anchor institutions and have been some of the most stable employers and consumers of goods and services in municipalities and states. Our missions of education and research drive innovation, advance technology and support economic development. Educational attainment, including college and graduate education, enables upward mobility and is an essential contributor to the improvement of living standards in the United States and around the world.

If colleges and universities can reopen safely, they will have to contend with the costs of implementing the comprehensive public health plans described earlier in this testimony. In addition, they can expect their students to require significantly more financial aid. This is especially true for those campuses that have fewer resources to begin with and are more subject to state budget cuts. In a May 29, 2020, letter, the American Council on Education and other associations estimated that higher education will require \$46.6 billion to address near-term financial needs, including need-based aid for students and costs incurred due to campus closures. This figure does not include additional costs for reopening in the fall, such as testing, tracing and isolation. Additional assistance should go directly to institutions. (For more detailed information please see the attached letter on institutional and student financial relief needs from the American Council on Education: <https://www.acenet.edu/Documents/Letter-Senate-fifth-supplemental-request-052920.pdf>).

Using my own institution as one example, consider that after the 2008 financial crisis, Brown had to increase scholarships by 12 percent to meet the full financial need of all enrolled undergraduates. Given that the unemployment rate in May is expected to be about 20 percent, more than double the maximum during the Great Recession, we anticipate that our students' financial needs will increase much more than in the aftermath of the 2008 financial crisis. Many schools cannot afford to increase scholarships to meet this need. Without additional Federal support for financial aid, many of their students may be unable to return to college for financial reasons, even if their campuses are open.

Furthermore, it is important to note that international students and scholars are integral to our institutions. American colleges and universities attract the best and brightest students from around the world. To ensure that international students can continue to study safely in the United States, it is essential that the resumption of visa processing occurs swiftly and international students receive expedited visas. Additionally, it is critical that students and exchange visitors receive clear guidance as soon as possible on any additional requirements they will have to comply with in order to enter the country, including testing and quarantine requirements.

In the event that it is not safe to reopen college campuses, many institutions of higher education will need relief and support from the Federal Government in order to survive, especially those that were in precarious financial positions before the pandemic. Already, the financial impact of the pandemic on institutions of higher education is staggering and continues to climb. Using Brown as an example once again, we expect a negative financial impact next fiscal year from COVID-19 on the order of \$100 to \$200 million or more, depending on forecasted losses and increased expenses associated with different scenarios for reopening.

While we have implemented a strict freeze on hiring and salary increases for faculty and staff—and senior leaders have taken pay cuts—we continue to feel deep budget impacts of important measures that include supporting undergraduate students with travel, moving and instructional expenses; crediting fees for room and board; waiving the summer earning expectations of all undergraduate students and providing more scholarship aid; providing support to graduate students; and contending with loss of revenue from canceling summer programs.

Colleges and universities across the country are experiencing similar losses. Most are heavily dependent on tuition, and so remaining closed in the fall means losing as much as half of an institution's annual revenue. If this happens, it is expected that a number of institutions will be forced to permanently close. This would be a devastating loss for students, lead to a fresh wave of layoffs, and harm local economies and our country as a whole.

Although most of the discussion around the reopening of college campuses has focused on students, it is important to acknowledge that the COVID-19 pandemic has halted a significant amount of the federally funded research that takes place at research institutions. Restarting this research must also be a priority.

Over the past several months, universities have kept open laboratories that conduct research related to COVID-19. It is likely that one of America's leading research institutions will contribute to the discovery of a vaccine for COVID-19. Research universities are also working to identify effective treatments and better testing methods. This is urgent and necessary work, and it has been gratifying to see how university-based scientists across the country have stepped up to help end the pandemic.

In the meantime, however, an extraordinary amount of federally funded research is languishing on the bench due to this pandemic. This includes research in areas such as combatting Alzheimer's disease and cancer, and the development of sustainable energy sources. Putting this work on hold not only threatens the future of re-

search and discovery, but also the country's position as the world's leader in innovation.

Our research institutions need urgent relief to preserve research and lab infrastructure as well as to protect our research workforce—both of which are needed to emerge intact from this crisis. The Federal Government can provide assistance in a number of ways, including but not limited to, additional support for major research agencies; uniform guidance and policies from Federal agencies to provide flexibility to cover salaries, benefits and tuition support for graduate students and researchers; and temporary regulatory and audit flexibility from the Office of Management and Budget during the pandemic. (For more detailed information, please see the attached May 27, 2020, letter on research relief recommendations from the Association of American Universities, Association of Public and Land-grant Universities, Association of American Medical Colleges, and American Council on Education: <https://www.acenet.edu/Documents/Letter-Senate-Research-Relief-052720.pdf>).

Unlike single-sector businesses and organizations in other industries, institutions of higher education engage in every sector of the critical infrastructure necessary to our communities. Universities operate hospitals and medical centers, full-service utility companies, transportation services, and telecommunications and computing networks. We provide housing and food services; run daycares, gyms, stadiums, libraries, performance venues and museums. In doing so, we employ hundreds of thousands of workers in various trades and professions. In other words, unlike most single-sector businesses, we must determine how to address safety concerns across *multiple* operational settings.

Therefore, efforts at providing relief and support should recognize the unique role of higher education institutions to serve and support a broad and complex population of students, faculty and staff, and do so in as safe a manner as possible. I recognize that the needs of students and employees are extraordinary, but a full post-pandemic recovery requires a response that's equally unprecedented.

In the coming months, we will learn how health conditions evolve as the U.S. economy begins to reopen, and how quickly innovations in testing, contact tracing and treatment occur. Institutions will evaluate these factors in order to make fully informed decisions on reopening that are in the best interests of the health of our respective communities and our country. I remain cautiously optimistic that campuses can reopen in some capacity in the fall. As I wrote in my piece in *The New York Times*, our duty now is to marshal the resources and expertise to make it possible to reopen our campuses safely. We are reliant on partnerships with government to make that happen as soon as possible.

Thank you for the opportunity to offer testimony for this important hearing. I want to express my appreciation to the Chairman, Ranking Member and the rest of the HELP Committee for convening this forum to discuss an issue that is so important to the future of higher education, our students and our country.

[SUMMARY STATEMENT OF CHRISTINA PAXSON]

The health and safety of students and employees is the top priority in reopening colleges and universities nationwide. Institutions must have the resources to support teaching and instruction that is based in evidence-based public health protocols for safeguarding the health and well-being of our communities.

The support and partnership of our Federal Government is essential for higher education institutions to gain the capacity to develop public health plans that build on three basic elements of controlling the spread of infection: test, trace and separate. Institutions will also need to be able to provide remote education for students who are unable to return to campus because of travel restrictions or health conditions.

Many institutions of higher education are developing plans with the following features:

- Testing students and employees upon return to campus; testing all symptomatic students and employees; and random testing to monitor levels of infection over time
- Traditional and technology contact tracing capacity to stem the spread of any infection
- Residence halls that are de-densified to minimize contact and preserve space for quarantine

- Campus infrastructures that are reconfigured to enable social distancing, and additional investments in cleaning and supplies for appropriate hygiene
- Large lecture courses where students watch the lecture online, and gather only in smaller sessions with their instructors
- Robust public health education campaigns, so each community member understands what is required of them to keep the community healthy.

Institutions of higher education that reopen will confront the costs of implementing comprehensive public health plans, and students will require significantly more financial aid. The unemployment rate in May is expected to be about 20 percent, more than double the maximum during the Great Recession, when Brown was among schools that had double-digit increases in scholarship aid to meet student need. Many institutions that cannot reopen will require support to survive deep financial losses, and their communities will suffer economically.

To ensure that international students can continue to study safely in the U.S., it is essential that visa processing resumes swiftly, and international students receive guidance as soon as possible on any additional requirements for re-entering the country.

An extraordinary amount of federally funded research is languishing. Research relief is critical to ensure the future of research and discovery—including for treatments and cures for disease—but also the country's position as the world's leader in innovation.

The CHAIRMAN. Thank you, Dr. Paxson, and I am glad to hear your grandfather was at the University of Tennessee. My daughter graduated from Brown.

Dr. PAXSON. There we go.

The CHAIRMAN. Now our next witness is Dr. Logan Hampton of Lane College. Welcome, Dr. Hampton.

**STATEMENT OF LOGAN HAMPTON, PRESIDENT, LANE
COLLEGE, JACKSON, TN**

Dr. HAMPTON. Thank you, Chairman Alexander, Ranking Member Murray, and Members of the Committee. Thank you for the opportunity to testify today. My name is Logan Hampton. I serve as a 10th President Wayne College in Jackson, Tennessee. Lane College is a historically black college founded in 1882 by former slave Bishop Isaac Lane of the Colored Methodist Church. Lane is an HBCU which consists of 36 buildings across 55 acres, truly creating an exceptional academic and living environment. I was asked to testify before the Committee about Lane's plans to reopen our campus in the fall. Lane college began its moment to moment response to the novel coronavirus disease known as COVID-19 on March 7th, 2020.

Initially, I created and met with a joint leadership team consisting of 21 members of my direct reports, academic cabinet, and the marketing team to consider three options for the remainder of the semester. Option one, vigilance. Continue face-to-face instruction with residential students while observing local, state, and Federal, practicing CDC, Tennessee Department of Health, Madison County Health Department recommendations. The second option, remote. Move all instruction online and direct non-essential employees to work remotely.

Third option, the nuclear option. End the semester on Friday, March 13, 2020. Lane College joint leadership team decided to move to remote instruction and service delivery. Each of the 819 residential students accounts was accredited \$713 or total of

\$584,305, which is slightly less than 10 percent of the institution's auxiliary budget. 76 percent of the student body resided on campus. Unfortunately, due to the pandemic, Lane College laid off 21 employees and continued its previously imposed spending freeze. Nevertheless, Lane College students will not experience an increase in tuition, fees, or room and board for the upcoming academic year. As a result of the consultation given by UNCL, Lane College was able to quickly establish a crisis management team with a strategy team to lead it. This team is charged with offering overall leadership of the crisis management sector and coordinating the weekly Lane College C-19 team meeting. That is comprised of the FRSPH team, members of the Lane College joint leadership team, and the pandemic proof team.

A strategy team is set to implement a detailed timeline for reopening that is further articulated in my written testimony. And due to the fluid developments of COVID-19, the strategy team has layered Lane College to prepare for three scenarios. Lane College fast-start, face-to-face instruction. Lane College VR, all online courses. Lane College Soar, a hybrid of both online and face-to-face. I would be remiss if I did not thank Congress and this Committee for passing H.R. 748, The CARES Act.

I also thank the President for signing this bill into law. Because of the CARES Act, Lane College has access to a total of \$5,278,608 in direct allocation. While I am thankful for this, I would be remiss if I did not share with you that Lane College is bracing for revenue losses that will impact our ability to operate. And our students are in during tough economic times that presents unique challenges, especially for students of color. With this being said, I have a number of important request to Congress in my written testimony, but my two asks would be to ask that Congress provided an additional \$1 billion in funding for HBCUs, tribal colleges and universities, and minority-serving institutions. I would also firmly ask that Congress increase student grant aid in Title IV of the Higher Education Act of 1965 by doubling the maximum Pell Grant award.

The majority of my students are Black Americans and Black Americans are disproportionately impacted by COVID-19 and the racism that continues to impact our Nation. If the majority of my students are disproportionately impacted, then my institution is disproportionately impacted and needs the investment. For more information and details regarding my remarks I ask that you read my written testimony submitted for your review. Thank you.

[The prepared statement of Dr. Hampton follows:]

PREPARED STATEMENT OF DR. LOGAN HAMPTON

Introduction

Chairman Lamar Alexander, Ranking Member Patty Murray, and Members of the Committee, thank you for the opportunity to testify today.

My name is Dr. Logan Hampton, and I serve as the 10th President of Lane College. Lane College is a strong historically black college and university (HBCU) founded in 1882 by a former slave, Bishop Isaac Lane of the Colored Methodist Church. Lane is an HBCU that seeks to enroll and educate those who may not otherwise have an opportunity to receive a higher education, and we consist of 36 buildings across 55 acres creating a truly exceptional academic and living environment. On our campus, we offer award-winning and accredited academic programs in dozens of majors and minors to include business, entrepreneurship, criminal justice, social work, health care, and more. We pride ourselves on being an institution

that views our students as life-long learners and future leaders while viewing our faculty as facilitators who utilize technology as an integral part of the teaching and learning process.

Under my leadership, we have been able to establish a more conventional student residential community with a robust first-year experience program and improve our arts, recreation, and athletic facilities.

HBCU History and Statistics

Before I share how Lane College is preparing to reopen in the Fall semester and the unique challenges caused by the virus named “SARS-CoV-2” causing a disease named “coronavirus disease 2019” (COVID-19),¹ I think that it is imperative that we all understand the history of HBCUs to better understand how COVID-19 impacts these institutions exponentially.

HBCUs were created as early as 1837 to provide African Americans access to higher education. Noted for their contributions in educating black, low-income, and educationally disadvantaged Americans, the 101 accredited HBCUs today constitute the class of institutions that satisfy the statutory definition of the term “HBCU” as defined in the *Higher Education Act of 1965* (HEA).²

HBCUs disproportionately enroll low-income, first-generation, and academically underprepared college students—precisely the students that the country most needs to obtain college degrees. In 2018:

- Nearly 300,000 students attended HBCUs;³
- More than 75 percent of HBCU students were African Americans; and
- Over 60 percent of undergraduate students at HBCUs received Federal Pell Grants, and over 60 percent of these students received Federal loans.⁴

HBCUs comprise 3 percent of all two- and four-year non-profit colleges and universities, yet they:

- Enroll 10 percent of African American undergraduates;
- Produce 17 percent of all African American college graduates with bachelor’s degrees; and
- Graduate 24 percent of African Americans with bachelor’s degrees in STEM fields.⁵

A 2015 Gallup survey confirms that HBCUs are providing African American students with a better college experience than African American students at other colleges and universities.

- 55 percent of African American HBCU graduates say their college prepared them well for post-college life versus 29 percent of African American graduates at other institutions.⁶

HBCUs attained these results at an affordable price for students—that is, the cost of attendance at HBCUs is about 30 percent lower, on average, than other colleges—despite limited operating budgets and endowments that are roughly half the typical size of other four-year public and private non-profit colleges and universities.

Since our founding, HBCUs have been, and continue to be, under-resourced institutions. An issue brief produced by ACE (American Council on Education) and UNCF (United Negro College Fund, Inc.) revealed the following:

¹U.S. Health and Human Services, Centers for Disease Control and Prevention. (2020). *Coronavirus Disease 2019 (COVID 19)*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>.

²The definition of an HBCU can be found in Section 322(2) of the HEA.

³U.S. Department of Education, National Center for Education Statistics. (2020). *Digest of education statistics 2019* [Table 313.20]. Retrieved from https://nces.ed.gov/programs/digest/d19/tables/dt19_313.20.asp.

⁴UNCF Public Policy and Government Affairs calculations using 2018 data from the U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System. Data shows that out of 257,451 total undergraduate students at HBCUs, 159,101 students were receiving Pell Grants and 162,179 students were receiving Federal loans.

⁵UNCF Patterson calculations using U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System.

⁶Gallup, Inc. (2015). *Gallup-USA funds minority college graduates report*. Retrieved from UNCF Website: <https://www.uncf.org/wp-content/uploads/PDFs/USA-Funds-Minority-Report-GALLUP-2.pdf>.

- Public HBCUs rely more heavily on Federal, state, and local funding in comparison with their non-HBCU counterparts (54 percent of overall revenue vs 38 percent);
- Private HBCUs depend a little bit more on tuition dollars than their non-HBCUs counterparts (45 percent compared with 37 percent);
- Private gifts, grants, and contracts constitute a smaller portion of overall revenue at private HBCUs compared to their non-HBCU counterparts (17 percent vs 25 percent);
- Public and Private HBCUs experienced the largest declines in Federal funding per full-time equivalent student between 2003–2015; and
- In both the public and private sectors, HBCU endowments lag behind those of non-HBCUs by at least 70 percent.⁷

Despite being under-resourced institutions, HBCUs have a large economic impact that often goes unnoticed by most. In 2017, UNCF released a report detailing the economic impact of HBCUs. The report revealed that in 2014, the impact of HBCUs on their regional economies included:

- \$10.3 billion in initial spending, which includes spending by the institution for personnel services, spending by the institution for operating expenses, and spending by students;
- An employment impact of 134,090 jobs, which approximately 43 percent were on-campus jobs and 57 percent were off-campus jobs;
- \$10.1 billion in terms of gross regional product, which is a measure of the value of production of all industries;
- A work-life earnings of \$130 billion for the Class of 2014, which is 56 percent more than they could expect to earn without their 2014 certificates or degrees; and
- A total economic impact of \$14.8 billion.⁸

In regard to Lane College specifically, my institution had the following economic impact on its regional economy according to the UNCF report:

- \$29,925,452 in total initial spending;
- \$36,428,355 in output impact;
- \$23,997,933 in value-added impact;
- \$17,827,714 in labor income impact; and
- 475 jobs created in employment impact.⁹

In addition to the positive impact HBCUs make on the overall economy, HBCUs also have a strong impact academically when observed at the state and local level. An upcoming report to be released by UNCF shows that:

- HBCUs comprised 8.5 percent of the four-year institutions across the 21 states and territories in the analysis;
- Across the 21 states and territories in the analysis, HBCUs enrolled, on average, 24 percent of all black undergraduates pursuing a bachelor's degree in a college or university in 2016;

⁷Williams, K. L. & Davis, B. L. (2019). *Public and private investments and divestments in historically black colleges and universities*. Retrieved from American Council on Education Website: <https://www.acenet.edu/news-room/Pages/Public-and-Private-Investments-and-Divestments-in-HBCUs.aspx>.

⁸Humphreys, J. M. (2017). *HBCUs make America strong: The positive economic impact of historically black colleges and universities*. Retrieved from UNCF Website: <https://www.uncf.org/programs/hbcu-impact>.

⁹(1) Total initial spending accruing to the institution's regional economy is the combination of three types of spending: spending by the institution for personnel services (wages, salaries, and benefits), spending by the institution for operating expenses, and spending by that institution's students. (2) The output impact was calculated for each category of initial spending, based on the impacts of the first round of spending and the re-spending of these amounts—the multiplier effect. (3) Value-added (gross regional product) impacts exclude expenditures related to foreign and domestic trade, thus providing a much more accurate measure of the actual economic benefits flowing to businesses and households in a region than the more inclusive output impacts. (4) The labor income received by residents of the cities that host HBCUs represents 72 percent of the value-added impact. (5) For the employment impact, on average, for each job created on campus there were 1.3 off-campus jobs that existed because of spending related to the HBCU. For all HBCUs combined, 13 jobs were generated for each million dollars of initial spending in 2014.

- Across the 21 states and territories in the analysis, on average, 26 percent of all black bachelor's degree recipients graduated from an HBCU in 2016; and
- In Tennessee, HBCUs are 10 percent of the four-year institutions, but enroll 24 percent of all black undergraduates and award 20 percent of all black bachelor's degrees in the state.¹⁰

Lane College's Response to COVID-19

On the morning of Saturday, March 7, 2020, when I returned to Lane College from a UNCF meeting, I was reminded that the Lane College Concert Choir would depart campus on that upcoming Wednesday, March 11th, to begin their Spring Resurrection Tour of the western United States. Having observed the spread of COVID-19 and the cancellation of a few events across the Nation, I began to reconsider the choir tour. By midday, I had enough information to determine that it would not be in our students, faculty, and staff's best interest to travel on a bus for parts of 2 weeks, perform for several churches, and visit historic sites all along the way. So, out of an abundance of caution and in consultation with Daryll Coleman, Vice President for Academic Affairs, and Alexis Rainbow, Choral Director, I canceled the choir tour. Thus, Lane College began its moment-to-moment response to COVID-19 that would be declared a pandemic the very week the choir was set to depart campus. Since that fateful Saturday, not a day has passed when my colleagues and I have not discussed by phone, exchanged text messages, shared information, participated in a webinar, attended a Zoom meeting, or made some type of decision regarding COVID-19.

Facing the COVID-19 Storm: Initial Responses

Initially, I created and met with a joint leadership team, consisting of 21 members of my direct reports, the academic cabinet, and the marketing team to consider the following three options for the remainder of the semester:

1. Vigilant—Continue face-to-face instruction and residential students while observing local, state, and Federal orders and practicing Centers for Disease Control and Prevention (CDC), Tennessee Department of Health, and Madison County (TN) Health Department's recommendations;
2. Remote—Move all instruction online and direct non-essential employees to work remotely; or
3. Nuclear—End the semester on Friday, March 13, 2020.

The Lane College Joint Leadership team decided to move to remote instruction and service delivery. We sent emails and hosted the final mass meeting of 100-plus students, faculty, staff, and administrators to discuss remote instruction on March 13, 2020. The institution requested, and was granted, approval by the Southern Association of Colleges and Schools Commission on Colleges to move to remote instruction and proceeded to go on spring break.

Over spring break, the joint leadership team continued to meet and decided to extend spring break for an additional week to give faculty additional time to convert courses from face-to-face to online. The joint leadership team further decided to deep clean and fog all facilities with an antimicrobial agent. Finally, while Lane College never closed, the institution did meet and exceed all Federal, state, and local orders by closing the campus and allowing only essential employees and residential students to visit. Initially, approximately 200 students remained on campus during their spring break. As the second week of spring break expired, in response to the extension of the Federal social distancing guideline through April 30th, Lane College decided to close residence halls on Friday, April 3rd, and required all students to vacate the premises, except for forty-two 12-month contract students, international students, and severely food and housing insecure students. Each of the 819 residential students' accounts was credited \$713.44 for a total of \$584,305.31, which is slightly less than 10 percent of the institution's budget. Seventy-six (76) percent of the student body (1,072 total Spring 2020 enrollment) resided on campus. Unfortunately, due to the pandemic, Lane College laid off 21 employees and continued its previously imposed spending freeze. Nevertheless, Lane College students will not

¹⁰Saunders, K. & Nagle, B. T. (2018). *HBCUs punching above their weight: A state-level analysis of historically black college and university enrollment and graduation*. Washington, DC: UNCF Frederick D. Patterson Research Institute.

experience an increase in tuition, fees, or room and board for the upcoming academic year.

Facing the Storm: Strength in the Storm

I am pleased to report that while facing this health crisis, Lane College found it instructive to observe the eagle and lean on the sacred texts. It has been said that the eagle faces storm winds, waits for the precise moment for strong winds to blow, and then spreads its wings with the wind to fly above the storm. The text informs us, “they that wait upon the Lord shall renew their strength; they shall mount up with wings as eagles . . .” (Isaiah 40:31). In these perilous times, we have learned anew to wait on the Lord and learned from the eagle to face the storm.

COVID–19 has disrupted learning and life at Lane College, but it has not, and will not, defeat us. Like the eagle, Lane College faced the storm winds and soared above COVID–19 to complete the Spring 2020 semester remotely with faculty and students teaching and learning, respectively, from their homes. We learned that, yes, we can deliver distance education, and, yes, to my staff’s great delight, I can even complete a full Zoom meeting in 30 minutes. This storm has given us a new perspective and language for our employees and while there was never any doubt, we affirm anew that the faculty of our institution are essential. In addition, the residential staff, security officers, chefs, cooks, servers, the Team Clean custodial workers, and the controller’s staff are essential as well.

Today, I celebrate Lane College faculty for their flexibility; the essential staff who braved the virus to come to campus daily; those who worked remotely and learned how to conduct Zoom classes and meetings; our precious students; and everyone who faced the storm and soared above with vigilance, patience, and prayer. The entire Lane College family responded well to the challenge to recruit, retain, and remove barriers for students.

Lane College’s administrative staff, directors, chaplains, and faculty all joined together to email, text, and communicate with new or prospective students. The Lane College Academic Division Chairs and Lane Institute employees led a renewed movement to retain and re-recruit students by reaching out to current and returning students, and the staff are re-recruiting any student who attended Lane College between 2010–2019 but did not earn a degree. Faculty and staff have committed to removing the barriers to graduation and registration, and COVID–19 has taught us that some of the things we thought were important and necessary are neither important, necessary, or really needed.

Facing the Storm: Soaring Strategies and Tactics

Situated in the city of Jackson in Madison County, Lane College pays close attention to the current developments in the city, county, and State of Tennessee. As of May 26, 2020, Jackson-Madison County declared a state of emergency; ordered bars to close and restaurants to limit capacity; ordered grocery stores and pharmacies to reserve the first hour of each day for seniors; and canceled events for the next 30 days. In Jackson-Madison County with a population of 97,984,¹¹ the number of COVID–19 cases equal 177; negative tests equal 4,736; 152 people have recovered; and 2 people have died.¹²

With this being said, Lane College is challenged to soar. To assist with strategy formation, scenario planning, and tactical deployment, the institution was most fortunate to have UNCF and its partners to join us and provide their perspective informed by the 37 UNCF-member institutions and high-level strategic and tactical consultation and insights. Of special note, UNCF facilitated our partnership with sophisticated online partners who have provided training for Lane College faculty who are new to online instruction and courses to fill the gap for our students at no additional cost to students.

My institution continues to rely heavily on the following sources to develop our overall strategy, tactics, policies, and practices:

- CDC;
- UNCF;

¹¹U.S. Census Bureau (2020). *Annual Estimates of the Resident Population for Counties: April 1, 2010 to July 1, 2019*. Retrieved from <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>.

¹²Tedford, K. L. (2020). *Health department confirms 177 cases of COVID–19 in madison county*. Retrieved from <https://www.madisoncountyttn.gov/DocumentCenter/View/9315/COVID-19-Demographic-Information-PDF>.

- American College Health Association Considerations for Reopening Institutions of Higher Education (IHEs) in the COVID–19 Era;
- National Association of Independent Colleges and Universities;
- National Collegiate Athletics Association Core Principles of Resocialization of Collegiate Sport;
- Southern Intercollegiate Athletic Conference;
- Tennessee Independent Colleges and Universities Association;
- Tennessee Higher Education Commission;
- Tennessee Department of Health;
- Tennessee Economic Recovery Group;
- Madison County Health Department; and
- The city, county, state, and Federal guidance and orders.

As a result of consultation given by UNCF, Lane College was able to quickly establish a Crisis Management Center with a strategy team to lead it. The Lane College strategy team is made up of four (4) members: (1) Dr. Sandra Ramawy (Liberal Studies and Education, Academic Division Chair), response lead; (2) Ms. Tangela Poole (Lane College Controller), financial lead; (3) Mr. Terry Blackmon (Lane College Registrar), academic/institutional research lead; and (4) myself. This team is charged with offering overall leadership of the Crisis Management Center and coordinating the weekly Lane College C–19 Team Meeting that is comprised of the Fast Start team, members of the Lane College Joint Leadership team, and the Pandemic Proof team. My role is to keep the entire team focused on the institution’s mission to “develop the whole student with academic excellence as its highest priority;” maintain rapid pace; ensure vertical and horizontal communications; and affirm that data drive our decisions. The strategy team is set to implement the timeline below.

Fall Decision Timeline

- Thursday, June 11, 2020 Board of Trustees COVID–19 Update Meeting
- Monday, June 22, 2020 Dragon Academy Summer Bridge (online)
- Wednesday, July 1, 2020 Open campus to remote staff with COVID–19 restrictions in place
- Thursday, July 2, 2020 Board of Trustees COVID–19 Update Meeting
- Friday, July 3, 2020 Fall 2020 Announcements
- Saturday, July 18, 2020 Spring Commencement, Lane Field, 6 p.m. (or JF Lane at 9 a.m., 11:30 a.m., 2 p.m.)
- Saturday, July 25, 2020 Student Leaders to return to campus
- Saturday, August 1, 2020 Freshman move-in to residence halls
- Monday, August 3, 2020 First day of freshman class
- Friday, November 20, 2020 Fall 2020 Semester ends

Due to the fluid developments of COVID–19, the strategy team has led Lane College to prepare for three scenarios: Lane College FastStart (face-to-face instruction in Fall 2020), Lane College VR (all online courses in Fall 2020), and Lane College SOAR (a hybrid of both online courses and face-to-face instruction in Fall 2020).

Lane College FastStart

Should Lane College students return to campus for face-to-face instruction and subsequently experience a more aggressive COVID–19 season in late Fall 2020, the institution’s response will mirror the response of the Spring 2020 semester and consist of the following:

- Protocols established across the campus, particularly the academic and student affairs COVID–19 protections, to keep students safe and healthy on campus prior to their departure;
- Faculty prior experience in delivering and moving instruction from face-to-face to online;
- The practice of COVID–19 safety protocols for students, faculty, staff, and visitors to include washing their hands, wearing their masks, social distancing, and self-checking for COVID–19 symptoms;
- COVID–19 restrictions and recommendations by local, state, and Federal entities;

- Frequent and routine virtual recruiting, admissions, financial, orientation, and athletic presentations;
- The re-recruitment of majors by departmental leaders; and
- Preparations to see a decrease in overall enrollment and revenue.

Lane College VR

While small and independent, Lane College is primed to deliver responsive and creative programmatic and curricular solutions. The institution has sourced digital devices, platforms, texts, course material, and office applications to support Lane College VR. We will need to pilot micro-credentials and new course offerings to ensure successful implementation, but we are cognizant that student success, including retention and graduation, may be negatively impacted. We are also cognizant that enrollment may decrease resulting in a 27 percent to 43 percent decrease in revenue.

Although Lane College has a plan in place to implement Lane College VR, eliminating face-to-face instruction and moving all classes to a remote format poses the following unique set of challenges for Lane College:

- The quality of instruction may suffer greatly because neither the institution nor the faculty have the resources, human or technical, to fully manage this change;
- Nearly 90 percent of Lane College students receive Pell grants. Thus, the typical student does not have the funds, equipment, or Internet access to receive instruction remotely;
- Many students arrive on campus having endured food and housing insecurities at home. For some, the Lane College is the most safe and secure place; and
- We do not have online resources to support secure virtual testing administration or the delivery of science lab instruction.

Lane College SOAR

Lane College SOAR, the hybrid scenario, offers the greatest opportunity and challenge for Lane College. Appropriately executed, this strategy could lift Lane College to heights unimagined previously. This approach would incorporate aspects of both Lane College FastStart and Lane College VR. To implement this successfully, the technology will need to be greatly increased including the IT backbone, help desk, and on-campus WIFI. A recovering local, state, and national economy may cause us to see an increase in enrollment, but we have to also prepare for the likelihood of a decrease in enrollment.

Prior to the UNCF consultation that led to the development of our Crisis Management Center, Lane College also established three organizational teams to address the future. The first, preceding the pandemic, was the Lane College FastStart team, which is made up of 17 faculty and staff members. This team is charged with assisting new students from the point of admission through the first 6 weeks of the Fall semester. The team meets twice a week to report on recruiting, new student orientation, the Dragon Academy (a summer bridge program), housing, Discovery Week, the first week of freshman class, etc.

As mentioned earlier, in direct response to the pandemic, the Lane College Joint Leadership team was formed. The members of the joint leadership team continue to meet twice per week to submit, receive, and review the most up-to-date information available, make immediate decisions regarding the operation of the institution and propose protocols, policies, and responses as needed.

Last, Lane College established the Pandemic Proof team consisting of 27 members. This team is charged with developing tactical solutions to prepare for the three aforementioned potential future scenarios of campus operations in response to COVID-19 (Lane College FastStart, Lane College VR, and Lane College SOAR). The Pandemic Proof team is developing tactical solutions for each area of the institution's operation.¹³

¹³For an example of protocols being considered by the Pandemic Proof team, please see attachment #1.

Facing the Storm: Requests for Consideration

I would be remiss if I did not thank Congress, and those of this Committee, for passing H. R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Your time, energy, and effort does not go unnoticed, and I also want to thank the President for signing this bill into law. Because of the CARES Act, Lane College has access to a total of \$5,278,608 in direct allocations from Section 18004(a)(1) and 18004(a)(2) of the bill. Of this total, we have received the allocation for the emergency grant aid for students and the allocation for the institutions in Section 18004(a)(1) of the CARES Act equaling \$2,430,978. My institution will be using the institutional funds to reimburse ourselves for COVID-19 related expenses and have already begun to disseminate the emergency grant aid to students. To disseminate the emergency grant aid, Lane College established two dispersal tactics:

- Lane CARES Fund—\$592 was distributed to each Spring 2020 enrolled student to support their needs caused by the disruption due to COVID-19 to include food, housing, and transportation. To establish this amount, Lane College surveyed students and found that 78 percent of the students asked for funds to support food and 73 percent asked for housing support.¹⁴ The survey instrument was sent to each students' Lane College email address on April 16, 2020, which was approximately 5 weeks after most students had been away from campus. CARES funds to support student's food, housing, and transportation were distributed to each student (except the international students) on April 30, 2020; and
- The Lane Direct Support Fund—These funds are awarded on a case-by-case-bases. A student may request these funds to support allowable educational expenses.

As of May 28, 2020, a total of \$659,396.56 has been distributed from Lane CARES Fund and Lane Direct Support Fund combined.

Thanks to you, Lane College, with her 244 full-time equivalent employees, applied for, and received, a Small Business Administration (SBA) Paycheck Protection Program loan to help the institution pay salaries for the current eight weeks, a period of needed financial support. We received a total of \$2,059,856. We are also currently participating in the HBCU Capital Financing program deferment of principal and interest payments during this emergency. We received an HBCU Capital Financing loan in March 2010 of \$29,000,000 with 20-year fixed rate and variable rate financing and have been making annual payments of around \$2,200,000 of principal, interest, and fees. This deferment allows us to direct these payments toward sustaining the needed and necessary operations of our campus.

Please know, Lane College reflects the diversity of private, nonprofit higher education in the United States. With over 5 million students attending 1,700 independent colleges and universities,¹⁵ and more than 1 million employees, the private sector of American higher education has a dramatic impact on our Nation's larger public interests. On behalf of UNCF-member institutions, HBCUs, and small nonprofit colleges, I ask that you do the following:

- Invest an additional \$1 billion in emergency funding for HBCUs, Tribal Colleges and Universities (TCUs), and Minority-Serving Institutions (MSIs). The CARES Act provided a total of \$1.046 billion dollars for HBCUs, TCUs, and MSIs in Section 18004(a)(2). I believe that I can confidently say on the behalf of my peers and myself that we were ecstatic to receive the additional support of funding due to the nature of our institutions and that the amounts received by each institution will be helpful in allowing us to financially navigate these present times. However, due to the ongoing uncertainty around the duration of COVID-19, I believe that it is imperative for Congress to invest an additional \$1 billion in our institutions.

These additional funds will allow us to access the resources necessary to continue to provide quality academic instruction and learning experiences to our students and these funds will help us remain afloat given the loss in revenue that we are braced to receive. More specifically, my institution could use additional funds to increase the technology infrastructure on campus; pay for students to acquire personal technology; pay for WIFI or

¹⁴ See attachment #2.

¹⁵ National Association of Independent Colleges and Universities. (2019). *About the college private sector*. Retrieved from <http://www.naicu.edu/research-resources/private-college-factfile-2019/about-private-colleges>.

provide WIFI at no expense; use funds to hire staff to train faculty and students to deliver and receive online instruction; provide funds to enhance the Internet backbone and infrastructure on campus; and provide funding to lessen the threat of food insecurity for students who depart my campus. I am thankful for the passage of H. R. 6800, the *Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act*, led by Chairwoman Nita Lowey as this bill provided an additional \$1.71 billion for HBCUs, TCUs, and MSIs. It is my request that the Senate include this level funding for our institutions in the next stimulus package.

- *Increase grant aid for students by doubling the maximum Pell Grant award.* Not only am I here to advocate for the needs of my institution, but I am also here to advocate for the needs of my students. As I mentioned earlier in my testimony, 78 percent of the students at my institution asked for funds to support their ability to eat food and 73 percent asked for funding for housing support. Because these were the top two needs of my students, this information further affirmed what we already knew about students who attend HBCUs being, largely, from low-income families. Not only did my institutional student survey affirm this narrative, but the recent information released by the CDC has exacerbated it by sharing that black Americans are being disproportionately impacted by COVID-19.¹⁶ Because the majority of my students on my campus are black, my institution, as a whole, is disproportionately impacted by COVID-19 as well. This means that my students are experiencing households where their parents, or caretakers, are either not able to go to work or have been laid off like so many other Americans. The unemployment rate increased by 10.3 percentage points to 14.7 percent in the month of April and Black Americans hold the second highest unemployment rate out of all races at 16.7 percent.¹⁷ In fact, all Americans of color hold higher unemployment rates than White Americans, and this new reality means decreased revenue in households of color, which equals a decrease in the Expected Family Contribution (EFC) formula used to calculate the amount of student financial aid. If more students would be experiencing a decreased EFC, then more students would need to access the Pell Grant at greater amounts and greater rates.
- *Provide funding for the safety of our students, faculty, and staff.* The safety and well-being of our students, faculty, and staff cannot be compromised and must be addressed prior to re-opening the campus. Testing, tracing, and treatment are essential tools to re-open. As effective COVID-19 testing becomes available, institutions should be given the testing resources necessary to safely reopen in a manner that will protect students, faculty, and staff. This will require Federal funding to help institutions adequately prepare and effectively execute the return of students to the classroom as we protect our campuses and larger communities. Our students need to heal in a safe and secure living and learning environment. We also need assistance to help fund the enormous costs associated with protecting our new online systems from cybersecurity attacks.
- *Provide liability protection.* The guidance for Federal, state, and local agencies on COVID-19 is evolving, ever changing, and sometimes conflicting. Lane College and its sister IHEs want to provide a safe and healthy environment for students, faculty, and staff based on the guidance offered. When that guidance is inconsistent, it is difficult for the institutions and constituents. I ask that you make it clear what IHEs should be doing to respond effectively to COVID-19 to allow us to confidently provide a safe and healthy environment, which will also aid us in combating any and all lawsuits that may arise due to the precautionary measures that institutions are planning to take when reopening in the fall.

¹⁶The CDC released a report on April 17, 2020 that shared race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19. This report found that 45 percent of individuals for whom race or ethnicity data was available were white, compared to 59 percent of individuals in the surrounding community. However, the report also indicated that 33 percent of hospitalized patients were black compared to 18 percent in the community. Information regarding this study can be found at https://www.cdc.gov/mmwr/volumes/69/ur/mm6915e3.htm?s_cid=mm6915e3_w.

¹⁷U.S. Department of Labor, U.S. Bureau of Labor Statistics. (2020). *Employment situation summary*. Retrieved from <https://www.bls.gov/news.release/empst.nr0.htm>.

- *Remove the \$62,000,000 cap for the HBCU Capital Financing loan program.* In light of the nearly certain attrition of student and subsequent decreases in retention and graduation rates, Lane College and other HBCUs would benefit greatly from deferring payments in the HBCU Capital Financing loan program. A loss of 100 students over Summer 2020, Fall 2020, and Spring 2021 would cost my institution nearly \$2,000,000 in revenue. Lane College pays \$181,329.96 per month for approximately \$2,200,000 per year. Because we are uncertain of how long COVID-19 will be considered a national emergency, HBCUs are likely to reach the \$62,000,000 cap well within 12 months. Currently, there are a total of 80 loans outstanding to 44 HBCUs under this program with loan amounts ranging from \$10 million to \$152 million, equating to a total of \$2.023 billion.¹⁸ The HEROES Act includes this modification, and I ask that the Senate include this change in any future stimulus package.
- *Include a technology fund to allow institutions and students to access broadband.* Nearly 300,000 students attend HBCUs and over 6 million students attend HBCUs, TCUs, and MSIs combined. Our students are largely from low-income households and while the E-rate program exists in the Universal Service Fund, this program is primarily for students in k-12 education and does not include low-income students attending post-secondary education. In the CARES Act, our institutions were given the ability to utilize resources to purchase technological equipment for our students to help them complete their assignments online; participate in virtual counseling; receive mentoring and tutoring services online; and complete other required tasks in relation to their academic program through distance education. While access to equipment is important, so is access to broadband. With this being said, I want to offer my support for S. 3701, the *Supporting Connectivity for Higher Education Students in Need Act*, introduced by Senator Amy Klobuchar, and ask that this bill be included in the next stimulus packaged to be considered by Congress. Representative Anna Eshoo introduced a companion bill in the House of Representatives, H. R. 6814, and this bill has a total of 12 cosponsors and counting. This piece of legislation takes a responsible approach to meeting the needs of our low-income, first-generation college students and the households they come from while prioritizing HBCUs, TCUs, and MSIs. According to an article released by the Pew Research Center, “roughly three-in-ten adults with household incomes below \$30,000 a year (29 percent) don’t own a smartphone . . . and [more than four-in-ten [adults] don’t have home broadband services (44 percent) or a traditional computer (46 percent).”¹⁹ It is imperative that HBCUs and our students have the ability to access broadband to allow the students to continue their academic program and complete their education.
- *Remove the 500-employee limitation for all IHEs.* The CARES Act allows for IHEs with no more than 500 employees to apply for a loan in the Paycheck Protection Program or apply for an Economic Injury Disaster Loan (EIDL). One of the primary benefits to smaller IHEs is that they will be able to receive additional assistance if needed and even have the opportunity to receive an advance of up to \$10,000 in the EIDL program that they would then be able to utilize as a grant. These additional opportunities are great options for our smaller institutions, and I firmly believe that all IHEs should be able to apply for these programs. While I am thankful for the interim final rule issued by the SBA outlining that students participating in the Federal Work Study (FWS) program will not be counted as student workers, institutions still have student workers outside of the FWS program that would still be counted as employees under the current law. I am thankful that the HEROES Act included this change, and I ask the Senate to include this modification in any future stimulus package.
- *Allow all IHEs to be eligible to receive loans in the Main Street Lending Program (MSLP).* Colleges and universities are braced to experience de-

¹⁸U.S. Department of Education. (2020). *Historically Black College and University Capital Financing Program*. Retrieved from <https://www.ed.gov/programs/hbcucapfinance/awards.html>.

¹⁹Anderson, M., & Kumar, M. (2019, May 7). *Digital divide persists even as lower-income Americans make gains in tech adoption*. Pew Research Center. Retrieved from <https://www.pewresearch.org/fact-tank/2019/05/07/digital-divide-persists-even-as-lower-income-americans-make-gains-in-tech-adoption/>.

clining enrollments for the Fall semester that will lead to a loss in revenue. As I have mentioned previously in my testimony, Lane College is no stranger to the loss in revenue projected across the higher education industry, and I strongly believe that my institution should be able to apply for any and all funding available to help us weather this storm. The HEROES Act would require the Federal Reserve to expand MSLP to nonprofits, including nonprofit private and public IHEs, and I strongly urge the Senate to include this in any future stimulus package.

Conclusion

In conclusion, Lane College is an institution that not only has a history of contributing to society, but is an institution that also provides an invaluable experience for our students, especially our students who are low-income and first generation. It is my hope that my recommendations for a future stimulus package be incorporated and that HBCUs remain a priority not only for the Senate but also for the House of Representatives and the Federal Government as a whole.

It is an honor to be asked to present this testimony, and I commend you for your service and for addressing these important issues.

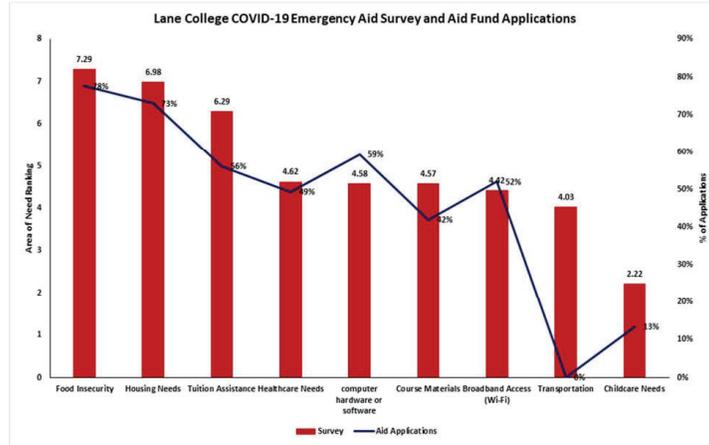
Thank you.

Attachment #1**Pandemic Proof Campus**

Health Attack Response Protocols

- Protect and Prevent
 - Implement the Evaluate, Respond, Intervene, and Communicate (ERIC) protocols
 - Evaluate (what happened, who was involved, where, when and how)
 - Respond (assess resources and seek help)
 - Intervene (initiate direct action to address the situation)
 - Communicate (who else needs to know, when do they need to know)
 - Restrict, Remove, and Remote
 - Restrict access to campus
 - Remote instruction
 - Operational Response
 - Establish Command Center
 - Communication Protocols
 - Remote and online opportunities
 - Remote courses
 - Remote services
 - Remote programs
 - Financial budget adjustments and projections
 - Restart and Return to New Normal
 - COVID-19 protocols
 - COVID-19 restrictions
 - Office protocols
 - Residence hall protocols

Attachment #2



[SUMMARY STATEMENT OF LOGAN HAMPTON]

Chairman Lamar Alexander, Ranking Member Patty Murray, and Members of the Committee, thank you for the opportunity to testify today.

My name is Dr. Logan Hampton, and I serve as the 10th President of Lane College in Jackson, Tennessee. Lane College is a proud historically black college and university (HBCU) founded in 1882 by a former slave, Bishop Isaac Lane of the Colored Methodist Church. Lane is an HBCU, which consists of 36 buildings across 55 acres, creating a truly exceptional academic and living environment.

I was asked to testify before the Committee about Lane College’s plans to reopen our campus in the Fall. Lane College began its moment-to-moment response to the novel coronavirus disease, known as COVID-19, on March 7, 2020. Initially, I created and met with a joint leadership team, consisting of 21 members of my direct reports, the academic cabinet, and the marketing team to consider the following three options for the remainder of the semester:

1. Vigilant—Continue face-to-face instruction and residential students while observing local, state, and Federal orders and practicing Centers for Disease Control and Prevention (CDC), Tennessee Department of Health, and Madison County (TN) Health Department’s recommendations;
2. Remote—Move all instruction online and direct non-essential employees to work remotely; or
3. Nuclear—End the semester on Friday, March 13, 2020.

The Lane College Joint Leadership team decided to move to remote instruction and service delivery. Each of the 819 residential students’ accounts was credited \$713.44 for a total of \$584,305.31, which is slightly less than 10 percent of the institution’s budget. Seventy-six (76) percent of the student body resided on campus. Unfortunately, due to the pandemic, Lane College laid off 21 employees and continued its previously imposed spending freeze. Nevertheless, Lane College students will not experience an increase in tuition, fees, or room and board for the upcoming academic year.

As a result of consultation given by UNCF (United Negro College Fund, Inc.), Lane College was able to quickly establish a Crisis Management Center with a strategy team to lead it. This team is charged with offering overall leadership of the Crisis Management Center and coordinating the weekly Lane College C-19 Team Meeting that is comprised of the Fast Start team, members of the Lane College Joint Leadership team, and the Pandemic Proof team. The strategy team is set to implement a detailed timeline for reopening that is further articulated in my writ-

ten testimony and due to the fluid developments of COVID-19, the strategy team has led Lane College to prepare for three scenarios: Lane College FastStart (face-to-face instruction in Fall 2020), Lane College VR (all online courses in Fall 2020), and Lane College SOAR (a hybrid of both online courses and face-to-face instruction in Fall 2020).

I would be remiss if I did not thank Congress and those of this Committee for passing H. R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Your time, energy, and effort does not go unnoticed, and I also want to thank the President for signing this bill into law. Because of the CARES Act, Lane College has access to a total of \$5,278,608 in direct allocations. While I am thankful for this, I would be remiss if I did not share with you all that Lane College is bracing for revenue losses that will impact our ability to operate. Also, our students are enduring tough economic times that presents unique challenges, especially for students of color.

With this being said, I have a number of important requests to Congress in my written testimony, but my top two asks would be that Congress provide an additional \$1 billion in funding for HBCUs, Tribal Colleges and Universities (TCUs) and Minority-Serving Institutions. I would also like to firmly ask that Congress increase student grant aid in Title IV of the *Higher Education Act of 1965* by doubling the maximum Pell Grant award. The majority of my students are black Americans and black Americans are disproportionately impacted by COVID-19. If the majority of my students are disproportionately impacted, then my institution is disproportionately impacted and needs the investment.

For more information and details regarding my remarks, I ask that you read my written testimony submitted for your review.

The CHAIRMAN. Thank you, Dr. Hampton, very much for being with us today. And our Final witness is Dr. Georges Benjamin. Welcome.

**STATEMENT OF GEORGES BENJAMIN, MD, MACP, FACEP(E),
FNAPA, Hon FRSH, Hon FFPH, EXECUTIVE DIRECTOR, AMERICAN
PUBLIC HEALTH ASSOCIATION, WASHINGTON, DC**

Dr. BENJAMIN. Thank you, Chairman Alexander and Ranking Member Murray, and Members of the Committee. Let me just thank you for letting me be here. Just to remind all of us that public health decisions are based on risk reduction and all of these decisions ought to be science-based, data-driven, and done in close consultation with the state and local public health authorities. All the current evidence shows that we will continue to have undetected broad community spread of COVID-19 and we will continue to do so for many months to come. And we should therefore assume for planning purposes that there will be people on campus with COVID-19 infection regardless of what precautions are taken.

To this end, let me just briefly talk about five overarching issues that I think should be emphasized. The first one, of course, is maintaining alignment with your policies with the standards of the surrounding community without utilizing public health protections that are weaker than those in place in the community in which the schools sit. The second one, of course, is recognizing that commuter schools where the student body comes from relatively narrow slices of the community, will have a very different risk profile than residential schools that attract students nationwide and of course often from around the world. Number three, that guidelines matter. The CDC guidelines are there.

I think people should use them, certainly focusing on issues around physical distancing, responses to our hygiene, which course fundamentally means masks, hand hygiene and routine cleaning

and sanitation of services and facilities are important, and once you think of these as stack protections that work together to reduce the risk of infection. I also believe there should be enforceable workplace regulations to protect all on campus and recommended that Congress require OSHA to pose an emergency temporary standard for infectious disease that will be able to protect all workers from COVID-19. And also the State of California's aerosol transmissible disease standard could serve as a model for Congress.

Number four, to achieve adequate disease control in all these situations, you need to have a very, very robust campus health program, again, linked to the state and local health agency, to enhance rapid availability and support for current disease control practices. Again, as you are working on that premise that there is going to be a case on campus, we should obviously assume that while most students are less likely to have severe disease when infected, the risk for serious disease is not zero. So rapid PCR testing for COVID-19 and contact tracing with the Center for Disease Control and a testing strategy and plan in line with public health authorities is needed.

The elements should include clearly defined priorities on testing in terms of who should be tested, the role of symptom based strategies, as well as testing employees who are high-risk either because of underlying disease or because of not only their own campus, but also their off-campus occupations. One of the things we saw with nursing homes was the off campus issue and other places where nursing home workers worked, put them and their patients at risk. Obviously, everyone needs to be adequately staffed and have enough personal protective equipment to ensure protection.

Obviously, in the interest of time, I won't go into all the physical distancing things. You have heard a lot of those already from the college presidents, and let me endorse that those are the right—they are all on the right track on the things that they are going to need to do. Also, let me just re-emphasize this issue of the disproportionate risk for many, particularly minorities, in the community. We know very clearly that African-Americans and Hispanics in particular are disproportionately at risk because they have more chronic diseases, so that if they get infected, they are much more likely to get severe diseases. And while certainly our young people generally are healthy in school, that many of those diseases occur in our young people much younger than those of us who are baby boomers today.

I also must remind everyone that the school is going to be starting right before the influenza seasons. And so the schools need to be prepared to address influenza-like illness, which of course is how COVID-19 also presents. There are a lot of really unanswered questions about who you screen, the role of temperature taking, clearly the role of antibody testing, understanding the state of what we know about the antibody test today. And clearly, robust communications are very important. Every one of these colleges already has experience with a sick kid at school and understand the enormous work involved when a single case of meningitis hits its campus. This will probably be worse with COVID-19.

Then I want to just point out scenario planning. I encourage all the schools to do very active scenario planning and in my testimony you have the nine that I just thought up in the middle of the night, but let me just point out about four of those. Number one, obviously a student who is diagnosed with COVID-19 who lives on or off campus, on or off in campus housing. The student faculty or staff member who is identified through contact tracing but is asymptomatic and exposed your students.

While you may not have had a large scale event on your own campus, obviously college campuses are porous and student go elsewhere to large events, and obviously, tragically, a student death from any cause on campus may be perceived as COVID, and obviously managing that from a perspective of the University from a risk management perspective is going to be very important.

The last and other considerations, and obviously in the interest of time I can't go through all of those, but let me just finally close out with the fact that I think none of this happens without a robust resource and trained public health system in the country. And I just continue to encourage Congress to support the public health systems. And I want to just thank you for giving me the opportunity to speak with you today.

[The prepared statement of Dr. Benjamin follows:]

PREPARED STATEMENT OF GEORGES BENJAMIN

Chairman Alexander, Ranking Member Murray and Members of the Committee, thank you for giving me the opportunity to address you today on the important aspects of safely returning our Nation's academic institutions to their pre-COVID-19 pandemic status.

I am Georges C. Benjamin, MD, executive director of the American Public Health Association. APHA champions the health of all people and all communities. We strengthen the public health profession, promote best practices and share the latest public health research and information. We are the only organization that combines a nearly 150-year perspective, a broad-based member community and the ability to influence Federal policy to improve the public's health.

I am a physician executive, and in addition to having served as a clinician, I have had the opportunity to serve my community in a variety of senior management positions to include: as a military physician serving as the Chief of Emergency Medicine at the Walter Reed Army Medical Center; as chairman of the Department of Community Health and Ambulatory Care at the District of Columbia General Hospital; as interim director of the Emergency Ambulance Bureau of the D.C. Fire and EMS Department; as Acting Commissioner for Public Health for Washington, DC; and, finally, as Secretary for Health of the State of Maryland. I have served as the executive director of APHA for the last seventeen and a half years.

I am here today to share my thoughts and professional judgment on the role of community mitigation that should be considered by institutions of higher education as senior academic and administration leaders prepare for the return of students for the fall semester. I recognize that these decisions are not decisions of politicians but rest in the hands of the leadership of the various institutions who must work in close consultation with state and local health officials. I am not a lawyer. I speak as a public health scientist and professional who has spent a fair amount of time advising senior leaders on health policy. These are difficult decisions, and I approach my comments today using the current science to inform what measures and safeguards I would consider if I were leading a university or college at this time.

Reopening the Nation's colleges and universities will not come with a one-size-fits-all solution, and any decisions must be science-based, data-driven and done in close consultation with state and local public health authorities. All public health decisions are based on risk reduction. We should make the assumptions that there will be people on campus with COVID-19 infection regardless of what precautions are taken at this state of the pandemic and the level of previously infected individuals in the community. Current estimates of positive antibody prevalence ranges from 3-24 percent depending on when you are in the country. Considering we need to get

to approximately 70 percent to achieve herd immunity as a nation, we still have a long way to go to break the chain of infection. A recent report from the U.S. Centers for Disease Control and Prevention also found that presymptomatic and asymptomatic spread does occur from infected individuals.¹ This means we will continue to have undetected broad community spread of COVID-19 as we remingle as a society. It also supports the contention that we need to continue to employ robust community and individual nonpharmacological mitigation until we reach levels of herd immunity. While this is best achieved through a national vaccine effort, a COVID-19 vaccine will not be available for months and certainly not widely before the fall semester.

We have approached this pandemic with a patchwork of authorities from the Federal to the local levels, and because of this, it will be important that academic institutions be in alignment, at a minimum, with the local government, industries and businesses in the surrounding community in which it sits, because the academic institution is an integral part of the larger community. Any effort to move forward with reopening institutions of higher education by employing public health protections that are weaker than those in place in the surrounding community would be a critical mistake. While the institutions may seek to enforce stricter requirements for students, faculty and the institution's other employees, any variance between the institution's approach and that of the approach of the community in which it sits must be integrated in a way that does not undermine the health protections. For example, if the surrounding community requires the wearing of masks, then the institution would have a very difficult time establishing a no-mask policy, which might be viewed as a health hazard by the broader community. The converse might not be the case if the institution is able to articulate a greater health risk to students or others on a campus. One example might be the close proximity of students while in certain settings like laboratories or libraries.

The type of student body that the school is structured to accommodate is very important as a component of risk assessment. Institutions that are primarily commuter schools, where the student body comes from a relatively narrow slice of the community, will have a different risk profile than residential schools that attract students nationwide and often from around the world. This is because students will bring with them the infectious disease risk of the communities in which they reside. This disease has not struck all communities equally, and, therefore, the student body will represent the disease outbreak status of their community at the time of presentation to school on any given day.

Existing Guidance and Needed Regulations

Academic institutions should first follow the guidelines published by CDC.² Nothing I say today is meant to be in variance of that guidance. This includes physical distancing, respiratory hygiene to include wearing a mask when appropriate and hand hygiene. Sanitization guidance for the routine cleaning and sanitization of surfaces and facilities should be followed as well.

In addition to students and faculty, all workers at an institution should be protected in the workplace by enforceable workplace regulations. Congress should require the Occupational Safety and Health Administration to propose an emergency temporary standard (ETS) for infectious disease to protect workers from COVID-19.³ California's Aerosol Transmissible Diseases Standard could serve as a model.⁴ Without specific safety mandates, academic institutions are left with little enforceable direction, and the result is the increased potential for rapid spread of the disease in the workplace and into our communities.

¹Evidence Supporting Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 While Presymptomatic or Asymptomatic. The Centers for Disease Control and Prevention. Emerging Infectious Diseases. July 2020. Available at: https://www.cdc.gov/eid/article/26/7/20-1595_article.

²The Centers for Disease Control and Prevention. *Coronavirus Disease 2019 (COVID-19)*. Colleges, Universities, and Higher Learning. Plan, Prepare, and Respond. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>.

³Organization letter urging Congress to pass the COVID-19 Every Worker Protection Act of 2020. April 29, 2020. Available at: <https://apha.org/-/media/files/pdf/advocacy/letters/2020/200429-every-worker-protection-act.ashx>.

⁴Cal/OSHA Interim General Guidelines on Protecting Workers from COVID-19. Available at: <https://www.dir.ca.gov/dosh/coronavirus/General-Industry.html>.

Disease Prevention and Control

All institutions should ensure they have a robust campus health program. That program must be linked to the local or state health agency to ensure the rapid availability of support and the most current information for disease control activities. **All institutions should be working from the premise that they will have a case of COVID-19 on campus during the academic year.** They should also assume that while students are less likely to have serious disease when infected, the risk for serious disease is not zero. The academic institution must have the organizational capacity to rapidly identify such a case or an outbreak of disease and undertake effective disease containment and control. This includes the ability to ensure adequate rapid PCR testing for COVID-19 and contact tracing. A strong partnership with their local and state health department is essential for testing, contact tracing and ongoing disease surveillance. Together, the academic institution and the public health agency should agree on a testing strategy and plan. Elements should clearly define priorities of testing, the role of symptom-based strategies and how best to test employees who are of high risk either because of underlying disease or their on-or off-campus occupations. Examples of higher risk occupations for consideration might include cafeteria workers, the health clinic nurse or staff living or working in residential dorms.

Campus health systems and clinics must have adequate health center staff, testing and personal protective equipment for providers to ensure they are fully prepared in the event of positive cases among the student population, faculty or employees of the institution. The institution will need to review its overall institutional infection control policies. This is to ensure the policies form a coherent plan to address any potential infectious disease because many disease have similar presenting signs and symptoms.

As academic institutions plan for students' return to school, they should implement basic risk reduction strategies including four key nontherapeutic measures in everything they do: maximizing physical distancing; hand hygiene; controlling respiratory spread (wearing masks); and sanitization of facilities. Administrations should think of these as stacked protections that work together to reduce the risk of infection. Physical distancing can be achieved by maximizing virtual classes where feasible. This is of particular interest for large lecture halls where the content can easily be delivered virtually. Reducing class size through staggered classes and moving to smaller classes should be done when feasible. There are indeed classes where this is not feasible because of the need for in-class participation, or classes that require the use of special equipment—music, physical activity, design, theater and laboratory-driven classes are examples. These types of classes bring unique levels of risk that will need to be managed differently.

Sports activities and other large gatherings pose additional risks not only to those on campus but also to the broader community. The ability to physically distance is a major barrier to safely hosting these activities, as is the number of people who could be exposed due to large crowds. Current guidance from CDC is based on the level of community transmission, the size and density of the gathering and the health risk profile of the attendees. These will be difficult decisions complicated by the participation of large numbers of supporters from all over the country for most college and university events. An infectious exposure could be a flash point for a significant widespread outbreak. One unanswered question is how sports programs will deal with screening and the frequency of PCR testing of athletes, the athletic staff and support personnel should these activities be allowed.

Institutions have a variety of controls over shared living and study spaces, from school-owned dormitories, to on-or off-campus fraternity and sorority houses. Plans on managing outbreaks on these facilities will need to be completed. Many students rely on campus-provided housing. Plans must be put in place to address the needs of these students who cannot pick up and go home should the campus lock down for a few days during disease control efforts. Additionally, disease control efforts should plan for alternative housing situations for students who must remain on campus in quarantine or isolation. There will be students who are not sick enough to be hospitalized but are too sick to go home and risk infecting other students or faculty.

Institutions should evaluate how to handle the full range of people who teach, work or attend school on campus. This will be particularly important for individuals with higher underlying health risks. Like the rest of society, the academic institution contains a population of people of all ages with a wide range on preexisting conditions and some of these conditions have been shown to put people at a higher

risk of severe disease should they get infected with SARS-2, the virus that causes COVID-19.

There remains a great deal of confusion over coverage for screening exams and tests despite recent laws that were passed to ensure coverage for testing. Some schools have health insurance requirements. These should be reviewed in the context of school policies and procedures to ensure access to COVID-19 testing and broader health screening and treatment to ensure there are no barriers to disease control efforts.

Because the return to school proceeds the start of influenza season, schools should have in place a process to identify and screen influenza-like illnesses to differentiate between COVID-19 and influenza. In addition, universal influenza vaccination should be achieved for all except those who have medical exemptions. Schools must be rigorous about ensuring all students have received all other required vaccinations to help with identifying other infectious diseases of concern that have curative or preventive therapies. I recognize there are states and academic institutions that do not share this view on immunizations and allow for religious or other exemptions. My perspective represents the best science we have today that vaccines are safe and effective and will be essential for the institutional response to infectious disease outbreaks this fall and winter.

Unanswered questions include:

- How do we screen students for disease before they come to campus?
- What is the role of temperatures?
- Is there a role for antibody testing, recognizing CDC currently does not recommend antibody testing as a return-to-work tool?

Resident assistants and other students who provide support in student residential settings are a good early warning asset of the institution. Having these individuals properly trained to identify sick students with COVID-19 symptoms and in the proper procedures for early disease control could help identify ill students and enhance rapid referral for testing and medical care.

Institutions will have to develop robust communications plans to educate students, parents and employees about the institution's COVID-19 plans for preventing the spread of the disease, testing, isolation and quarantine for individuals who test positive. It is critical that all colleges and universities create a centralized resource that students and employees can turn to for all COVID-19-related issues. A robust educational campaign about these resources and the health and safety protections that each institution has put into place is recommended. Institutional spokespersons will need to be well trained, clear and consistent about risk communication.

Equity Consideration: Students and Institutions

COVID-19 has demonstrated a disproportionate impact on some populations, in particular African Americans and Hispanics. This alarming health disparity is due in part to the greater degree of novel coronavirus exposure linked to a higher percentage of African Americans and Hispanics having public-facing jobs, a greater prevalence of underlying chronic diseases among those populations and long-standing inequitable social determinants that impact health. These issues must be factored in as a component of any institution's risk reduction planning.

Additional equity factors to consider include the fact that some students rely on a range of enabling services provided by their colleges and universities, as well as technology support (Wi-Fi and online access to other campus-based technology). Any campus-wide move to virtual learning or even a short shutdown will need to address the ability of these students to thrive and properly participate in virtual learning if they do not have adequate access to the needed technology. Tuition and scholarships are not likely to cover unforeseen costs associated with facility closures or restrictions. Some students also rely on campus-based supports and opportunities such as income earned through campus-based employment and campus-based child care. Schools must have plans in place to ensure low-income students are not disproportionately impacted by a potential COVID-19 outbreak on campus.

There are also significant disparities in available financial resources among the country's colleges and universities to address COVID-19-related activities. There are challenges to basic capacity of many of our institutions of higher learning that have not yet been addressed.

Scenario Planning

I cannot over-emphasize the fact that there will be a case of COVID-19 on campus and institutions should prepare for and practice several predictable scenarios in advance of reopening such as:

- The student with diagnosed COVID-19 who lives in the dormitory.
- The student with diagnosed COVID-19 who lives in a fraternity or sorority house on campus.
- The student with diagnosed COVID-19 who lives in a fraternity or sorority house or other off-campus housing.
- The COVID-19 positive visitor who has left campus.
- The student, faculty or staff member who is identified through contact tracing but is asymptomatic.
- The exposure of students, faculty or employees from a large scale event on campus.
- The exposure of students, faculty or employees from a community event or concert off campus.
- A student death from a non-COVID-19 or unknown infectious disease.
- A non student death from a non-COVID-19 or unknown infectious disease.

I know there are many more considerations academic institutions have to contemplate as they prepare for the fall semester. Let me just reemphasize that this is all about risk reduction. While we still have a lot to learn about SARS-2, the virus that causes COVID-19, we do know enough to reduce the risk of infection substantially if we don't underestimate the risks and plan for its mitigation. The ultimate solution for our return to normal for all of our society is a safe and effective vaccine. I am optimistic that we will have this important prevention tool in the next 12-18 months. But until then, we will continue to rely on community mitigation as our best option.

A Strong, Well-Resourced Public Health System is Essential

None of this is possible without having a robust well-resourced and trained local and state public health system in every community to support the academic institutions in their mitigation preparedness and response. Congress and the Administration must continue to support the Nation's public health systems as we continue to respond to the COVID-19 pandemic and the coming influenza season later this year. By basing our response to this pandemic using the best science available and in partnership with the community, we can reduce the risk as we receive a quality education.

In addition to ensuring that the Federal Government is providing adequate support and assistance for testing and contact tracing and to the Nation's colleges and universities and students to ensure a safe reopening, APHA strongly urges Congress to support additional measures to strengthen the Nation's public health system. Our country's state and local health departments will serve as critical partner to our colleges and universities, businesses, state and local governments and other sectors to help prevent the spread of COVID-19 through testing, conducting disease investigations and contact tracing to help contain further spread of the disease, providing the public with the latest science-based information and data about the disease in their communities, among many other responsibilities. In order to better ensure our state and local health departments are adequately prepared for addressing the current pandemic and future public health emergencies, we must seriously look at fixing our vastly underfunded public health system. APHA is calling on Congress to provide \$4.5 billion in additional long-term annual mandatory funding for CDC and state, local, tribal and territorial public health agencies for core public health infrastructure activities.^{5,6} This funding would support essential activities such as: disease surveillance, epidemiology, laboratory capacity, all-hazards preparedness and response, policy development and support, communications, community partnership

⁵ Organization letter to House and Senate leaders urging a significant, long-term investment in public health infrastructure in future legislation to speed the response to the COVID-19 pandemic. April 3, 2020. Available at: <https://apha.org/-/media/files/pdf/advocacy/letters/2020/200403-ph-infrastructure-covid-stimulus.ashx>.

⁶ Public Health Leadership Forum. Developing a financing system to support public health infrastructure. Available at: <https://www.resolve.ngo/docs/phlf-developingafinancingsystemtosupportpublichealth636869439688663025.pdf>.

development and organizational competencies. This funding is critical to ensuring our state and local health departments have broad core capacity to not only respond to the current pandemic but to better respond to the many other public health challenges they face on a daily basis. For far too long we have neglected our Nation's public health infrastructure, and we must end the cycle of temporary infusions of funding during emergencies and provide a sustained and reliable funding mechanism to ensure we are better prepared to protect and improve the public's health from all threats.

Congress should also appropriate funding in fiscal years 2020 and 2021 for the public health workforce loan repayment program authorized in the HEROES Act.⁷ Providing funding for this important program will help incentivize new and recent graduates to join the governmental public health workforce, encourage them to stay in these roles, and strengthen the public health workforce as a whole. The public health workforce is the backbone of our Nation's governmental public health system at the county, city, state and tribal levels. These skilled professionals deliver critical public health programs and services. They lead efforts to ensure the tracking and surveillance of infectious disease outbreaks, such as COVID-19, prepare for and respond to natural or man-made disasters, and ensure the safety of the air we breathe, the food we eat, and the water we drink. Health departments employ public health nurses, behavioral health staff, community health workers, environmental health workers, epidemiologists, health educators, nutritionists, laboratory workers and other health professionals who use their invaluable skills to keep people in communities across the Nation healthy and safe.

Thank you again for the opportunity to speak with you this morning. I look forward to answering any of your questions.

The CHAIRMAN. Thank you, Dr. Benjamin, and thanks to all the witnesses. We will now begin around five minute questions from Senators and I would ask the Senators and the witnesses to try to keep your answers within five minutes because all the Senators would like to participate and we have a vote a little bit before noon. President Daniels, let me start with you. Let me ask about how much advice you want from Washington in order to go back to school safely? For example, do you think Washington, DC, the President, or the Congress ought to tell you that you cannot open in person or should tell the University of California system that it has to open in person?

Mr. DANIELS. I guess they would be within their legal rights, but I hope not. As every student is different, we try to remind ourselves of that, every school in the country is unique in some way. And I thought your admonition at the beginning, Mr. Chairman, was on target. I know that others will find better answers than we have and I hope they will be free to do that so we can copy them.

The CHAIRMAN. Dr. Paxson, in an article you wrote that you want to test every student, CDC has not recommended that yet. Other universities have said that is not practical. Do you think—how much advice do you want from the President or Congress about how many students you should test and how you should do the testing?

Dr. PAXSON. Well, I think of the CDC guidelines as minimum standards. Talking to my people, my members of my medical school as well as parents and students and faculty, they want testing. They want everybody to be tested. And then we want to do surveillance testing on a regular basis throughout the year. It is both

⁷Organization letter to House and Senate leaders supporting the inclusion of the Public Health Workforce Loan Repayment Program in the HEROES Act. May, 14, 2020. Available at: <https://apha.org/-/media/files/pdf/advocacy/letters/2020/200514-ph-workforce-loan-repayment.ashx>.

peace of mind, but also being able to monitor the spread of infection. I think it is essential.

The CHAIRMAN. Let me ask President Daniels and the other presidents this question, one of the opportunities we have in this crisis is to learn from it. We have compressed about 10 years of experience into three months in terms of at least two things, one is telelearning, what have we learned from that, and the two is the use of space.

As I mentioned in my comments, colleges are the most notorious wasters of space in America, I would think. Classes aren't usually taught in the morning or the evening or on Saturday. And is it possible that as a result of the requirement of social distancing that a year experience of teaching classes at different times and the more efficient use of space would have some sort of lasting impact? What about the lasting impact too of what you have learned about telelearning? Let me start with President Daniels.

Mr. DANIELS. Yes, of course, there will be a lasting effects of this and I think it is highly beneficial. Now, space utilization has been an issue with us at Purdue for some time and I hope we have been using it better. There is nothing unusual about Saturday classes or evening classes here, but clearly we can do better and we will now.

Yes, we are going to—when you reduce occupancy of our classrooms to 50 percent or less, by definition you have to use time and space in ways that you weren't before. I think I made mention that we now learned so much about telework that at least a third of our employees, our staff will now be asked and enabled to work from home on either a constant basis or at least on a rotating basis. That takes them out of harm's way and that's going to free up a lot of space that maybe we can find creative uses for.

The CHAIRMAN. Dr. Paxson.

Dr. PAXSON. Yes, we are all learning a lot and I appreciate your question. Just a couple things that we are learning, to add to what President Daniels said, one is that the shift to remote learning, students learned and there were many valuable lessons there. I think in the future we may do more flip classrooms where large lectures are not done in person. That is a great thing.

Another related area that is very important is the use of telemedicine and we discovered especially for counseling and psychological services when students are in states that we can work with, and there is some bureaucracy around that, it is actually an incredibly efficient and valuable way to support our students.

The CHAIRMAN. Dr. Hampton, have you learned anything in these three months about the use of space that might be a lasting lesson at Lane College?

Dr. HAMPTON. Yes, sir, Mr. Chairman. We certainly learned that our faculty and our institution that was committed to residential instruction could be very agile move to remote instruction. We removed every single course to remote instruction in the spring and for us, that was that was absolutely monumental.

I do want to go back and just say to your initial question that yes, in fact, Lane College will be open in the fall. But what we need is we need your investment. We need that \$1 billion. The greater education community has asked for \$46 billion. We need a partnership with the Federal Government to help us to ensure that we

have the standards, that we have the facilities in place to protect our students to educate them safely and to deliver on our mission.

The CHAIRMAN. Okay. Thank you, Dr. Hampton.

Senator Murray.

Senator MURRAY. Well, thank you very much, Mr. Chairman. If we are going to safely reopen, public health has to drive decision making, and according to our public health experts, that includes making sure students and staff have access to testing, the ability to safely quarantine if they are exposed to the virus, and support for isolation and access to medical care.

Students and staff need to be able to participate in their classes while also following public health advice to social distance, wear face masks, and keep themselves and their families healthy, but public health experts agree, we are not anywhere close right now to meeting adequate levels—alright, somebody—is everybody else hearing that?—Dr. Benjamin, let me just direct this to you. If our country remains at current levels of testing, are colleges going to be able to keep students and employees and their communities safe?

Dr. BENJAMIN. That was always going to be the key to success here. We are finally at about 400,000 test today. We are not nearly at the 500,000 that we need to be and every state is a little different. I just looked at a chart today that shows with a variety of states that are not yet there yet. I think it will be a real challenge if we can't get to that minimum 500,000 per day. And you may know that several groups like Rockefeller Foundation believe that we should go to two to three times that amount per day.

Senator MURRAY. Okay. I have heard it said that COVID-19 is the, "great equalizer" but we actually know in terms of the viruses health and economic impacts, nothing could be actually further from the truth with black communities and communities of color being at much greater risk of getting sick and dying, and of falling behind economically because of the pandemic itself.

Colleges determining how to reopen have to consider those inequities in selecting the best course of action for both students and their staff. So I wanted to ask each of our presidents, may be in this order Presidents Daniels, Paxson, and Hampton, how specifically are each planning to address the alarming health disparities impacting our communities of color as you think about reopening. And I will start with President Daniels.

Mr. DANIELS. One thing that I am very worried about is that the efforts we have made, and as far as I know every college and university has made to successfully recruit and then just as important see through to successful graduation low-income, first-generation, and minority students, we have all been making every effort we know how now for some time and I do worry that these are about to be set back by the tragic factors that you just mentioned. I am tentatively encouraged that as our deposits have come in that our URM percentage seems to have held up.

I was really worried, Senator, that it might put back but maybe not, but I do worry that our progress will be arrested and that we are going to have—we will certainly pay special attention, again, to identifying those who might be vulnerable, that is mainly faculty and staff but yes, as Dr. Benjamin, there are some young people

who have these comorbidities that will put them very much in our sights for special attention.

I am sure you're probably right that minorities may well be disproportionately represented in that group.

Senator MURRAY. They are, yes. President Paxson.

Dr. PAXSON. Thank you for the question. And , I have spent my life studying health disparities and economic disparities. And when I look at it, issues of inequity are one of the major reasons why we should open. Colleges and universities are places that create level playing fields for students and we can ensure that all students have equal access to education. The quality will be the same and health services will be the same for all students regardless. So it is one of the major reasons why I want to get students back.

Senator MURRAY. President Hampton.

Dr. HAMPTON. Yes, no doubt. Race, racism and health disproportionately impact our institution at Lane College.

To overcome these barriers, I mean we need the help of the Federal Government. Yes, we need your guidelines but we also need your investment. Our students need your investment. Our students need more money to attend colleges and universities. Doubling that Pell would help to ameliorate some of those challenges that their families are having right at this very moment as they are losing their jobs, as they are being laid off as a result of COVID-19, and the other impacts of racism. Those students are students. My students need an additional investment. Doubling Pell Grant will go a long way to helping them to afford institution of higher learning.

Senator MURRAY. Okay. Thank you for bringing that up. In addition to the disparities I just talked about, there is a disparity resources amongst colleges as well, and we need to address that. So thank you very much for that answer. Thank you, Mr. Chairman.

The CHAIRMAN. All right. We will go to Senator Collins.

Senator COLLINS. Thank you, Mr. Chairman. This hearing is incredibly timely because just this morning the University of Maine and other college presidents issued a document called sustaining higher education and sustaining Maine, so I know that they are watching this hearing with great interest. My first question is for President Daniels.

Colleges and universities are economic engines for their communities and their states.

In addition to educating students, they employ thousands of people, administrative staff, food service workers, custodians, faculty, advisors, student workers. When the campus is closed to in-person instruction, this had a great impact in Maine on many hourly workers in particular. The University of Maine system employs nearly 4,800 employees. My question is this, should there be different testing protocols for employees who are going back and forth into their communities and then back to campus than for students who are living full time on campus? And are you looking at that?

Mr. DANIELS. That is an excellent question, Senator. Thank you. Yes, we are. It was observed that in many schools, and we are one, half of our students also live off campus. Now many of them are very close by. We are going to be working very closely with their landlords and others try to make certain that they are following the same practices that we will in the housing that we administer.

I will just say that it has been very sad to read about so many furloughs, layoffs of some staff and faculty at other schools.

We haven't done that at Purdue and intend not to do that in any way possible but it is a significant issue. Our principal responsibility is to our students and to our university community, but we are very conscious, as you say, that we are an economic driver that many other people in the community around us do rely. And so our responsibilities to them both from a health safety standpoint and from an operational and economic standpoint, we try never to lose sight of.

Senator COLLINS. Thank you. Dr. Paxson and Dr. Hampton, in Maine more than 7,400 students are served by the TRIO programs and I have always been a very strong supporter of those programs because we have a great number of first-generation college students in my state.

I am very worried that if colleges do not reopen this fall that we are going to increase the number of people who have some college but no degree and they end up with student debt, but no credential to help them pay off that debt. What do you think of expanding programs like TRIO to make sure that the students supports are there to encourage students to come back to school and to complete their degree or earn their credential if they are attending a community college?

Dr. PAXSON. Thank you, and the TRIO program is a marvelous program and I am fully in support of bringing our lowest income students and our first-gen students back to campus, and not just at Brown but nationally. It should be a national priority. I am also concerned that without increases in financial aid, and actually I agree with the other speakers on this call, that Government with Pell Grant would be a great thing to do.

These students, if they don't come back, if they defer, if they delay, they never come back and they may not get their degrees. Another related issue, which is I think even more alarming is that colleges and universities have to close permanently. They have a lot of students who are going to be halfway through degrees and finding another institution to complete their degrees may be very different. So, we need to keep a close eye on resistance and education degree completion, especially during this time.

Senator COLLINS. Thank you.

Dr. Hampton.

Dr. HAMPTON. Senator, I absolutely support the TRIO program. Lane College was a strong provider of the Upward Bound program. And in the most recent round of competition Lane College lost out by one point. We were one point out of the funding band. That is 50 to a 100 students. That is six faculty staff members who we lost and have not been able to provide services for.

Well, I absolutely support an expansion of the TRIO program. Lane College is an East Jackson—it is an economic as a donut. Lane College is a \$36 million engine in this area. To have a strong Lane College means to have a strong Jackson and a strong West Tennessee, and so I would very much support expanding TRIO program and getting Upward Bound back at Lane College.

Senator COLLINS. Thank you.

The CHAIRMAN. Thank you, Senator Collins.

Senator Casey.

Senator CASEY. Mr. Chairman, thank you very much for the hearing. I want to thank you and Ranking Member Murray for calling this hearing. I want to thank our three college presidents and Dr. Benjamin for their appearance as well as their testimony. It is very informative for us who have higher education institutions in our state to have this hearing. And I would just note at the outset that the pleas for help that higher education institutions have brought to Capitol Hill, including some this morning, should be mindful.

All Presidents should be mindful that right now as we speak at the beginning of June, there is no prospect for legislation right now that is related to COVID-19 in the month of June. I hope that changes but right now the U.S. Senate is only doing nominations. I hope that you would bring some pressure to bear on the majority to begin to negotiate a new piece of legislation that would address a range of issues including support for higher education, especially for students. But let me start with the question of how students will respond to the change of circumstances on college campuses.

Student compliance with social distancing or enhanced safety protocols or other measures obviously are the key to reopening safely. That, you have said that, you are living that now. There are going to be substantial enforcement challenges as you know, especially when students are not only on campus but engaging with or interacting with members of the community for various reasons. So one of the concerns obviously, and you all understand this, is the risk of spread within a community, asymptomatic transmission especially. So I got three questions for the presidents and I hope I can get a question into Dr. Benjamin.

Number one is what are the protocols that you are using? And I know you have outlined some of those. Some of this will be by repetition. Number two is, how do you enforce those protocols? And number three is how are you engaging with students right now or have you already engaged to review and to make certain what those protocols will be in the enforcement? So, protocols, enforcement, and then engagement. We can just go in alphabetical order to President Daniels.

Mr. DANIELS. Thank you, Senator. Protocols are essentially about distance, about masking, about monitoring one's own system. The pledge I talked about monitoring one's own symptoms, reporting right away for testing if anything suspected, all of that. I would say in terms of enforcement, yes. I really think the most important thing we can do is foster a culture, I am cultural about this, on our campus. We are going to appeal to students' altruism. I see it every day long before COVID came along.

Young people in overwhelming numbers want to do good things and want to help others more. Well, here is a chance in a huge way. We are also—I am frankly going to tell them, there are a lot of cynics out there who don't believe you will do this. They think you are too selfish and too self-indulgent. So let's go show them how much you do care about your fellow human beings young and old. Last, I would just say that this is the central question. I believe the most important one.

If we do all the other things we have talked about and don't have reasonable compliance, we probably don't make it and vice versa. Very interesting study out of Hong Kong showed that simply reaching 80 percent compliance with masking stops the spread of infection, lowers the RO number below 1. So this really is very central. I am hopeful but we are going to do everything all summer long and all fall to try to foster it.

Senator CASEY. Thank you.

Dr. Hampton.

Dr. HAMPTON. Yes, sir, Senator Casey. We have some practice with this point. When we went to remote instruction and we had about 200 students that remained on campus and we began to practice the CDC guidelines. And we had a group of students who decided to have a party and they took pictures and posted them. Well, let me just say they had very good conversations with the dean of students following that. And so I have every confidence in our student body. After that our student body practice, those 200 students, they practiced going to the cafeteria, getting their lunch going, back to their rooms. They practice social distancing. They did operate in pods though where you see a group of students moving around together.

Senator CASEY. Thanks so much.

Dr. Paxson.

Dr. PAXSON. Thank you. And I can add I think it is very important that the protocols that students have to follow are one crystal clear, not ambiguous, not overly complicated, but grounded in public health goals. That there is an expectation that a violation of those protocols is a violation of our student code of conduct and so they are enforceable.

Ideally though you don't do this through enforcement of rules, you do it through changing culture and developing a set of norms where students understand that they are protecting themselves, but they are protecting their fellow students, their faculty members, people who they respect and love. If we can get that message through them, I am very confident that we will do well.

The CHAIRMAN. Thank you.

Senator Casey.

Senator CASEY. I think I will submit a question for the record for Dr. Benjamin—

The CHAIRMAN. Wait.

Senator CASEY. I know we got to go. Thank you.

The CHAIRMAN. Sorry, Senator Casey.

Senator Murkowski.

Senator MURKOWSKI. Mr. Chairman, thank you. Thank you for being here today. Thank you for your leadership in your respective schools and the leadership that you are showing as you are guiding your students and your faculty through very challenging and uncharted times. We worked hard within the CARES Act to try to ensure that we were able to get direct relief out quickly to small businesses, quickly to our schools, quickly to the individuals through direct assistance. And as I look back through CARES, it seems to me that one group that kind of got missed were the students, those who are over 16 and were not dependent on their parents were not able to receive direct assistance, parents weren't able to receive it

on their behalf. Many times not eligible for unemployment insurance.

When I think about the impact to the students at the time, they are literally, in Alaska's specific case, a spring break is underway, and they get the word, don't come back after spring break. In the University of Alaska's situation, what they were able to do was provide financial assistance to many students from everything from ensuring that they had transportation back to their homes, shipping, their belongings back, or emergency funds. And I know that tuition costs in many institutions have been refunded but to what extent have we been able to make our students whole in terms of the cost that they incurred.

As we know most students don't have a lot of disposable income out there where they have got money in savings that they can pick this up. Were you able to fully reimburse your students for their cost due to whether it is unexpected travel, housing, the lost classes? To what extent were you able to provide that relief to your students? And we will just start with you President Daniels and go down the line.

Mr. DANIELS. I can't say it was fully. I am sure it wasn't as probably it wasn't in many other contexts around the country. But I hope it was adequate. We did refund very substantial percentage certainly of fees, housing costs, and so forth, and we had an emergency fund which we augmented and came to the specific relief of students who made application and were having exactly the kind of troubles that you are having.

I am very attentive though to watching for this fall.

We have increased our financial aid to the extent we could and we will just have to—we will learn a lot more in the next few weeks about whether a student, a pre-existing and, or incoming aspiring freshmen are being prevented by financial exigency from doing what they are very eager to do.

Senator MURKOWSKI. President Paxson.

Dr. PAXSON. Thank you. So like other schools, we really pulled out all the stops trying to support our students, our highest needs students as they transitioned home, travel, laptops, Wi-Fi, books, etc, etc. And I think that was fairly successful. What we found though is that the needs are continuing and in some ways growing.

As unemployment has increased, students' families are losing their jobs. Students' summer jobs have been—they have evaporated. There is nothing for students to do this summer. And so while we are doing all we can to try to find them alternative things and things for pay over the summer, it is very, very hard to meet that for me. We have waived the expectation that students will save money over the summer to meet part of their tuition in the coming year, but we are getting requests for help with food. That is where we are.

Senator MURKOWSKI. Dr. Hampton.

Dr. HAMPTON. Yes, we were able to use the student portion of the CARES Act and distribute that straight directly to the students bank mobile accounts. We were able to do that on April 30th. 78 of our students communicated to us that they needed assistance with food. 73 percent of our students indicated they needed assistance with housing. And so we prorated the amount for food and

housing and we also added in some support for transportation and we distributed those funds directly to those students. Now we are using the bonds to help students to return to college and support their educational needs or any a number of things for food, for a housing, for digital supplies, for digital resource, for hot spots. We are supporting those students on a case-by-case basis.

Senator MURKOWSKI. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Murkowski. We have seven Senators remaining and everybody is doing a good job of staying within 5 minutes, which I thank you for.

Senator Baldwin.

Senator BALDWIN. Thank you, Mr. Chairman. I wanted to ask a couple of questions first to Dr. Benjamin. Dr. Benjamin, you stated in your testimony that every school, all schools should be prepared to have at least one case of COVID-19 on campus. Last week, I learned from the University of Wisconsin-Madison that they had run out of the reagent needed to run one of its testing platforms.

Despite continuous calls for support from the Administration, the Administration essentially said that private labs need to rely on existing supply chains for things like reagent. Can you describe why schools need to have all of the supplies on hand, not just the testing platforms but testing supplies in order to respond to the very high likelihood of new cases?

Dr. BENJAMIN. The challenge, of course, you have is that you have a case, and you are going to have to test someone. If you don't have the capacity within your own campus health program, you are going to have to have a strong linkage to someone else that does. The biggest challenge we have had with all of this testing, frankly, fundamentally has been the supply line issue.

It is going to require some partnerships. It is going to require on a daily basis making sure that you have adequate testing capacity. And just—because it is going to happen and the way things work in the world as, a case comes in and the test isn't available, and then all the things that occur after that which are problems having these as a result of the inability to test. So they are going to have to have adequate testing otherwise it can't function at all.

Senator BALDWIN. Thank you. I have a second question for you. I know that in some of the testimony by both Senators and our witness panel, there were references to the fact that most of the severe health outcomes from the coronavirus are among older people. And so, certainly students in the typical student undergraduate age range are predicted to be more healthy, but I want to just consider several things as we move forward to seeing more campuses reopen. According to the American Federation of Teachers, 40 percent of adjunct or contingent faculty who comprise 75 percent of total instructional staff are over the age of 60, and I am also thinking a lot about our technical and vocational colleges that will probably during a time of excessively high unemployment see a new age demographic beyond what they have always already seen as a result of the Great Recession.

I am very concerned about not only the safety and health of undergraduate students, but also faculty and the staff that work on our campus campuses. I am confident that colleges and universities want to do the right thing, but they need very clear rules of the

road and workers need to know that they are protected. It is why I worked with several of my colleagues to introduce the Every Worker Protection Act which actually requires the occupational safety and health administration to issue emergency temporary standards that cover all workers and workplaces and require workplaces to implement infectious disease exposure control plans to keep their workers safe.

You stated in your testimony that OSHA needs to promulgate such a standard. Do you agree it is important for the safety of faculty and staff as well as students they serve that such a standard not voluntary guidance, but a standard being placed before colleges and universities move to reopen this fall?

Dr. BENJAMIN. I have been running big organizations on and off for a long time. And unless you have standards that everybody can rely on, you are not going to get anywhere. Those standards are absolutely important to protect workers because they create frankly a floor that everybody can rely on. It does not mean you can't do more than that, but I have always argued that those kinds of standards are absolutely essential. They reduce a whole range of your risks. And so I would also agree with your statements, Senator.

Senator BALDWIN. Thank you.

The CHAIRMAN. Thank you very much, Senator Baldwin.

Senator Cassidy.

Senator CASSIDY. Thank you, Mr. Chairman. I want to thank the university presidents for thinking creatively about reopening the school. Dr. Benjamin correctly points out that even though you are less than 25 and you have less risk, the risk is not zero of health effects, but what we do know is that if you miss out on critical years of education, it is an absolute 100 percent risk that your future economic prospects are minimized.

President Paxson I am struck by would you say, so far CDC recommendations seem to be the kind of minimum standard. They are not actually kind of what would really like. Dr. Benjamin first going to you knowing, that the Federal Government has been slow coming out with testing strategies for settings like universities and that what they do at Lane is going to be different than what they do it, Brown, different than what they do at Purdue, Louisiana State University or to Lane just because of different sizes of schools, is your organization promulgating or suggesting different strategies so that someone like President Hampton, God bless him, is able to get his university reopened and with kind of a strategy about how to use the testing which is available?

Dr. BENJAMIN. Well, we are not specifically developing standards. We are encouraging schools and others develop learning collaboratives so that they can learn from—

Senator CASSIDY. Yes, I apologize because I just have such minimal time. I do think it is important to have the strategy. I think it is important to the Federal Government. I think it is important for others. President Paxson, it appears that you have put together a strategy. I just want to explore that a little bit because I think you would inform others. We understand that if you have an outbreak in a particular dormitory and it is not other dormitories, in-

tuitively you and devote resources to the folks in that dormitory. Is that the beginning of your approach or how would you say that?

Dr. PAXSON. Yes, so, the optimal testing strategy is something we are working on really carefully, it would be with epidemiologists, and it is going to be data-informed and it is going to change over time. It depends on prevalence in the local area. But certainly one of the components would be if there was a student who tested positive, their dormitory, their classmates would be people who doing standard contact tracing protocols would be people who would be tested next—

Senator CASSIDY. Let me ask you, one thing we have been interested in, because there might be a limitation on the number of tests available, is the ability to batch test. To do, 100 in a dorm but if it tests positive then you do each individual. Is that part of your strategy?

Dr. PAXSON. Well, we are exploring that and that is something that is still relatively new. Batch testing looks promising as does waste water testing where you can test stuff coming out of the dorms and figure out if anybody in the dorm has it, so we are exploring those options.

Senator CASSIDY. You are very delicate when you say stuff coming out of the dorm. President Hampton, as you put together your strategy—these folks got medical schools. Again, God bless you. You are much more constrained in terms of resources, where are you developing your testing strategy from and what could be done to help you or those similarly situated, my black colleges and universities in Louisiana for example, to implement such a strategy knowing that your student body may have an increased incidence of those comorbid conditions which increase risk?

Dr. HAMPTON. Well, I begin with number one, make the investment in our institutions. Make that make that \$1 billion dollar investment in the historical Black College Universities, tribal colleges, MSI's and the \$46 billion in the greater body. Make that investment. We had a little bit of practice with this during the past spring.

We implemented protocols where the student would present—a student presented in our health services, then that student was tested for flu and others. They were screened. And we had one incident on our campus in the spring with students who remain on campus where a student was—they had come in contact with the person and we were able to isolate that person into an apartment complex, allow that person to go through those 14 days, and then they have that person to not show any symptoms at all.

Senator CASSIDY. Let me ask you because I am almost out of time the strategy the President Paxson has put together where, you may do wastewater or but you certainly have a micro-community within your campus with upon whom you are focusing because they have shown to be positive at least, one person, within them. Do you all have a similar set of protocols or would it benefit you for those to be promulgated by some organizations such as CDC or another public health organization?

Dr. HAMPTON. It would in fact benefit us to have those promulgated but we do in fact have partnerships with our Madison County Health Department, with our Christ Community Health Depart-

ment, or Health Center, to be able to do testing for any of our students or in our public who believe that they have some or someone who may show symptoms, that they will be able to go get tested and get their results back in 24 hours.

Senator CASSIDY. Got it. Thank you. I yield back. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Dr. Cassidy.

Senator Murphy.

Senator MURPHY. Thank you very much, Mr. Chairman. Thank you all. This has been incredibly helpful for all of us. Mr. Chairman, I want college sports to come back. I want sports in general to come back. I miss it. For me it is a release from this job, and I can't wait. At the same time, I want it to come back for the right reasons and I want it to come back safely. And so I wanted to ask a series of questions on this topic because I think it is important. Maybe I will start with you, Mr. Daniels. I think it is interesting that college sports teams are coming back for practices before professional sports leagues are feeling that it is safe enough to come back.

I have read through what your University is doing to try to protect students that are returning. These are contact sports. There is no way ultimately to have social distancing for a football team or a soccer team. And so what happens if you have an outbreak over the course of summer training or in the early fall on your football team or on your women's soccer team. What is your protocol? Do you shut that team down? So they stop playing the season? Do you just segment off the players who have tested positive? This is a potential for a super spreading environment if you are not careful.

Mr. DANIELS. I completely agree with you. I think you would shut it down and I think that will—somewhere out there someone may very well face this situation. Our teams are resuming individual workouts later than some but they are coming back to that. Then group workouts. The conference we belong to has prescribed some guidelines and we will follow them.

In some cases exceed them, but I think you are quite right. And we love sports too, but first things first and that starts with the safety of people, players, coaches, but don't forget the people who may be at most risk of a spread here are the older folks, coaches, and others. So I hope we get back but if it takes longer or if it is subject to interruption then so be it.

Senator MURPHY. Let me ask you one specific question if I could drill down, what happens if you have got a scholarship player who doesn't feel comfortable coming back. Let's say they have got a mother at home or a grandfather that has got medical complications. If they decide not to play football this year because they just don't think it's right for them, do they maintain their scholarship?

Mr. DANIELS. Yes, they would. We have honored scholarships at Purdue for a long time for people who couldn't play or continue to play some reason, could be injury for some a personal tragedy. So that would not—that would be consistent with our policy. And I think I can speak with authority for our athletic department that we would see that as the right thing to do and the thing we ought to do.

Senator MURPHY. I appreciate that. I will note that is not right now the standard for all NCAA schools and I think it would be important for us to make sure it is. And then last and maybe most importantly, what are you going to do about attendance at sporting events this fall because that is what I really worry about. You have the Iowa Athletic Director on the record. He is a member of your conference saying that right now his plan is to let everybody into the football stadium and anybody who wants to come watch can. We had a situation in Westport, Connecticut before, this was an epidemic where 50 people got together for a birthday party.

One person had coronavirus, one of the first in the Northeast to have it. At the end of that party, half of them had it and the virus was off and running on the East Coast. So it worries me that we are contemplating putting hundreds of thousands of adults and students into stadiums, especially when the professional sports leagues don't seem to be entertaining that idea. What is your understanding today? Are we going to have fans in stadiums for events in your conferences fall?

Mr. DANIELS. Can't speak for any others but we are not looking at going beyond one-fourth of the capacity of our 57,000 stadium right now. This has been mapped out just as we have mapped out classrooms and dorm rooms to measure distance and then exceed the requirements. We would be doing it too. So it comes out to about a one-fourth on the work we have done now.

Now we know that outdoors is very different. That it is very hard to spread this outdoors, but we are still going to take an abundance of caution approach. I cannot tell you about indoor sports right now. I don't think I see a way that we can proceed on anything like the basis that we have all been familiar with.

Senator MURPHY. I appreciate that. That is still, 10,000 to 20,000 people all together for an event. I think that may be a pretty dangerous endeavor. And I think it is interesting compared to professional sports who have decided to make a different decision. I think it is a topic worth continuing to talk about. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Murphy.

Senator Warren.

Senator WARREN. Thank you, Mr. Chairman. I want to start if I can by quickly thanking Ranking Member Murray for the comments acknowledging what is happening in our country. We can't ignore the racist violence that has killed George Floyd and Ahmad Aubrey and Brianna Taylor and so many, many others. We must commit ourselves to change to using this Committee as well as others to advance anti-racist policies in health, in education, and for workers including today's hearing about reopening colleges.

Millions of families moving students across this country are wondering when and how colleges are going to safely reopen and I know this is a hard question that is going to vary from campus to campus but President Daniels you wrote a recent op-ed entitled, why failing to reopen Purdue University this fall would be an unacceptable breach of duty. So your op-ed makes it sound like you have already decided you are going to reopen no matter what come this fall. And in that, you discuss how you are going to mitigate risks to undergraduate students, but I notice there is almost no

discussion of addressing lists to workers or faculty who tend to be older and more at risk. Nothing about the wage workers or hourly workers, workers who are often black or brown.

These workers are responsible for serving the food in the dining halls, including the dorms and classrooms and keeping your campus running. They are particularly vulnerable and they have the least power and they are getting sick at disproportionate rates. So President Daniels, Purdue has nearly 17,000 employees, nearly half are staff who won't be able to work.

Normally this fall they might get sick. They might need to care for a loved one, and they might have small children that need care, or because of their age or pre-existing health conditions, they may not feel safe coming onto a college campus during a pandemic. So I just want to know if you laid out publicly a plan for these workers.

Mr. DANIELS. Well, thank you Senator—

Senator WARREN. Actually, let me just ask specifically. Can you agree to continue paying them if they can't come to work or if they decide it is too risky to show up for work?

Mr. DANIELS. Well thank for the—I am so glad you asked the question because first of all you could not have better express our entire philosophy and strategy. I don't know if you were here for the opening presentation, but I enunciated it then. And our entire strategy is built around the protection of the vulnerable and that starts with faculty and staff. Starting next week we will have one to one visits with our faculty to try to figure out what their—we have a grid that attempts to estimate their degree of vulnerability. There is some we don't want near campus at all. So we will make an accommodation for—

Senator WARREN. If I could—I am sorry. I am just limited on time. Just understand, you haven't put out a plan publicly yet and it sounds like you haven't worked one out but you are planning to work it out one-on-one with your employees, is that right?

Mr. DANIELS. Our plan is entirely based on the protection of the vulnerable and that will include trying to make individual accommodations for those about whom we have the most concern. About a third of our staff—

Senator WARREN. Well, I was asking whether or not you had already laid out a plan. And I take the answer on that is no.

Mr. DANIELS. No, the answer to that of course is, yes. It is very comprehensive and I will repeat it if you need it.

Senator WARREN [continuing]. Publicly. I just haven't seen this plan laid out. Because my question is really about who has power and who has voice in these decision. Best practices are best practices only if everyone is at the table who is going to be affected when those plants are being laid out. So I just want to move on for the time being but I will follow-up in writing to try to get public commitments that going forward you are going to include both faculty and staff at the table and you are going to explain about how this is going to intersect with their pay and how you safely reopen this campus.

Dr. Paxson, I want to stay on the topic of power and accountability. In addition to being the president of Brown University, you are also the vice chair of the Board for the Association of American

Universities which signed a letter last week from the American Council on Education, which is the very powerful college law urging Congress to, “quickly enact temporary COVID–19 related liability protections for higher education, institutions, and systems.” Now, Dr. Paxson, as you know current law imposes liability only when the college has behaved unreasonably under all the circumstances.

The law does not impose automatic liability when somebody gets sick or even when somebody dies. Instead its liability only when, for example, in a pandemic a college doesn’t take reasonable efforts to clean up common spaces or to separate desperately sick students. So when colleges lobby to change that standard and to walk away from it, even if they are extraordinarily careless with the lives of their students, even if these colleges take completely unreasonable risks, even if someone dies, what message does it send to our families and our students. Would it make you more comfortable or less comfortable as a parent of an incoming student?

The CHAIRMAN. Dr. Paxson, we are well over time but you take whatever time you need to answer that question.

Dr. PAXSON. Thank you very much. I do not want protection from being careless. That is not what we are about. And if we are careless, if we don’t follow guidelines, that is something that should not be protected in any way, shape, or form. The fact is though we are in a brand-new time. We have never seen this before. We are in uncharted territory.

I think many institutions are very nervous that even if they play by the rules scrupulously, that they will still be subject to class action lawsuits, lawsuits—they will probably prevail if they have done right but the cost of defending those lawsuits will take money away from tuition, financial aid—not from tuition from financial aid and all of the support that we provide for our students. So I am in favor of very carefully crafted liability protection that in no way, shape, or form permits us to be careless with people’s lives.

Senator WARREN. Well, thank you.

The CHAIRMAN. Thank you, Senator Warren.

Senator WARREN [continuing]. Over. If I can, I just want to ask unanimous consent, Mr. Chairman, to enter statements for the record on this issue from Americans for Financial Reform, the Student Borrower Protection Center, Public Citizen, American Association for Justice, and Georgetown Law Professor David Vladeck. The public should know that a college just like any institution—has to behave—that is what the law requires.

The CHAIRMAN. Thank you, Senator. So ordered.

[The following information can be found on page 88]

Senator WARREN. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Braun.

Senator BRAUN. Thank you, Mr. Chairman. I am going to lead in with Senator Warren’s question and I think it is a valid one to ask in the sense that the safety of your employees, staff at universities, as well as your customers which would be the students, is very important. But underlying the way she phrased that question would be that it is not in the extreme interest of the university, of businesses across this country to keep not only your customers safe, your employees as well. It also to me, by the way it was stat-

ed, assumes that there is not going to be the agility and the ability to do both of them. And my question is going to be for President Daniels and you can continue a response if you want to but I think rest assured for the people that run the real economy, including teaching our students, they have in their own best interest to do all of the things—this kind of bureaucratic approach has been to where it is tamped down economies may be unnecessarily.

We are able to do two things at once and I think that argument that you cannot operate safely and keep the disease at bay might have been an underlying strategic error and how we have addressed it in the first place. So President Daniels as any entrepreneur sometimes your plans don't work out the way you might hope they will. I know when building a business over 37 years, if things were growing great in the moment, I said hey, something is going to come along to maybe try to derail it.

Had the data not shown you or if something should change to where you bring students back to school and I think everything you have laid out makes it sound like a great plan, let's say if not, how does your involvement with online education, I think you call it Purdue Global, would that have been a back-up plan that would have come into play for your students that would want to attend on campus? Tell me a little bit about that and then more broadly how you think that part of post-secondary education might break the cost curve that has been so tough to do with traditional education on campus.

Mr. DANIELS. Senator, Purdue Global is a separate branch of our University. It serves a very different clientele. The typical student there is a 33 year old woman with a job and usually family responsibilities. It is really aimed at that enormous universe of Americans who started college and didn't finish. And helping them get to the finish line and we hope a better station in life. Now, we learned a lot. I have learned a lot about online education.

As I mentioned, we will be offering to those students who can't get here this fall or choose not to come in person this fall, an online option for their undergraduate education. But Purdue Global is aimed at basically working Americans. And I will say to your question, I think the surface is this, with the damage we have done to this economy, it may be that there is a much greater need or greater market for very affordable Purdue online education of the kind Purdue Global and many other fine schools provide.

Senator BRAUN. To dig into that a little more deeply, how long do you think that cost curve will take from the involvement in online undergraduate as well as what you are learning from trying to educate older students? Do you think that is something that is going to be disruptive enough where like healthcare, for instance, it costs us double here in our country roughly what it does in most other countries with results that aren't any better. Do we have that opportunity through disrupting education in a way since it is the next most stubborn cost increase each year, through technology, through something different that most of us might not see at this point in time?

Mr. DANIELS. The exorbitant, even staggering cost of higher education has been an issue for quite some time now. Thank you for noting—at Purdue we have not changed our tuition in the last

eight years and have pledged that will last at least through a 9th. We are less expensive in nominal terms than we were in 2012 and with the result, I think we have been able to attract more students and terrific students for whom affordability and accessibility is a real issue.

Now, in the wake of this terrible pandemic, it seems very clear. I think that there will be a new pressure on schools, us and everyone, to find every way possible to make this vital service we sell a more affordable and I can't imagine you have any other outcome than that.

Senator BRAUN. Keep it up. I think leading the way on trying to make something that is along with health care for most families—the demand is inelastic. We all want it ironically of course, classic economics. That is where cost us the most in this country and we need to do much better. Thank you.

The CHAIRMAN. Thank you, Senator Braun.

Senator Kaine.

Senator KAINE. Thank you, Mr. Chairman. Thank you for this important hearing and to our witnesses, I have been very, very critical of the Administration's handling of the public health side of this crisis. There is no reason the United States should have more than 100,000 deaths. There is no reason that our economy should have been hammered by this in the way that it has, especially if you look at what has happened in other countries. Since I have been critical and I am going to continue to be also feel like I got to give credit where credit is due. The Administration has done some things that I want to thank them for and some are kind of right in this bailiwick, helping us work out implementation challenges for the CARES Act. You will remember, Mr. Chairman, after the CARES Act passed, some thought that the aid was not going to go to students, might be taxable income.

The Administration worked quickly with us to clarify that was not the case. Some universities trying to get PPP loans were told that their students, work study students would be counted as employees putting them over the 500 limit disqualifying them for PPP loans. Again, the Administration worked very quickly to lay that concern and so I got to give credit where credit is due because I am going to turn soon to some more criticism. I do want to thank Senator Murphy for raising the football question because it is an example of how opening is complicated. Folks who play football are amateurs. They are not getting paid. Folks who play football are disproportionately minority.

There has been a number of articles in Forbes and Sports Illustrated about how football especially in the power five conference is a big-money thing. I hope we do not, because big conference football is a big-money thing, risk the lives of amateurs who are predominantly minority by going back before we can especially because the NCAA has figured this out when they canceled spring sports, like baseball, they told all the athletes if you want another year of eligibility, you can get it.

Many who lost their last year of basketball or baseball were sort of heartbroken about it and had to figure out ways to go and get a master's degree or stay at a college for an extra year so that they can have that extra year of eligibility. We can provide that experi-

ence for student-athletes if they want it without jeopardizing their health because football is a money-making proposition and I hope we will all consider that. All right, let me get to the critique. Mr. Chairman, you said a couple of times, your opening statement lays it out so well, the road to reopening is through testing. The road to reopening is through testing.

I deeply believe that there is other issues, obviously, but the road to reopening colleges is through testing. The CDC has a document that they have put out and continually updated. It is online right now. It is called Considerations for Institutions of Higher Education. The most recent update was May 30. It is a very comprehensive document. I just got in here on my iPhone. You go through it. Principles to keep in mind, IHG institution of higher education, general settings, IHG on-campus housing settings, promoting behaviors that reduce spread. Sub points under all of these, multiple sub points under all of these—maintaining healthy environments.

Let's see what else do we have here? So many maintaining healthy operations room, layout water system supplies, sub-point, sub-point, sub-point. You go through this endless document and not a mention of testing. The CDC guideline, right, preparing for when someone gets sick, endless sub points. There is not a single mention of testing in the document that the CDC currently has to give to our universities. Now, I get it that our universities don't need a mandate. Test everybody or test one-sixth of students. But universities don't all have CDC's, they don't have NIH's. They need guidance. If you are going to give a university guidance about how to make sure the water system safe or how to limit the size of activities or what to do when a student gets sick, it would seem like you would give them some guidance, some recommendation about testing protocols.

Mr. Chairman, you laid out sort of a good one. Maybe you test everybody who is sick or anybody in vulnerable population, and then maybe you would want to do some sentinel testing randomly to determine the spread of antibody's—and it strikes me you could give that guidance to our universities without, a mandate that is too restrictive.

My suspicion is this because this has been more to do in general with the Administration. They don't want to set goals for testing because they don't want to be measured against those goals because they know that if they are measured against the goals they are going to fall short. The only way you get to a goal is by stating it. If you don't state it, you are not going to get there.

I think our CDC does a great disservice to colleges, small, medium and large if they don't provide some basic guidance about what a testing protocol that would be successful would look like. And with that, Mr. Chairman, thank you.

The CHAIRMAN. Thank you, Senator Kaine.

Senator HASSAN.

Senator HASSAN. Thank you, Mr. Chairman, and I want to thank you and the Ranking Member for having this hearing and I want to thank our witnesses for all that you are doing to help your students in our communities. Between the COVID-19 crisis and the rightful outrage following the killing of George Floyd, this is a

deeply challenging time for our country. That is true at our institutions of higher education. And as we grapple with how to reopen safely during a global pandemic, we must also remember that higher education institutions have historically served as places of civil discourse.

As our local communities and our country works together to make our systems more equitable and just, I look forward to working with all of you. My first question is to our three College presidents. Last week, I sent a bipartisan letter to Secretary DeVos with Senators Tim Scott, Loeffler, and Booker urging the Department of Education to ensure that students receive the financial aid that they are now eligible for due to the economic impacts of COVID-19. Specifically, we asked the Department to issue guidance to colleges to help ensure that students' financial aid eligibility can be appropriately adjusted and to update the online FAFSA form to capture recent changes in income for financial aid applicants.

To each of the college presidents and I will start with you President Daniels, can you speak to how your students have been economically impacted by COVID-19. I know you have done it a little bit through this hearing but more importantly why further action by the Department of Education is needed to help ensure that students get the financial aid that they are eligible for.

Mr. DANIELS. Well, Senator, I can't say that we know yet. We are in the process of finding out now which students who have expressed the desire to come to Purdue will finally come and can manage it. And I don't doubt that many of them have encountered significant economic setbacks since they expressed that intention. We will know much more over the next few weeks. I am hoping that most of them will be able to do it but I applaud the initiative that you led and those who joined you. And clearly we all need to do all we can to get a more swiftly and directly and flexibly, which is a point I think you just drew our attention to, to every young person who needs it.

Senator HASSAN. Thank you.

President Hampton.

Dr. HAMPTON [continuing]. Pell Grant. It is no question that our students have been negatively impacted by COVID-19. When we did our survey of our students, that survey went to the students about five weeks after the majority of our students had been home and those students reported back to us while they were at home, 78 percent of them said, I need help with food, 73 percent said I need help with housing. Our students need help now.

They will need to help in the fall. They did their FAFSA based on the previous income. Those incomes have now dropped. Their families will have less means to help them come back. So whether it's online or whether we are face-to-face or whether it is a hybrid, our students need the help as a result in COVID-19 and the vicious effects of racism on their parents income.

Senator HASSAN. Well, thank you.

Dr. Paxson.

Dr. PAXSON. After the 2008 recession, financial aid at Brown rose by 12 percent. The maximum unemployment rate during that recession was 10 percent. We are heading to 20 percent. We are also hearing from students who are saying, I know my FAFSA was cor-

rect, but it is no longer in any way an accurate portrayal of my family's economic circumstances. So we are going to have to go back and revisit all of those aid awards because we are in an extraordinary time for students and their parents.

Senator HASSAN. Well, thank you. I want to turn the Dr. Benjamin now if I can. And I know Dr. Benjamin we talked a bit in your answers about what colleges need to do from a public health point of view, including robust testing and contact tracing as part of their strategy as they reopen. But you also spoken about even with the best public health protocols in place to ensure that students, faculty, and staff practice social distancing, recommended hand washing, and wear masks, it is likely inevitable that there will be spikes in cases on college campuses.

What protocols do believe should be in place to contain a detected spike in cases on college campuses? And if colleges are forced to close, what can be done to ensure that students leaving campus do not spread the virus in their own communities?

Dr. BENJAMIN. Absolutely. The reason why I recommended that the link very close with their state and local health departments is so they can very quickly get involved in contact tracing and disease containment because in many cases these will involve the community as well. And, they should have planned for that. They should have pre written guidelines for how they are going to handle it. Who is on first, how they are going to manage it. Who is the spokesperson for the University. How do they link protocols with the state and local health department so that there is no debate about who is actually managing the disease outbreak.

I would assume that in most cases the contact tracing activity will be done by the state and local health department and not the university but it depends on how big the community health program is at the University. They may very well want to be involved in that but if you don't have plans for that, it will be at best, a mess. So it does require a fair amount of planning up front and all the various scenarios that they can possibly think of would be important for them to do.

Senator HASSAN. Well, thank you and Mr. Chairman, I have lost sight of the clock on my screen.

The CHAIRMAN. I am afraid we are well—

Senator HASSAN. I am going to assume that is about 5 minutes. Thank you.

The CHAIRMAN. Thank you, Senator Hassan. I would say to the witnesses we only have two Senators remaining.

Senator Jones.

Senator JONES. Thank you, Mr. Chairman. I really appreciate your leadership on having this hearing and Ranking Member Murray, and also thanks to all of our witnesses. Let me first associate myself with all of my colleagues comments regarding the issues that we are facing in America today and the problems that we are facing, but as we see the issues out there, I am also seeing some rays of hope. I am seeing folks that are peacefully demonstrating. I am seeing people that are getting together to raise their voices, but doing it together locked arm and arm, black and white, folks of all races, religions, and walks of life. And I don't think the media

often focuses on that as much as they do in some of the more violent protests, but we see it happening all the time.

I do think there is rays of hope out there. Dr. Hampton, would like to ask you, I would like to follow-up a little bit with you because as you probably know that I have been one of the champions I think for HBCUs. We have like 13 in my state. Senators Alexander and Murray have helped us get a lot of funding for HBCU's recently and I joined with a couple of colleagues in sending a letter asking for an additional \$1 billion funding.

I would like for you to talk just a little bit assuming you can get that, how would that be invested? How would that be used by the HBCUs around the country? Either makeup shortfalls to help with students, infrastructure? How would you use the additional funding Congress might, can give you?

Dr. HAMPTON. Yes, sir. In my college we have several strategies that we are using those funds for. Number one we are using it to make our campus more safe for our students as they return to our campus. As I look at the look at our numbers and our estimates in terms of where we are, I mean, we are going to need anywhere from \$3 million to \$6 million to \$13 million to fully be able to convert Lane College from a residential campus to a hybrid campus that is both, is offering classes online and face-to-face.

For our purposes, we are going to use those funds to support the students, to make sure this campus is safe and to begin the conversion of this campus to be able to deliver at a high level our online courses. We will need those funds for a number of different diverse set of—for additional staff, for learning management, for services, purchase digital devices, to purchase digital resources, data plans for our students. Our needs are significant.

Senator JONES. Yes, thank you. I appreciate that. President Daniels, let me follow-up. As you could probably guess a Southeastern Conference Senator is going to follow-up on some of the sports questions that Senator Murphy and Senator Kaine said. And I really have to two. They asked several that I had. One would be what steps will you try to take to try to minimize the risk to these athletes and the coaches going in? Certainly, you may have to shut down a program if you see something but what steps will you take to minimize the risk.

Second, of all, the loss of revenue is going to be significant. The loss of revenue for colleges is going to be significant. What can Congress do to help make up for that? What do you plan on doing to make up for the lost revenue that supports not only your football and basketball programs but also all of the other sports that you have at Purdue?

Mr. DANIELS. Senator, our athletic department has put together a very protective plan. There will be a lot of separation, at least initially, between athletes and we would do lots of testing, very regular testing to try to spot any infection at the first possible moment and do all the smart things about that. Again, we believe we could in an outdoor setting have at least a fraction of the fans. They have to enter in different ways and obviously be spaced in different ways.

But we do think that part is possible and consistent with safe practices. But we are all in very new water here and we well may

change some of these directions as we all learn more. With regard to the dollars question, I am not sure that a Federal treasury that has already done with it has done, borrowed what it has borrowed, wants to be making up athletic shortfalls. And we at Purdue, I am proud to say, have always operated self-sufficient Athletic program.

We have never had to impose a fee or on our students who are not able to play and may not even be that interested in athletics as much as some of us are. So on the list of huge problems we have been discussing this morning, I don't want to minimize this one, but I for one would not urge that you place that high nearly as high as for example helping HBCUs and some of these other goals.

Senator JONES. Thank you. I was hoping that would be your answer. I appreciate that very much and thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Jones.

Senator Rosen.

Senator ROSEN. Thank you, Chairman Alexander, Ranking Member Murray. I want to thank all the witnesses for being here today, for the work and care that you do to help our students and those that work at our universities. But I believe we really need relief for our dreamers and our student veterans. And the COVID pandemic has severely impacted Nevada's colleges and universities and the students they are serving. That is why I was glad to vote for the CARES Act which provided more than \$6 billion to our institutes of higher education to provide emergency financial aid to students most affected by the pandemic. The new law intentionally provides significant flexibility to institutions in determining how to distribute funding among students, including those who are most in need.

Unfortunately, the Department of Education has decided that only students who are eligible to receive Federal financial aid qualify for CARES Act assistance. Since this decision excludes student veterans, individuals who haven't completed the FAFSA application, and DACA recipients, many of whom have an added financial burden of supporting their parents, their siblings, their children, being the first in their families to attend college, in April I joined a letter along with several members of the Committee asking Secretary DeVos to reverse this decision to prohibit institutions of higher education from providing CARES Act emergency financial aid grants to undocumented students, but have not yet received a response.

Dr. Paxson, like our educational leaders in Nevada, you and your university have long supported protections for dreamers, given this and the extraordinary situation in which we find ourselves, do you agree with the Department of Education's guidance excluding undocumented students on the CARES Act?

Dr. PAXSON. No, I don't agree at all. I firmly believe that if the point is to protect students who are the future of our country, we should be protecting DACA students veterans and international students who are here in this country and need the support.

Senator ROSEN. Thank you. I appreciate that. I am going to ask all the panelists this next question that the Department of Education in this guidance that was given excluded our student veterans, veterans that have served our country, protected our Nation, sometimes our older students that have families, really important

that they continue to get any support they need, along with those who don't fill out FAFSA applications for many reasons, maybe they come from foster families or are homeless youth.

All kinds of reasons that those students aren't filling out, don't know how to do that. We want to know how your students are going to help—how you are going to help these students and if you agree with that just get decision to exclude the student veterans and let's begin with President Daniels and we can go on to Dr. Hampton and then return to Dr. Paxson.

Mr. DANIELS. No, thank you, Senator. I agree these, these don't seem like wise choices. I frankly did not know about the impact on veterans so thank you for drawing our attention to that. Other than that I can just say and as we did in a to a previous question that we are doing all we can to move money to scholarships and to financial assistance. We do anticipate that whatever shape our applicants were in just two or three months ago is very different today we are going to need to do more.

Dr. HAMPTON. Senator, my college is a veterans friendly institution. I am not aware of any negative impact that this ruling had on the veterans at Lane College. However, for those several students that needed support who were not eligible for the CARES Act, we were able to fund those students through our Board of Trustees that made donations to support all of our students.

Senator ROSEN. Thank you. Appreciate that.

Dr. Paxson.

Dr. PAXSON. I would just reiterate what I said before, I think all students are equally deserving. Students who deserve on economic grounds to be supported need to be supported. We have not yet received any CARES Act funding. We are awaiting some guidance from the Department of Education, but our intent would be to support students equally as well as we can.

Senator ROSEN. I just have a few seconds left, but I just want to address the digital divide. I am going to go really quickly. Of course we do distance learning. The fact remains, before coronavirus far too many college graduate students, of course, they had—lacked adequate broadband access. That happens in my rural communities up and down the state and our underserved communities. So what can you do or what are you planning to do to address this digital divide? It is particularly in broadband. It might apply to your students? And I guess you can go—Dr. Paxson, I see you first, so you go first this time.

Dr. PAXSON. We have done a lot of work this spring making sure all of our students have internet access from home or more WIFI, hotspots and have done pretty well with that. Another thing we are focusing on is helping the city of Providence make sure that all of the high school students in the area have digital access because that has been a huge problem for a school education.

Senator ROSEN. Fantastic. Thank you. Let's move on to let's see who I would like to go next. I guess, Dr. Hampton.

Dr. HAMPTON. Lane College is sourcing and providing digital devices as well as hotspots for our students and we were able to use the funds, the CARES Act funds, for some of that.

Senator ROSEN. Perfect.

Governor Daniels.

Mr. DANIELS. Yes, very similar answer. We had problems. Fortunately they were fairly limited, generally in rural spaces as you had suggested, and we were able to come with up individual assistance as far as I know in any each case. Also we are blessed as a land-grant school with an extension service so we do have offices in even very small population counties and I think that gave us a little advantage in helping those who were struggling.

Senator ROSEN. I appreciate that. I appreciate all you are doing. Thank you.

The CHAIRMAN. Thank you, Senator Rosen. I want to thank Senator Murray and her staff as well as our staff for their cooperation and their technical expertise today in this hearing. I want to especially thank the four witnesses who all have demanding schedules who made time for us. This is of more value than you might think to us and to our staffs and to the American people as they listen to President Daniel, Dr. Paxson, Dr. Logan, Dr. Benjamin. There is no more sure sign that the American life is regaining its rhythm than when 70, 75 million students head back to college and back to school, which is where we believe they will go and our focus this month is to help make sure they go safely.

Today our discussion has been about colleges. Next week we will be talking about kindergarten through the 12th grade, going back to school safely. We will be having other hearings this month on telelearning, telemedicine, on looking ahead to the next pandemic as we continue our oversight responsibility. I am going to include in the record a letter from the American Council on Education to which one of the Senators referred earlier. That organization is an umbrella organization representing most of the 6,000 higher education institutions in the country. It asks Congress to consider a number of things including properly constructed liability protection for institutions as a result of COVID-19.

[The information referred to can be found on page 80]

I also heard that from virtually every one of the 90 Tennessee higher education institutions with whom I had a discussion by teleconference last week. The issue of testing came up and my advice to colleges, for example, Dr. Hampton talked about Jackson, Tennessee. In our state, the Governor said if in doubt, get a test, and I know that works because I went to the public health department in my hometown of Maryville and waited about three minutes in line and got my negative test which fortunately turned out to be negative a couple of weeks ago.

For colleges and universities who don't have large hospitals or their own capacity to create tests, my advice would be to be a part of the state's plan because according to law every state submits to the Federal Government its testing needs for the next month. And then if its needs cannot be met by the state, the Federal Government will help with that. For example, with swabs or reagents. Admiral Giroir testified before our Committee that we should have 10 million tests capacity in the country this month, which would be about, if my math is right, the 500,000 tests a day that was mentioned by Dr. Benjamin.

He also said that he anticipated that there would be 40 to 50 million tests available per month by September. In addition to that, Dr. Collins is heading up an effort of the National Institutes

of Health to which we call the Shark Tank which would create a highly competitive environment to see if we can find one, two, three, four new ways of creating accurate, rapid tests, which would be tens of millions of more tests so that there would be an ample supply this fall for universities.

My advice would be, if there is a question for college or institution about testing, become a part of your state's plan and let the state look ahead and help with that. This has been a very helpful—now I have some words I am supposed to repeat. The record will remain open for 10 days. Members may submit additional information within that time.

The CHAIRMAN. Thank you for being here. Our next meeting will be next Wednesday, June the 10th, COVID-19, going back to school safely. The Committee will stand adjourned.

ADDITIONAL MATERIAL

A PLAN TO SAFELY REOPEN AMERICA'S SCHOOLS AND COMMUNITIES

Guidance for imagining a new normal for public education, public health, and our economy in the age of COVID-19

SUMMARY

People across the United States are eager to return to some semblance of “normal.” To do so, we must meet a Herculean challenge: remaking our society and the places in our lives we hold dear—public schools and colleges, places of worship, workplaces, restaurants and more—in ways that hold paramount our ultimate priorities: the safety and well-being of our children, families and communities; the safety of our members and every frontline worker; and the health of our economy and economic well-being of working families.

Physical distancing efforts have slowed the rate of COVID-19 infections, but no expert believes we will eradicate this virus without a vaccine. Reopening prematurely by relaxing stay-in-place restrictions and resuming large public gatherings runs the risk of undoing the work of the last two months. A premature return to full commercial activity risks a second surge of infections and second lockdown as is happening in Singapore right now. Even once public health officials deem it safe to reopen, doing so without the necessary precautions could be deadly.

This document provides a roadmap for navigating the next steps. It provides specific guidance for transitioning from lockdowns to other public health tools to limit the transmission of COVID-19. It focuses on reopening school buildings in particular, because the safe reopening of public school buildings means students can go to school, and parents, who work outside the home, can go to work. That is key to the reopening of the broader economy.¹

We expect the plan to evolve and adapt over time. It rests on five pillars that draw on the best available science and public health guidance, and the expertise of educators and health practitioners. Gradually, responsibly and safely reopening society requires:

- 1. Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.** Reducing the number of new cases is a prerequisite for transitioning to reopening plans on a community-by-community basis.
- 2. Putting in place the infrastructure and resources to test, trace and isolate new cases.** Transitioning from community-focused physical distancing and stay-in-place orders to case-specific interventions requires ramping up the capacity to test, trace and isolate each and every new case.
- 3. Deploying the public health tools that prevent the virus' spread and aligning them with education strategies that meet the needs of students.**

¹School systems have been operating throughout this pandemic. By reopening schools, we mean having regularized access to school buildings and other physical learning and service delivery locations.

4. Involving workers, unions, parents and communities in all planning. Each workplace and community faces unique challenges related to COVID-19. To ensure that reopening plans address those challenges, broad worker and community involvement is necessary. They must be engaged, educated and empowered.

5. Investing in recovery: Do not abandon America's communities or forfeit America's future. These interventions will require more—not less—investments in public health and in our schools, universities, hospitals, and local and state governments. Strengthening communities should be a priority in the recovery.

The AFT held its first press conference on COVID-19 on Feb. 2. Our union has worked to ensure the safety and well-being of our communities and our members, and we've been particularly fixated on the frontline workers who are risking their lives to combat this pandemic. Early on, we worked to alert our members and allies of the risks of an impending pandemic; unfortunately, the Trump Administration gave little and often conflicting guidance. We have remained steadfast in our efforts to keep people safe, while also fighting to keep our public schools and universities functioning, and for economic security for workers.

There are no magic elixirs to simply reopen. Reopening demands comprehensive, transparent action and forthright communication by Federal and state authorities, and will take the dedication, voice and forethought of frontline providers and educators and their unions, school districts, hospitals, local governments and communities. The alignment in every school and workplace of public health, instruction and operations is absolutely imperative.

COVID-19 has exacerbated the deep inequalities in our society and underscored the need for additional public investments to combat this inequity. As we face growing recessionary forces, we can't simply limp out of this crisis or revert to a status quo. We need a renewed sense of national urgency to reimagine a better America and a pathway to a better life for all.

The challenges facing us should not be underestimated. For example, even as Governors relax physical distancing requirements (after observing a reduction in the number of new cases), some communities may not reflect the statewide trend. Moreover, each workplace faces a unique set of challenges for preventing the spread of the virus. Additionally, we must consider the possibility of a resurgence of the virus in the fall. Communities must be engaged, educated and empowered to exist under this pre-vaccine new normal.

No one knows our public schools, universities and hospitals better than AFT members, many of whom will face great risks in carrying out their jobs. That is why our members and leaders must be at the table in envisioning and implementing plans to reopen our society at the local level.

Our commonsense approach requires real partnerships with employers and community stakeholders on state and local levels. School districts, universities and hospitals should look to unions and the collective bargaining process as opportunities to provide genuine participation, communication and buy-in from the workers ultimately responsible for ensuring the health and safety of our students, patients and those we serve. In the absence of collective bargaining, other consultation processes must be established. There is no substitute for eyes and ears on the ground in the case of public health and safety.

1. Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.

While projections vary, we are likely at least a year away from a widely available vaccine. Adherence to physical distancing protocols has flattened the curve, showing early signs of reducing the number of new cases. Flattening the curve is not a panacea; it does not mean no additional cases. Its goal is to reduce the number of new cases, to reduce illness and to ensure the healthcare system is not overwhelmed by critically ill patients.

Unless and until we have adequate testing capacity, there is simply no way to know whether we have sufficiently reduced the number of new cases to consider reopening society. **Once we have reduced the number of cases for at least 14 days with adequate testing in place, reopening plans can go into effect on a community-by-community basis.**

Decisions to phase in less stringent physical distancing requirements and to begin expanding allowable activities should be based on established criteria such as a sustained decline of infections combined with protocols for protecting high-risk popu-

lations. This must be coupled with a robust public health infrastructure with the capacity for effective disease surveillance, tracing, isolation of those infected and quarantine.

While most physical distancing requirements come from state authorities, local decision making has a critical role to play. Even if a state determines that it can ease or altogether lift physical distancing requirements based on the 14-day trigger, the number of new cases in a specific community may not reflect the statewide trend. That is why it is critical for unions to be in regular contact with their employers, and with their local and state authorities, as well the Centers for Disease Control and Prevention, to assess their particular situation. Unions and employers need to determine whether there is (a) adequate testing in their community, given the number of confirmed cases, and (b) then, once there is adequate testing capacity, a reduction in the number of new cases for at least 14 consecutive days to make a decision to transition to reopening. This information must be transparent and available.

Active surveillance of new cases that develop once reopening has started will identify clusters of disease. Prompt action must be taken to prevent the widespread resurgence of COVID-19 in a community. It may be necessary to resume sheltering in place for shorter periods of time in communities where there is disease resurgence, and plans must be in place so schools and other workplaces are prepared if they must close again.

2. Putting in place the infrastructure and resources to test, trace and isolate new cases.

Transitioning from community intervention to case intervention requires the capacity to test, trace and isolate new cases as they emerge. As Governors and public health experts have repeatedly said, this capacity to test, trace and isolate every new case of COVID-19 must be built now. People with confirmed infection should quarantine for at least 14 days (or based on the latest CDC guidance). Anyone in contact with confirmed cases should be traced and tested. Since there is ample evidence of both asymptomatic and pre-symptomatic spread, it is necessary to test contacts to ensure the virus is contained. In addition, anyone who exhibits symptoms consistent with COVID-19 should be tested immediately.

Serological testing—a test that looks at people’s blood for trace evidence of whether they have come into contact with the virus—also provides some hope. With serological testing, we may be able to identify people who have developed immunity and may be less vulnerable to infection. Concerns about reliability, privacy and government oversight warrant close consideration by unions in determining whether and how serological testing is appropriate for the workforces we represent.

Public health departments are leading testing and tracing efforts, but they have been defunded for years and are stretched thin for resources. Estimates suggest that the United States needs to deploy somewhere between 100,000 and 250,000 contact tracers to adequately move from community intervention to case intervention.

However, local communities cannot hold their breath for a day that may never come or the scale that we need. Unions, in partnership with employers and state and local authorities can help public health departments in their efforts to test, trace and isolate new cases. And to contribute to this effort, unions, working with employers and others, should also consider creating and training in-house contact tracers and rapid response resource coordinators. These roles would serve to help people with confirmed diagnoses, and provide available health and financial supports and resources during quarantine, to mitigate the isolating and other effects of the experience.

Again, alignment of strategies, logistics and operations is essential. What we are facing is complicated and unprecedented. Testing, tracing and isolation must be done in conjunction with other public health tools and interventions like physical distancing, proper hand-washing, the use of personal protective equipment like masks, and other supports and services (for example, food and mental health services) that communities need.

3. Deploying the public health tools that prevent the virus’ spread and aligning them with education strategies that meet the needs of students.

Reopening society and the economy hinges on successfully reopening schools. While there is general guidance on how each community should respond to mitigate the risk of spreading the virus, public education, higher education and our healthcare system each face unique challenges. We must take every precaution to

ensure that students, teachers and support staff are safe at school and not transmitting the virus. This requires: adopting evidence-based public health measures at every school and workplace; aligning those measures with necessary instructional and well-being strategies that meet the needs of students and staff; and recognizing that this may be a roller coaster because it may be necessary to resume physical distancing at certain times and on a rolling basis, to address community-specific outbreaks. Even without COVID–19, there are many programmatic considerations for educators as they plan for every school year. Elementary schools programs fare differently from high schools, so incorporating public health measures takes planning and resources. The alignment of logistics, educational strategies and public health tools really matter, which is why the eyes and ears of frontline workers must be respected.

The following framework for assessing methods for controlling exposure to hazards in the workplace was initially developed by the National Institute for Occupational Safety and Health and later modified by Johns Hopkins University in response to the COVID–19 pandemic.² It is a good starting point.

- **Physical distancing**—Allowing people to work from home and/or restructuring work to minimize the number of workers physically present in a workspace.
- **Screening**—Utilizing screening measures at work and school sites. This could include temperature-taking, if still recommended as an effective screening measure by the CDC.
- **School-based programming and organization**—Among many things discussed below, redistributing work responsibilities to reduce contact between people.
- **Personal protective equipment and sanitization**—Providing medical-grade masks for health professionals and nonmedical-grade masks for all others, and disinfecting schools on a regular basis, in addition to providing hand-washing and sanitizing stations.

A. Reopening Our Schools

First and foremost, we must do all we can to ensure students, teachers and support staff are safe at school and are not unknowingly transmitting or contracting the virus. This will require a number of steps that anyone who has consumed any news has heard repeatedly: screening and testing, contact tracing, and isolation and quarantine measures, as well as ongoing prevention measures like frequent hand-washing and some degree of physical distancing. There won't be a one-size-fits-all process, or a hard open where every school in every district immediately turns the lights on; we may be opening and closing for a number of months while we secure these measures and develop ways to keep everyone safe. In addition to the immediate public health tools and interventions, we must plan for a curriculum-based academic year, and for the panoply of appropriate educational and social-emotional supports our students need. We must be prepared for the trauma, the transition and the many instructional issues—including the effects of learning loss and the digital divide.

Revisiting the community school model is a way to do all of the above. Even before the COVID–19 pandemic, community schools created a community hub where students and families could get access to health services, where marginalized communities received support, and where necessary services were available in one place. This model is needed even more now, given the effects of the pandemic—from the inequalities that have been exacerbated, to the need for care before and after school so that essential workers can continue to work and other parents can return to work.

If experts deem it safe, summer may be a way to start planning a community school model that incorporates the collaborative partnerships and community resources families have used, including meals and medical care, while schools were closed.³ Summer is a way to try things other countries are doing, including Denmark, Germany, Israel and Norway, which are bringing in small groups of students

² Caitlin Rivers et al., “Public Health Principles for a Phased Reopening During COVID–19: Guidance for Governors,” Johns Hopkins Bloomberg School of Public Health, April 17, 2020, <https://www.centerforhealthsecurity.org/our-work/publications/public-health-principles-for-a-phased-reopening-during-covid-19-guidance-for-Governors>.

³ John King and Randi Weingarten, “What Comes Next for Public Education?,” *The Hill*, April 24, 2020, <https://thehill.com/opinion/education/494521-what-comes-next-for-public-schooling>.

who need instruction first, including students with special needs whose needs were hardest to meet during closure.

A voluntary multiweek summer session could provide enrichment and “catch-up” time. It also would enable trying, on a smaller scale, protocols that may work when schools open more broadly, including staggered scheduling, increased hand-washing, and nightly school cleaning. And summer can be an opportunity to expand grab-and-go nutrition programs, as food insecurity remains a pressing issue for far too many students.

Now is the time for unions and employers to work on all issues for returning to school. This includes programming, space, operations, logistics, calendar, and aligning all the public health interventions with all the schooling interventions: ensuring students’ healthy social, emotional and academic development; nurturing productive relationships; building resilience; supporting diversity and inclusion; and rebuilding the school community.

While COVID-19 has upended much of our lives, it has reinforced the value and importance of public schooling. Teachers and school staff across this country continue their heroic efforts to make distance learning work and support their students—with many parents working valiantly to support them as well. This experience has made clear that there is no substitute for a safe and welcoming neighborhood school.

While our public schools have been woefully under-resourced, and we must continue the fight to change that, this next two years is an opportunity to visualize what schooling looks like in a post-pandemic era, to ensure every child has the opportunity to thrive.

i. School-Based Public Health Interventions

Even after shelter-in-place orders are lifted, physical distancing—including limiting the number of people who can be in a school, a hall, an auditorium or a classroom—will play an important role in school safety. Physical distancing measures are the most effective intervention but also the most disruptive. It is a real possibility that even after schools open, targeted building closures could happen around the country in response to community outbreaks. That is why, even though online education is not a substitute for the in-person learning and socialization that happens in schools, schools must prepare for hybrid measures: both in-school and remote education.

Handling emergent cases:

Districts, in partnership with unions, will need to develop protocols for the referral, tracing and isolation of students and staff who are exhibiting COVID-19-related symptoms or with confirmed diagnoses. Any plan should, at minimum, include:

Entry process/screening:

- Hand-washing on entry to all schools, with soap and water or hand sanitizer;
- Screening for symptoms in children and staff, including temperature-taking if recommended by the CDC;
- An isolation room;
- Clear protocols for communicating with students, parents and staff who have come into close/sustained contact with confirmed cases;
- Limiting access to the nurse’s office and creating a secondary area for triage for other student illnesses or injuries;
- An ability to transfer healthcare staff to sites with more cases, without diminishing support available to students elsewhere in the district; and
- Communicating directly and immediately with parents and community regarding cases and how the district responded.

Protections for at-risk staff and at-risk students: COVID-19 disproportionately affects people 65 and older and those with underlying chronic health conditions. Reopening plans should consider providing these workers with the option to deliver instruction remotely while students are in the building, with students under the supervision of qualified staff. At-risk students should have a similar option to learn remotely while their teachers and peers are in school.

ii. School-Based Public Health Reorganization

Prolonged physical distancing practices may prove impossible for certain populations. Schools serve diverse populations, from very young children, to students with severe behavioral issues, to others with physical limitations that may make strict adherence to a six-foot distancing standard difficult. This will require efforts

to reorganize the school day and school operations to maintain health and safety standards.

It is critical to recognize that different schools, different districts and even different rooms will require tailored solutions.

- **Smaller class sizes.** One of the most important measures districts can take is to reduce class sizes. Class sizes of 25 or more students in a small classroom pose obvious risks to student health and safety. Class sizes of 12–15 students will, in most circumstances, make it possible to maintain physical distancing protocols.
- **Split scheduling.** Alternating days of the week or times of the day may offer schools a way of limiting the number of students physically present in the building at any given time. Knowing that split scheduling may cause disruption for parents and guardians, schools should consider putting in place after-school care with safety protocols for students and families most in need.
- **Monitoring access to school facilities.** Schools should closely monitor access to school facilities and limit the number of visitors granted access to school facilities.
- **Transportation.** Districts should consider modifying transportation to provide staggered arrival times and multiple arrival locations to limit large gatherings of students.
- **Staggered lunch and meal times.** Meals should be staggered throughout the day, and schools should consider having students eat in classrooms with appropriate protocols to keep the classroom clean.
- **Special student populations.** Additional considerations and planning will be needed for students with disabilities, underlying health conditions, asthma or respiratory illness, and special education requirements.
- **Training for staff, students and parents.** Districts should consider providing up-to-date education and training on COVID–19 risk factors and protective behaviors.
- **Alternative plans for after-school programs, sports, recreation and physical fitness.** These activities may need to be adjusted using the above protocols.
- **Space and time considerations.** This includes the need for portable classrooms or additional space if schools are overcrowded.
- **Additional supports.** This includes professional development, small-group instruction, and all the other social-emotional and academic programmatic supports necessary during this transition.

iii. PPE and Sanitization

- **Availability of and training on how to effectively use PPE.** Educators and support staff need appropriate PPE and training on how to properly put on, use, take off and dispose of it.
- **Hand-washing stations and protocol.** Schools should set up hand-washing stations upon entry to school buildings. Hand-washing recesses can be integrated into the schedule throughout the day for all students and staff.
- **Daily sanitizing.** School facilities should be thoroughly sanitized on a daily basis to prevent transmission of the virus, increasing staff as necessary.

iv. Mental Health Supports for Students

Our collective response to COVID–19 requires much more than limiting the spread of the virus. Prolonged physical distancing, death and illness in our families and communities, and economic dislocations, will leave many students and faculty with ongoing trauma and mental health issues, and it is incumbent on us to meet their needs now more than ever. We know from brain science that lack of psychological safety and the impact of adverse childhood experiences impede and even prevent learning. These impacts will be widespread. This will require additional staff with expertise in mental health, to provide trauma and sensitivity training for all staff, students and parents. All staff should be trained on how to identify students struggling with trauma and refer them to mental health professionals for additional support.

v. High-Quality Instruction

Teachers and school support staff have responded to the crisis with verve and creativity, creating an entirely new educational delivery system remotely with no advanced notice and little, if any, training. If anything, the pandemic has proven that teachers, when given the freedom to teach, will rise to the occasion to deliver high-quality instruction to their students.

- **Blended in-person and distance learning models.** When school attendance is not possible or is limited, districts could consider a temporary blended model that distributes educational time between in-person learning and distance learning or fully remote instruction. Recognizing the dangers of excessive time on devices, especially for young students, districts should develop age-appropriate student learning schedules with teacher input.
- **Expanded access to broadband and technology to close the digital divide.** Districts should identify students and educators who lack sufficient access to the internet and the hardware that has become critical to distance learning, and determine solutions for equal access to learning opportunities for those who are unable to connect with the school digitally.
- **Professional development.** Professional development and collaboration time for teachers—before the school year begins, and ongoing—will be more important than ever. This should include not only relevant content, but should address teaching in the new instructional environment, and trauma-informed practices.
- **Rethinking student assessments.** An extensive review of all assessment programs to limit the loss of learning time to excessive testing, and to prioritize assessments that provide teachers critical information. Special effort will be needed for appropriate diagnosis of students' learning levels and needs given the truncated traditional school year. These diagnostics should be teacher-friendly and accompanied by access to relevant instructional resources and supports to fill gaps.
- **Performance evaluation.** Districts should put formal evaluations on hold during the reopening period until they develop new expectations for the possibility of instruction that alternates between in-person learning and distance learning. Informal evaluation focused on helpful feedback should continue.
- **Role of data.** Beyond refocusing schools on the fundamental values of public schooling—a focus that has been lost over the years—it is also time we repurpose the role of information and data in our schools. For too long officials have used school and student data solely for accountability purposes. As we reopen our schools, we need to primarily use these data to guide instruction, identify and share best practices, and help collectively solve mutual problems.
- **Teaching and learning.** The considerations laid out above must be placed in the context of the overall instructional program as well as supplemental services and co-curriculums—all of which will require significant adjustment. Consideration of the needs of students—particularly students with disabilities and special needs, economically disadvantaged students, and English language learners—will help ensure that the program works for all.

As the CDC guidance suggests, schools can be information hubs and places to practice key protocols to help stop the spread of the virus. We are facing a new normal, and at least in the near future, schools will not be the same. In the short term, this new normal requires more, not fewer, resources—nurses, mental health professionals, and additional instructional and other support. This crisis provides an opportunity to reimagine America's public schools as inclusive and welcoming places for all children to thrive and learn.

Perhaps, out of crisis, we will put our children's and their educators' well-being first. That means, just as we must listen to the healthcare experts to help ensure everyone's safety through this outbreak, we must listen to frontline educators, staff and administrators to ensure children's new normal is one that meets their needs.

B. Reopening Our Colleges and Universities

Institutions of higher education have been essential to our defense against this pandemic, and they will be essential to economic recovery in the new era. American

colleges and universities have produced many of the people who have helped us through this crisis—physicians, nurses and other frontline medical professionals, as well as supply chain logisticians, information technology personnel, materials science engineers and innovators, and more, who will be urgently needed at every step of what is to come.

College campuses are, historically, exceptionally open physical environments, with most spaces, including buildings, accessible to the public virtually all day, and with a wide range of students, faculty, staff, community members, vendors, outside organizations and other people—all of whom are potential COVID-19 vectors—moving in and through the work site, and to off-campus locations both near and far. The extended duration of daily campus operations—7 a.m. to 10 p.m. daily is not at all uncommon—allows minimal or no window for deep-cleaning procedures.

All of this means that the dislocations caused by the COVID-19 crisis pose a unique existential challenge to American higher education. Because of decades of disinvestment, many institutions—public and private—are revenue-dependent, and are currently not situated to survive even a 10 percent or 20 percent decline in enrollment, or the closure of campus housing for a semester or two. While prospective students at elite institutions consider taking “gap years,” the students who would and should attend public colleges and universities are in danger of dropping out of college entirely. And college and university workers rightly fear that this confluence of factors will combine with an aggressive transition to online modes of instruction to result in institutional collapse.

It is critical to remember that the higher education workforce skews older than average, and is, by the CDC’s definition, at heightened risk from coronavirus. And they are, in the majority, struggling financially. Most teachers in higher education are gig workers. Seventy-five percent are employed one year or semester at a time. One-third of them are making less than \$25,000 per year, one-quarter of them are food-insecure, and 43 percent of them have put off seeing a doctor for financial reasons in the past year.

To keep these institutions afloat, and to grow the educational infrastructure we will need in order to come back as a nation from the coronavirus, a program of investment similar to the grant program that has helped to stabilize small businesses in this time is needed. We must invest in our institutions of higher education like never before, with the college equivalent of Title I: \$50 billion in funding to public institutions of higher education and minority-serving institutions. This money should flow through states with a formula that emphasizes enrollments of low-income individuals, and encourages greater support for institutions that derive larger shares of their operating budgets from state and local sources.

Specific recommendations for our colleges and universities include:

i. Physical Distancing

- Faculty must decide whether and how online instruction is possible and, with the guidance of campus and public health officials, how any in-person or hybrid instruction can be conducted safely.
- As much as possible, college and university staff—both professional and classified—must be afforded the opportunity to continue telework.
- To encourage the greatest extent of physical distancing, institutions must do everything possible to close the digital divide for faculty, staff and students, thereby lessening the need for anyone to be in shared space in order to access the internet.
- Residential colleges and universities must implement physical distancing measures for both residents and staff in campus housing, dining facilities and other common areas including libraries, if they remain open. Institutions should consult with, or employ, public health specialists to advise in an ongoing way about how to accomplish this.
- To prevent fear pushing faculty or students into physical proximity when physical distancing could and should be maintained, institutional leaders must expeditiously work with institutional accrediting agencies, programmatic accreditors, and union and employer sponsors of workforce training programs, to assure students and faculty that the responsible movement of instruction into remote/online and hybrid space will not be penalized.
- Create and utilize campus public health teams to evaluate and recommend action on potential problem areas on campus, and to assess and improve the institution’s capacity for testing, tracing and isolation.

ii. Campus-Based Solutions

- **Flexible graduation requirements.** Be flexible about program and graduation requirements, course timelines and sequences, requirements for professional certification, and other areas of historic stringency that may conflict with the need for physical distancing. Consider adjusting upper-level courses to account for changes in the preparedness of students who have taken lower-level courses online during this interval.
- **Protections for academic freedom.** Attend to academic freedom and student/faculty privacy in a remote learning environment. The safety of open discussion in a contained classroom could be compromised by the possibility of recordings that get widely circulated.
- **Data security.** Establish rules, including contract language, that reassure faculty and students that corporate education vendors will not be using this crisis to enhance their data mining and in turn appropriate that data to expand prefabricated curriculum.
- **Prepare for ongoing disruption.** To the extent an institution is re-opening, make and propagate plans for disruptions to in-person instruction caused by surges in COVID-19 cases.
- **Protections for at-risk populations.** Create and enforce policy and practices to prevent replicating and worsening the virus's disproportionate impact on older people and people with underlying health conditions that place them at greater risk. Be especially attuned to the needs of older faculty and staff, or those with underlying health conditions or with household members who have underlying health conditions, to be able to work out of proximity to others.
- **Adjust compensation for additional instructional time.** To maximize educational value and ensure compliance with physical distancing, plan to pay teachers, particularly adjunct teachers and graduate assistants, for the time they are asked to spend meeting either in person or virtually with smaller groups of students than had met in the past.

iii. PPE and Sanitization

- Identify and provide appropriate PPE for employees and students.
- Establish cleaning regimens; properly protect and train the custodial staff who conduct the cleaning.
- Appropriately and regularly sanitize public buildings, especially campus residential and dining facilities.

iv. Physical and Mental Health Considerations

- **Community health liaisons.** Add trained nurses and counselors to oversee the handling of identified cases of illness in the college or university community, and to direct those in need of resources.
- **Protocol for new cases.** Expand campus health resources, including isolation rooms for students identified with COVID-19 symptoms. Establish criteria for when residential students with COVID-19 symptoms, or who are diagnosed as COVID-19 positive, will be excluded from regular campus activities, and identify the procedure that will be followed to relocate the student either on or off campus.
- **Resources for degree completion.** Strengthen and expand existing programs to help students maintain continuous enrollment and progress toward degrees—e.g., small-dollar grant programs, transportation and child care assistance.

C. Readyng Our Hospitals and Health Systems

The lessons of this pandemic demonstrate the dangerous consequences of being ill-prepared. The inability of our decimated public health infrastructure to handle a pandemic puts the problems with our corporatized healthcare system on full display. In the absence of widespread immunity to COVID-19, new infections could surge once shelter-in-place orders are lifted and society begins to reopen. Experts additionally talk about a possible second wave of outbreaks in the fall. Without a robust public health infrastructure, and absent enforcement of strong protective guidelines and a supportive response plan by the Federal Government, union leaders in the health sector must engage in meaningful ways of holding employers accountable.

The gap between our public health system and private healthcare corporations must be addressed. A lack of transparency and a funding model that has starved resources from the public health system not only reward pharmaceutical and large healthcare corporations. They also establish a power imbalance that minimizes the voices of patients and workers in setting standards of care and in helping shape how care should be delivered. Notwithstanding the challenges with our current system, evidence-based practices, enactment and enforcement of protective regulatory standards, and collectively bargained terms are necessary to ensure healthcare workers can care for patients without fear of harm to themselves and their family, should a resurgence of the virus occur.

Worker safety is patient safety. Our healthcare workforce has borne the brunt of workplace infections and deaths related to COVID-19, owing in large part to the crisis rationing of PPE and the diminution of Federal standards and guidelines that conform with the highest standards of patient safety. It is imperative that nurses and other health professionals are at the table during employer debriefs and when preparedness plans are evaluated and modified, to ensure our healthcare workforce is not working in hazardous conditions. Health and safety issues must be addressed before another surge in infections occurs. PPE supplies must be adequate in number and quality, and all staff should be fit-tested and fully trained for use of PPE.

State reopening plans phasing in the return of elective medical procedures and routine care require a hard look at where we have failed to keep our patients and healthcare workforce safe. With COVID-19, nurses and healthcare professionals are working in conditions where protective measures of infection control have failed and their expertise and training have been overlooked. Infection control measures in patient care environments have necessarily been adjusted during the pandemic and will require ongoing adjustment as reopening occurs. Factors like patient flow, room setup, and visitor policies will influence the ability to limit transmission in clinical settings. And union leaders will need to press healthcare employers to ensure they are ready to quickly implement preparedness plans in the event of a resurgence.

There is a need to stabilize the healthcare workforce, as areas hard-hit by the virus have seen an increased need for critical care nurses, but a decrease in need for other nurse specialties. Resulting layoffs and substantial job loss in healthcare contribute to the overall unemployment rates, prompting the need for effective deployment of our healthcare workforce; this is a key component of reopening and preparation for a second surge in infections. Nurses on medical floors with low patient counts, for example, could be trained to augment staffing in critical care areas where staffing numbers are low due to infection rates among clinicians. Rather than tactics like recruitment from abroad, we should first implement retraining to redeploy existing staff based on patient needs.

Mending well-being and emotional resilience among the healthcare workforce will also be a necessity. Stressors abound for healthcare workers caring for acutely ill COVID-19 patients in isolation in hospitals and other healthcare settings. Whether related to stressors like employment of strict biosecurity measures, the isolation from family and friends, the heightened workload demands, or even the risk of disease, our healthcare workforce will require a period of reintegration—even though most of their facilities have remained open. The systematic failure of employers and the Federal Government to prepare for a pandemic resulted in an extraordinary level of unnecessary trauma across the healthcare workforce, and those things must be addressed.

4. Involving workers, unions, parents and communities in all planning.

There is no one-size-fits-all solution to this crisis. Rebuilding community after a complex public health and economic crisis necessarily involves thousands of people navigating recovery who are as new to the experience as the average person; thus, the effectiveness of our collective response depends on the collective action of each community. Communities and workers must be educated, engaged and empowered. This is an unprecedented situation; the eyes and ears of practitioners are essential to ensure that the public health, instruction and logistics of reopening are operationalized as seamlessly as possible.

Schools, colleges, hospitals, and local and state governments will need to engage workers and community stakeholders at every level of the decision making process to ensure that the mitigation strategies embedded in reopening plans are responsive to the specific vulnerabilities of each workplace and that there is regular and open communication regarding the policies and procedures to keep everyone safe. Without transparency and joint decision making, there is a real risk of distrust, the spread of misinformation, and a lack of compliance with reopening plans.

Collective bargaining is the best way to ensure that workers are represented in decision making and that health and safety standards are enforced to the benefit of workers and the communities they serve. In the absence of collective bargaining, workers and employers can use meet-and-confer arrangements to formalize reopening plans and ensure accountability.

Protections for Workers and Community

Strong, clear and enforceable workplace health and safety standards must be in place to protect workers' voices during the reopening process. Employers and joint bodies administering the phased reopening plans need to know where there are faults in the plan and noncompliance issues. In addition to OSHA protections available in some states, workplaces and other authorities should develop policies to protect workers who speak up about health and safety issues, as healthcare professionals are frequently subject to gag orders, and many have lost their jobs for speaking up about safety concerns.⁴

To ensure that health and safety measures are implemented, workers who voice concerns publicly should be protected from employer retaliation that could result in their discipline or dismissal. Workers must have the right to refuse work if they fear exposure to the virus because they have not been provided proper protections or training to do their jobs safely. The surest way to protect workers in these instances is to put these protections into collective bargaining agreements. Workers have and will face great risks in transitioning to reopening, and their voices should be treated as a public health resource, not a liability.

In general, unions and employers, consulting with diverse community stakeholders, should treat the collective bargaining process as an opportunity to solve problems facing school districts, universities and hospitals as they plan for and manage reopening. Consultation provisions can be built into the agreement to ensure that all parties are regularly discussing and solving problems as they arise.

Collective bargaining can also be used to fight for the resources workers and communities need. AFT affiliates from across the country have been fighting for smaller class sizes, more nurses and counselors, safe patient staffing, resources for community schools, and other supports for students. Public schools should continue to be reimagined as community hubs—places where students and families can get access to community health services, be regularly educated about how to stay healthy, and learn where to go to receive testing and treatment. Strong community and family engagement has been a cornerstone of transforming struggling schools to support students. When practitioners and school administrators work together to support these efforts the results are even stronger and more sustainable.

This kind of investment around a whole-community approach is what will not only mitigate the disproportionate harm this crisis has caused the most vulnerable communities, but help reverse the inequality that existed long before this pandemic.

A Seat at the Table

All community members are struggling with the fear and anxiety of reopening before a vaccine is widely available. In order for communities to trust reopening plans, they need a seat at the table to make decisions, and to feel engaged and empowered to help their community implement them.

Reopening plans need to address specific challenges in each community. Some schools have a network of healthcare providers that deliver services to students and the school community, and others don't. Some universities have student populations with no home to return to in the event campus is closed. African Americans face higher rates of infection and death. Older workers and those with chronic or underlying conditions are at higher risk of having life-threatening cases of COVID-19.

To address these issues, state and local unions should start planning committees now, for the next school year, and use a needs assessment tool to map out the risks of reopening. These committees can also help align the resources available across sectors—education, public health and public safety—to mitigate those risks. The guidance on the available public health tools and strategies for preserving high-quality instruction discussed in section three is a good starting point, as is any overture to invite parents and community groups to join you.

The plans that come out of needs assessments not only should provide guidance to employers, but also should become official policy upon adoption by school boards and other governing bodies and/or included in collective bargaining agreements to

⁴Theresa Brown, "The Reason Hospitals Won't Let Doctors and Nurses Speak Out," New York Times, April 21, 2020, <https://www.nytimes.com/2020/04/21/opinion/coronavirus-doctors-nurses-hos-pitals.html>.

ensure compliance and accountability. Workers and community stakeholders need the power and voice to enforce these reopening plans, and to make sure they work to fulfill health, safety and educational goals.

Effective communication depends on a high degree of trust. Without the trust of workers and community stakeholders, workplaces will be challenged to ensure compliance with reopening plans. Communication before and during phased reopening must be transparent about the stakeholders involved in the decision making process, the factors used to make decisions, and the nature of the decision making process itself. We must remember that our communities are eager to return to a sense of normalcy, as they are feeling the grief of lost loved ones, economic insecurity due to lost jobs and incomes, and prolonged isolation.

Perhaps most importantly, communication needs to be clear about the actions people can and must take to protect themselves and others from COVID-19. Employers may simply not have the ability to effectively communicate those actions to workers and the community at large, and they will need to call on the help of union and community stakeholders to deliver the message into the community. A “whole school-whole community” approach has been the most effective at limiting the spread of the virus and keeping panic at bay. The AFT has worked tirelessly to ensure our members and communities are properly informed.

5. Invest in recovery. Do not abandon America’s communities or forfeit America’s future.

The paired crises of the COVID-19 pandemic and the resulting economic devastation make reopening the public square especially complex. We know we must reignite the economy, and a safe reopening of schools and other workplaces is a necessary step toward recovery. While we are eager to put people back to work, send children back to school, and repair the damage done to the economy and our families’ well-being, to rush this process or fail to put in place the safeguards advised by public health experts will risk both a second surge of infection and an even deeper economic downturn.

The toll this has taken on America’s working families and our communities is incalculable, and the hole gets deeper with each passing day. This particular moment requires our Federal Government, in particular, to respond appropriately. In addition to what has already been done, a substantial and immediate Federal investment in our states, cities and towns is critical to ensure that we are continuing to respond to the pandemic, clearing the way for a safe reopening, and supporting our families and communities.

A Plan to Support State and Local Governments and Other Critical Services: Public Schools, Public Safety, Public Health, the U.S. Postal Service and More

Businesses large and small have shut down operations, and more than 26 million workers have filed for unemployment in recent weeks, threatening to crater tax revenue for state and local governments. Even with the \$2 trillion CARES Act rescue package passed in March, the White House predicts 20 percent of Americans will be unemployed by June. Governors from all 50 states have issued emergency declarations and taken steps to reallocate their budgets. Now, these Governors, Democrats and Republicans alike, are calling for the next COVID-19 relief bill to include another \$500 billion to stabilize their states and prevent another wave of layoffs, because they’re desperate to avoid the cuts to public services like schools, healthcare centers and public safety. More will be necessary to provide for a safe reopening and address new needs created by this crisis.

But Senate Majority Leader Mitch McConnell suggested that Congress should let state and local governments go bankrupt, putting teachers, nurses, bus drivers, firefighters, EMTs and other public employees out of work, plundering pensions and retirement security, and plunging even more families and seniors into poverty. His plan would gut public education, Medicaid, public health services and mental health treatment—the essential public services that never recovered fully from the austerity measures imposed after the Great Recession of 2008.

We cannot forfeit our future or abandon our communities. To survive as a Nation, we must help our public schools, universities, hospitals, state and local government, and the Postal Service provide services that will be more needed than ever; this will require an immediate, massive reinvestment in public services. The CARES Act and related legislation provided an important first step in a Federal response, but more is needed. Congress should, in the next iteration of its response, do at least the following:

- **Support the National Governors Association’s call for \$500 billion in additional funds to meet the states’ budgetary shortfalls that have resulted from this unprecedented public health crisis.**
- **Provide at least \$175 billion for the Education Stabilization Fund distributed directly to local education agencies and institutions of higher education, with minimal state set-asides, in an equitable and targeted fashion. Also provide \$50 billion in direct funding for public colleges and universities and minority-serving institutions.** Given anticipated loss of tax revenues, they will need substantially more Federal support to deliver crucial public services, such as educating our Nation’s public school students, sustaining public higher education and maintaining a public service workforce.
- **Invest in voluntary summer school, after-school programs and community schools that will make up for the instructional time lost during the 2019–20 school year, by providing significant additional funding for Title I and the Individuals with Disabilities Education Act as well as additional funding for high-quality, voluntary summer school and extended learning time.** While the full extent of the current crisis continues to evolve, we already know that, despite their best efforts to support students and families, our schools will be faced with students who have experienced extended months of learning loss, significant poverty, trauma and unmet social-emotional needs.
- **Increase investment to close the digital divide.** High-speed broadband, reliable mobile service, modern technology and hardware are no longer optional. They are now core infrastructure needs of businesses, schools and homes.⁵
- **Substantially increase Medicaid funding, provide free COVID–19 testing and treatment for all regardless of immigration or insurance status, and increase support for providers assisting underserved populations.**⁶
- **Provide for the personal protective equipment, cleaning supplies and other materials necessary to help our public institutions reopen safely.**
- **Cover 100 percent of COBRA health insurance premiums for those workers now unemployed through no fault of their own, or who lost health insurance due to the death of the carrier.** Ensure resources are available, and that proper testing and safety provisions can be in place, before schools reopen.
- **Permanently expand eligibility for unemployment benefits to many previously uncovered workers (including the self-employed, independent contractors and gig workers), and extend unemployment benefits for an additional 13 weeks.**
- **Boost SNAP maximum benefits** by 15 percent and increase the SNAP minimum payment from \$16 to \$30. This will help provide adequate nutrition assistance to meet the overall need and spur economic recovery. Every day there is new evidence of the depth of food hardship and economic dislocation. Each \$1 of Federal SNAP benefits during a downturn generates between \$1.50 and \$1.80 in economic activity.
- **Increase by a minimum of 15-percentage points the Federal Medical Assistance Percentages, which determines Medicaid spending.** This increase should be added to the 6.2 percentage-point increase adopted in the Families First Coronavirus Response Act, and increases should be retroactive to Jan. 1, 2020, and should last until at least Dec. 31, 2021.
- **Cancel student debt.** As a Nation, we are now paying the price for our decades of neglect of the systems through which collective effort once enabled us to take on herculean challenges. This includes our neglect of our

⁵ Congressional Budget Office, “CBO’s Current Projection of Output, Employment, and Interest Rates and a Preliminary Look at Federal Deficits for 2020 and 2021,” April 24, 2020, <https://www.cbo.gov/publication/56335>.

⁶ American Federation of Teachers, “A Decade of Neglect: Public Education Funding in the Aftermath of the Great Recession,” <https://www.aft.org/sites/default/files/decade-of-neglect-2018.pdf>; Trust for America’s Health, “Pain in the Nation Update: Deaths from Alcohol, Drugs and Suicide Reach the Highest Levels Ever Recorded,” February 2018, <https://www.tfah.org/article/new-report-funding-for-public-health-has-declined-significantly-since-the-great-recession/>.

system of higher education, which has produced fewer essential professionals than we need and has, in shifting the burden of its costs to individual students and families, effectively demanded lifetime personal indenture of those who undertake college, graduate and professional education. In the economic catastrophe we now face, for its stimulative effect alone, it is time to free people who have attended college of the burden of student loan debt.

Given these needs, Congress should make at least a \$750 billion investment in state and local government to stabilize public services, which will help put us on a path to reopen safely and allow for a real recovery for all our communities. This administration spent trillions on a corporate tax cut in 2017; it must be prepared to invest a comparable amount on the anchoring institutions that have been key to fighting the virus and are central to any recovery plan: Public schools, universities, hospitals, state and local governments and the U.S. Postal Service provide services that will be more needed than ever, and we need a massive investment in them right now.

In partnership with the AFL–CIO and partner unions, *we developed five economic essentials* to address the stark realities now faced by workers across all sectors:

- Keep America healthy—protect and expand health insurance for all workers;
- Keep frontline workers safe and secure;
- Keep workers employed, and protect earned pension checks;
- Keep state and local governments, our public schools and the U.S. Postal Service solvent and working; and
- Keep America competitive—hire people to build infrastructure and make long-overdue investments in this key pillar of the economy.

We have all watched harrowing reports of abusive and unsafe conditions for essential workers in meatpacking plants⁷ and warehouses⁸ across the country. On April 28, AFT-affiliated nurses and healthcare professionals in 10 states filed 24 separate OSHA complaints⁹ for lack of necessary personal protective equipment despite their ongoing exposure to COVID–19 patients as part of their jobs. The president must use the power of the office to protect workers with the aggressive enforcement of Defense Production Act and OSHA standards. He must cease using the power of the presidency, his public press conferences and his Twitter account to endanger the lives of working people.

A Progressive Economic Agenda

With interest rates and inflation at historic lows, the Federal Government should continue to borrow to fulfill its role and to support state and local government services. It is not the time to be concerned about deficits. And the Federal Government should be prepared to raise taxes. We are trying to both save lives and ensure the quality and dignity of those lives. It is completely appropriate to ask our future selves to help pay for that. We must fund our future if we want our children to inherit the potential to fulfill the promise of the American dream.

States also will have an important role. In Illinois and California, there are initiatives on the ballot this fall to raise revenues by asking those who have more to pay more. These are the right policies to pursue at the moment, and more states should look to emulate these efforts in the coming days. While there is an argument that raising taxes in a recession has an economic cost, the economic and social costs of cutting services and creating further suffering are far greater. We can afford to make these investments, we cannot afford to fail.

CONCLUSION: A LIVING DOCUMENT

This plan to reopen our society is a living document, guided by constantly evolving expert advice about how best to keep our children, our workers and our commu-

⁷ Ken Anderson, “Trump Orders Meatpacking Plants to Remain Open,” *Brownfield AG News*, April 28, 2020, <https://brownfieldagnews.com/news/trump-orders-meatpacking-plants-to-remain-open/>.

⁸ Alina Selyukh, “Amazon Warehouse Safety ‘Inadequate,’ N.Y. Attorney General Office Says,” *NPR*, April 27, 2020, <https://www.npr.org/2020/04/27/846438983/amazon-warehouse-safety-inadequate-n-y-attorney-general-s-office-says>.

⁹ Olivia Messer, “OSHA Complaints Flood in from COVID–19 Frontline Health Workers,” *Daily Beast*, April 28, 2020, <https://www.thedailybeast.com/osha-complaints-flood-in-from-covid-19-frontline-health-workers>.

nities safe from the continued spread of COVID-19 and what resources are needed to put communities back on the road to recovery.

It rests on the fundamental belief that without a vaccine, we must take specific steps to map out our new normal, which must include: some elements of physical distancing; infrastructure for testing, tracing and isolation; deploying public health interventions in our schools and workplaces and aligning them with the necessary educational supports; involvement of workers and community in the development of reopening plans; and significant investments in states, localities, schools, healthcare and the Postal Service—the essential systems that have carried us through this crisis and will need continued support.

Together, as the people on the frontlines of carrying our country through this crisis, we will work to carry our communities through the recovery that follows.

Purdue will require all students to be tested for COVID-19 before start of the fall semester

WEST LAFAYETTE, Ind—As the next step to protect the health and safety of everyone on campus and the community, Purdue University announced today (July 8) that it is formulating plans to require and pay for all West Lafayette-bound students to be tested for COVID-19 before moving into residence halls and attending classes this August.

The program will be led by Dr. Esteban Ramirez, chief medical officer at the Protect Purdue Health Center (PPHC), and was developed in consultation with the Protect Purdue Medical Advisory Team. Dr. Ramirez is an experienced internist and clinical assistant professor at the Indiana University School of Medicine-West Lafayette. Under Dr. Ramirez' direction, the PPHC is the University's virtual health center *launched* last week to coordinate the overall workflow of COVID-related case management on campus.

Through its *Protect Purdue* initiative, undergraduate, graduate and professional program students will soon be provided instructions and assistance on how and when to get tested for COVID-19, beginning in early August before traveling to campus.

Student test results will be sent to the Protect Purdue Health Center, and those testing positive should not travel to West Lafayette or come to campus for any reason until they isolate for 14 days and are medically cleared to return by the PPHC.

Failure to complete a COVID-19 test and have those results filed with the Protect Purdue Health Center prior to arrival will affect a student's ability to move into a residence hall or begin in-person classes when they resume on August 24. Academic support will be available through virtual consultations with staff specializing in student success to help undergraduate students navigate their continued academic progress if they must isolate because of COVID-19.

For students already on campus or arriving for various early start programs throughout July, the University and the Protect Purdue Health Center are developing plans to rapidly sample and test individuals through a combination of resources provided by on-campus, local and outside partners.

The University will cover costs of all student testing. Purdue is expecting a potentially record number of freshmen this fall, with a student body of more than 40,000 total.

"Our comprehensive Protect Purdue Plan affords us the unique flexibility and adaptability to respond to rising COVID-19 cases across parts of the country and help protect our Purdue community in real time," Ramirez said.

"We are committed to facilitating the testing of our students who span the Nation and the globe before they return to the residence halls, classrooms and West Lafayette community this August by way of our Protect Purdue Health Center," Ramirez added. "Through these preventative and proactive measures, we take another important step to protect the student body, our faculty, staff, overall campus and members of the local community—particularly the most vulnerable—amid concerning national trends."

Undergraduate, graduate and professional program students: All students living on campus this fall will be required to be tested for COVID-19 and have a negative test result on file with the Protect Purdue Health Center prior to moving into their residence hall in August.

Those students living off campus also will be required to be tested for COVID-19 and have negative test results on file with the PPHC prior to participating in an on-campus program in August or attending their first in-person class.

Specific instructions will soon be provided on how and when to get tested for COVID-19 in August before traveling to campus, while allowing adequate time for processing and reporting test results before arrival.

For students participating in Early Start, Summer Start and other programs throughout July, as well as students already at Purdue for work, research or classes this summer, special arrangements have been made to test them on campus or in collaboration with local testing partners.

Faculty and staff: Faculty and staff are not required to be COVID-19 tested at this time provided they are not sick, experiencing any symptoms of COVID-19, and have not been exposed to someone who has tested positive for COVID-19.

All faculty and staff, particularly those working on campus this summer and fall, are encouraged to adhere to the components of the Protect Purdue Pledge, particularly monitoring and reporting any signs or symptoms of COVID-19 to the Protect Purdue Health Center by calling 765-496-INFO (4636) or toll-free at 833-571-1043. The caller will be connected to a registered nurse case manager, who will help determine the appropriate course of care, which could include self-quarantine and a COVID-19 test.

Integrated Monitoring and Surveillance Plan: The Protect Purdue Health Center, the single-point health center for all things COVID-19-related for the Purdue community, is staffed with a dedicated team of physicians, registered nurses, case managers, contact tracers and support staff. Ramirez said the PPHC is working closely with the Protect Purdue Health Monitoring and Surveillance Team as well as the Medical Advisory Team to ensure the safety, health and well-being of individuals and the community.

As the semester progresses, the Protect Purdue Health Center will provide ongoing case management, which will include monitoring and testing of both symptomatic individuals and close contacts who might have been exposed to positive individuals. The protocols for testing and contact tracing have been developed in accordance with the guidelines set by the Centers for Disease Control and Prevention and the Indiana State Department of Health.

When the comprehensive Protect Purdue Plan was announced on June 12 for reopening the campus this fall, the University began the capabilities to rapidly assess, sample and test any student, faculty or staff member reporting COVID-19 symptoms and those identified through clinically relevant contact tracing.

About Purdue University:

Purdue University is a top public research institution developing practical solutions to today's toughest challenges. Ranked the No. 6 Most Innovative University in the United States by U.S. News & World Report, Purdue delivers world-changing research and out-of-this-world discovery. Committed to hands-on and online, real-world learning, Purdue offers a transformative education to all. Committed to affordability and accessibility, Purdue has frozen tuition and most fees at 2012-13 levels, enabling more students than ever to graduate debt-free. See how Purdue never stops in the persistent pursuit of the next giant leap at purdue.edu.

Media contact: Tim Doty.

LETTERS OF SUPPORT

(AAU), (APLU), (AAMC), (ACE),

November 6, 2019

Hon. MITCH MCCONNELL, *Majority Leader*,
U.S. Senate,
S-226, United States Capitol,
Washington, DC.

Hon. CHARLES SCHUMER, *Minority Leader*,
U.S. Senate,
322 Hart Senate Office Building,
Washington, DC.

Hon. RICHARD SHELBY, *Chairman*,
U.S. Senate,
304 Russell Senate Office Building,
Washington, DC.

Hon. PATRICK LEAHY, *Vice Chairman*,
U.S. Senate,
437 Russell Senate Office Building,
Washington, DC.

DEAR LEADER MCCONNELL, LEADER SCHUMER, CHAIRMAN SHELBY AND VICE CHAIRMAN LEAHY:

We represent the leading national voices for the research universities, medical schools, and teaching hospitals at the forefront of our Nation's fight against the COVID-19 pandemic. We thank you for your continuing efforts to mitigate the pandemic's harmful health, economic, and societal consequences. In April, we wrote to Congress identifying \$26 billion in research relief funding needs due to disruptions caused by COVID-19. Today, we reiterate the urgency of that request and ask that the Senate provide supplemental appropriations for Federal research agencies of *at least* \$26 billion in its next pandemic relief bill.

COVID-19 has caused enormous disruptions to federally supported research and inflicted serious and detrimental impacts on our Nation's research enterprise. The relief that we are requesting would make significant strides in avoiding long-term and devastating impacts to Federal research which underpins the ability of our Nation's patients, doctors, innovation and energy industries, and farmers, ranchers, and fishers to have access to globally competitive, American innovations.

Federally supported research at academic institutions and core research facilities utilized by agency-funded researchers has been disrupted, delayed, and, in some cases, indefinitely shut down. The research workforce is experiencing extraordinary strains during this crisis. It threatens to erode our Nation's scientific and technical expertise and talent base, which would put our competitiveness and security at risk. Addressing these serious threats has generated bipartisan support in both the Senate and the House. In the past month, 214 Members of Congress have signed letters asking congressional leadership to support emergency funding to preserve the research workforce.¹

This emergency relief funding is especially critical to maintaining and advancing U.S. competitiveness during this crisis through innovations supported by the National Science Foundation (NSF), the Departments of Agriculture (USDA), Defense (DOD), and Energy (DOE), the National Aeronautics and Space Administration (NASA), the National Institutes of Health (NIH), and other Federal research agencies. There has been an extraordinary response from academic scientists who, where possible, have pivoted to coronavirus research during this emergency, but much other onsite research has necessarily stalled due to widespread stay-at-home orders. Scientists have been doing what they can to move projects forward remotely, but with many researchers unable to work in their labs and fields during the pandemic, emergency relief funds are urgently needed at the Federal research agencies to extend the duration of research projects and ensure the objectives of these Federal research investments that have already been made are met.

We cannot afford to lose the Nation's scientific research workforce at this critical juncture. At a time in which we are in a global race for talent, this agency funding will directly support graduate students, post-doctoral researchers, and early career

¹*April 29, 2020 bipartisan letter* from 181 Members of the House to leadership requesting \$26 billion in research relief for Federal research agencies; *May 4, 2020 bipartisan letter* from 33 Senators to leadership requesting \$26 billion in research relief for Federal research agencies.

faculty in completing their studies and ensure career stability for America's future researchers.

We urge that at least \$26 billion in emergency research relief funding be appropriated to Federal research agencies to support the research workforce, mitigate the disruptions to research and core research facilities, and ramp up research that has been halted or slowed. These funds do not expand the Nation's investment in research, but are desperately needed just to preserve the current investment. This recommendation is based on the best available information at this time from the Federal research agencies, the duration of the public health emergency and its impacts on research activities, and our understanding of the complexities of restarting research at research institutions in every state nationwide. We recommend this funding be apportioned to Federal research agencies, at minimum, as follows:

- Department of Defense (DOD)—\$3 billion
- Department of Energy (DOE)—\$5 billion
- National Institutes of Health (NIH)—\$10 billion²
- National Science Foundation (NSF)—\$3 billion
- National Aeronautics and Space Administration (NASA)—\$2 billion
- U.S. Department of Agriculture (USDA)—\$380 million

As part of the at least \$26 billion for Federal agencies, we request supplemental appropriations for other Federal agencies with a research budget greater than \$100 million, including NOAA, NIST, EPA, the Institute for Education Sciences, and others. Like the aforementioned major Federal agencies, significant research disruptions necessitate additional funding to these agencies to protect the research workforce and complete taxpayer-funded research projects. These estimates are based on currently available information, which includes an estimated duration of laboratory closures that began in March, continued into May, and will persist to varying degrees as institutions begin ramping up research.

Without these funds, the consequences for our Nation's university research and scientific enterprise are dire. Agencies will be forced to choose between abandoning new research opportunities of national importance or discontinuing existing research projects that are not yet completed. This would undermine the public's investment in research and slow discovery and innovation, while at the same time jeopardizing a generation of scientists and engineers critical to America's innovation capacity and economic competitiveness for years to come.

Thank you for your consideration and leadership during this extraordinary time of crisis.

Sincerely,

MARY SUE COLEMAN,
President,
Association of American Universities.

PETER MCPHERSON,
President,
Association of Public and Land-grant Universities.

DAVID J. SKORTON, MD,
President and CEO,
Association of American Medical Colleges.

TED MITCHELL,
President,
American Council on Education.

²At a May 7, 2020 hearing of the Senate Health, Education, Labor, and Pensions Committee, NIH Director Dr. Francis Collins NIH Director testified that "The estimates are something like \$10 billion of NIH funded-research that is going to disappear because of the way in which this virus has affected everybody requiring this kind of distancing and sending people home." He also indicated, "I worry particularly about trainees who have lost time, who are really quite concerned about what this does to their professional career." <https://www.help.senate.gov/hearings/shark-tank-new-tests-for-covid-19>.

AMERICAN COUNCIL ON EDUCATION,
WASHINGTON, DC,
May 29, 2020

Hon. MITCH MCCONNELL, *Majority Leader*,
U.S. Senate,
317 Russell Senate Office Building,
Washington, DC.

Hon. CHARLES SCHUMER, *Minority Leader*,
U.S. Senate,
322 Hart Senate Office Building,
Washington, DC.

DEAR LEADER MCCONNELL, MINORITY LEADER SCHUMER:

On behalf of the organizations listed below, we express our appreciation for the financial support provided to postsecondary students and institutions in the several enacted supplemental appropriations acts. As you consider next steps to help America recover from the novel coronavirus pandemic, we write to reiterate our request for the additional support outlined in our April 9 letter.¹

As you are well aware, institutions of higher education, their students, and faculty and staff continue to face unprecedented challenges as a result of the pandemic, including dealing with shuttered campuses and the rapid transition to online learning, as well as an unwavering commitment to ensuring the health and safety of their entire communities. During the second half of the current school year, our institutions lost billions of dollars beyond the \$14 billion appropriation for students and institutions in the CARES Act. Still, we are deeply grateful that Congress provided those emergency resources. This lifeline enabled colleges and universities to assist their most vulnerable students and address immediate needs related to the effects of the pandemic on our campuses.

In the April 9 letter we detailed our request for \$46.6 billion to help address near-term campus financial needs, including increased need-based aid for students due to declining family incomes, and revenue losses stemming from enrollment declines and closures of campus facilities that provide auxiliary services.

As we look to summer and the 2020–21 school year, we expect even greater losses. Recent surveys conducted by several higher education associations indicate that the \$46.6 billion estimate is far lower than the actual impact will be. For example, in one such survey three-quarters of institutions reported total current-year revenue losses of up to 20 percent, while a smaller percentage, roughly 5 percent, reported even higher losses. The outlook is worse for the upcoming year. Many more institutions believe their losses next year will exceed 20 percent.

As referenced in our April 9 letter, we firmly believe that direct distribution to institutions is the best way to ensure that Federal funds actually reach the students and schools they were intended to help. While we share many of Congress's concerns regarding the implementation of the CARES Act, it is equally clear that using the existing Federal system for providing aid to institutions is the fastest way to get support to where it is needed. By pairing this rapid disbursement of funds with statutory language that gives campuses broad flexibility and authority to use funds in ways that best match the unique needs of students and their institutions, Congress can bypass the kinds of bureaucratic limitations that hampered the effectiveness of some CARES aid. The language included in the HEROES Act effectively addressed this issue, and we recommend its inclusion in any future supplemental legislation.

Unfortunately, Federal support for higher education has historically been used by states to supplement other areas of state budgets, leaving higher education vulnerable to massive cuts in state support and students vulnerable to tuition increases. In order to guarantee that states do not simply reduce their funding to institutions of higher education in proportion to new Federal assistance, Congress must include a maintenance of effort (MOE) provision as a condition of receiving funding. No state should be allowed to cut higher education disproportionately to cuts in its overall budget. Furthermore, it's critical to include an expansive definition of "higher education" that includes direct support to institutions and state student financial aid programs.

¹The letter can be found at: <https://www.acenet.edu/Documents/Letter-House-Higher-Ed-Supplemental-Request-040920.pdf>. Underlying assumptions and data used in the letter can be found here: <https://www.acenet.edu/Documents/Higher-Education-Recommendations-4th-Supplemental-Assumptions-040920.pdf>.

Colleges and universities employ nearly 4 million people nationwide, and are already struggling to maintain their faculty and staff. Some campuses have closed, others have declared financial exigency, and many have furloughed employees and cut budgets further. In addition to massive increases in expenses and precipitous declines in revenues, institutions are now experiencing the effects of cuts to state higher education budgets, which will only get much worse. Additional emergency aid is critical to stabilize institutions financially and support students who will come to campus this fall with substantial unmet need. Losses of the magnitude we expect to see in the fall would necessarily weaken not just colleges and universities, but the economic health of their surrounding communities and regions.

We appreciate your understanding of the substantial needs our institutions have and thank you for the support Congress has already provided to higher education through the CARES Act and other legislation. We are requesting our members understand the Federal Government cannot fully address all of their existing needs, and we are not asking you to do so. Rather, the \$46.6 billion we are requesting will serve as a lifeline for students and campuses into the fall. We are proud of the innovative measures already underway as campuses strive to serve their students under these unparalleled circumstances and with limited resources, but there is only so much that can be done without additional Federal support, given the scope of the crisis institutions are facing.

For these reasons, we look forward to working with you to ensure that this critical funding is included in the legislation you will be considering.

Sincerely,

TED MITCHELL,
President.

On behalf of:

Accrediting Commission for Community and Junior Colleges
Achieving the Dream
American Association of Colleges Nursing
American Association of Colleges for Teacher Education
American Association of Collegiate Registrars and Admissions Officers
American Association of Community Colleges
American Association of State Colleges and Universities
American Association of University Professors
American Council on Education
American Dental Education Association
American Indian Higher Education Consortium
APPA, Leadership in Educational Facilities
Associated Colleges of the Midwest
Association for Biblical Higher Education
Association of American Colleges and Universities
Association of American Universities
Association of California Colleges and Universities
Association of Catholic Colleges and Universities
Association of Chiropractic Colleges
Association of Community College Trustees
Association of Governing Boards of Universities and Colleges
Association of Independent California Colleges and Universities
Association of Independent Colleges and Universities in Massachusetts
Association of Independent Colleges and Universities in New Jersey
Association of Independent Colleges and Universities of Pennsylvania
Association of Independent Colleges and Universities of Rhode Island
Association of Independent Colleges of Art & Design
Association of Jesuit Colleges and Universities
Association of Presbyterian Colleges and Universities
Association of Public and Land-grant Universities
Coalition of Urban and Metropolitan Universities
College and University Professional Association for Human Resources
Common App
Connecticut Conference of Independent Colleges
Council for Advancement and Support of Education
Council for Christian Colleges & Universities
Council for Higher Education Accreditation
Council of Graduate Schools
Council of Independent Colleges
Council of Independent Colleges in Virginia

Council of Regional Accrediting Commissions
 Council on Social Work Education
 Council of Independent Nebraska Colleges Foundation
 EDUCAUSE
 ETS
 Georgia Independent College Association
 Great Lakes Colleges Association
 Higher Learning Commission
 Hispanic Association of Colleges and Universities
 Independent Colleges and Universities of Florida
 Independent Colleges and Universities of Missouri
 Independent Colleges of Washington
 Independent Colleges of Indiana
 Kansas Independent College Association
 Louisiana Association of Independent Colleges and Universities
 Maryland Independent College and University Association
 Michigan Independent Colleges & Universities
 Minnesota Private College Council
 NAFSA: Association of International Educators
 NASPA—Student Affairs Administrators in Higher Education
 National Association for College Admission Counseling
 National Association of College and University Business Officers
 National Association of Independent Colleges and Universities
 National Association of Schools and Colleges of the United Methodist Church
 National Association of Student Financial Aid Administrators
 National Association of System Heads
 National Collegiate Athletic Association
 National Council for Community and Education Partnerships
 Network of Colleges and Universities, Evangelical Lutheran Church in America
 New England Commission of Higher Education
 North Carolina Independent Colleges and Universities
 Northwest Commission on Colleges and Universities
 Online Learning Consortium
 Oregon Alliance of Independent Colleges & Universities
 Phi Beta Kappa Society
 Quality Matters
 Rebuilding America's Middle Class
 Tennessee Independent Colleges and Universities Assoc.
 UNCF (United Negro College Fund, Inc.)
 UPCEA
 WASC Senior College & University Commission
 Wisconsin Association of Independent Colleges and Universities
 Yes We Must Coalition

NATIONAL EDUCATION ASSOCIATION,
June 9, 2020

Hon. LAMAR ALEXANDER, *Chairman*,
 Hon. PATTY MURRAY, *Ranking Member*,
Senate Committee on Health, Education, Labor, and Pensions,
428 Dirksen Senate Office Building,
Washington, DC.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY:

On behalf of our 3 million members and the 50 million students they serve, we would like to submit for the record the following comments in connection with the June 10 hearing, "Going Back to School Safely."

Physically opening schools at the beginning of the 2020–21 school year is the goal of most districts and states, but the decision to reopen must be rooted in health and safety—not driven by an arbitrary start date. To reopen schools safely, we will need to provide personal protective equipment (PPE) for students and educators; modify classrooms, cafeterias, and school buses to permit social distancing; intensify instruction and support for students traumatized by the impact of the coronavirus on their families and communities; and more. Doing so will require significant investments at a time when schools are facing budget cuts that are expected to far exceed those during the Great Recession.

Looming State Budget Shortfalls

America officially entered a recession in February, according to the National Bureau of Economic Research. More than 40 million Americans are jobless. The unemployment rate is nearly 14 percent, the highest since the Great Depression. States and localities are struggling to fund public education in the face of dramatically rising costs and sharply declining tax revenues as consumers dial back spending on virtually everything except groceries and Netflix subscriptions.

According to the Bureau of Labor Statistics, nearly 500,000 public education jobs have already been lost. If the economic damage wrought by the coronavirus pandemic goes unchecked, nearly 2 million educators—one-fifth of the workforce—could lose their jobs over the next three years, according to a *new analysis by the National Education Association*.

These job losses would profoundly impact the 50 million students who attend public schools, their families, and communities—especially low-income students whose schools rely on Title I funding to lower class sizes, hire specialists, and offer a rich curriculum. By comparison, 300,000 education jobs were lost during the Great Recession. In other words, the COVID-19 recession could be more than six times as bad for education as the 2008 financial crisis.

Students Need More—not Less

The COVID-19 pandemic has shone a spotlight on a hard truth that our members across the country already knew: Not all students have access to the educators, resources, and tools they need. It has also fully revealed the long-standing digital divide and exacerbated inequities like the homework gap—the inability to do schoolwork at home due to lack of internet access. Nationwide, as many as 12 million students are affected—roughly 1 in 5—and a disproportionate share are African American, Hispanic, live in rural areas, or come from low-income families.

To help contain the spread of COVID-19, public schools in nearly every state shut down and abruptly switched to online instruction, putting students without access to the internet at even greater risk of falling behind their peers. Taking into account all these factors, McKinsey & Company estimates that African American students could lose the equivalent of 10 months of learning, Hispanic students 9 months of learning, and low-income students more than a full year of learning due to the COVID-19 pandemic.

Instead of addressing these issues, Education Secretary Betsy DeVos has used resources provided by the CARES Act to push her failed privatization agenda, which has been repeatedly rejected by Congress. “Microgrants,” her latest scheme, are just another name for vouchers that divert taxpayer dollars from public to private and religious schools.

Next Steps

Decisions about reopening America’s schools should be grounded in health experts’ findings and recommendations, input from educators, access to protection, and equity—treating racial and social justice as an imperative, not an expendable aspiration.

The HEROES Act recognizes this is the right approach. It includes \$915 billion in direct relief for state and local governments that can be used to pay vital workers such as educators and \$90 billion in additional education funding that could save more than 800,000 education jobs at all levels from kindergarten to postsecondary. The HEROES Act would also ensure that taxpayer dollars go where Congress intended: to the public schools that educate 9 out of 10 students.

To help reopen schools safely, NEA urges Congress to provide at least \$175 billion more for the Education Stabilization Fund, at least \$56 million in directed funding for protective equipment, and at least \$4 billion to create a special fund, administered by the successful E-Rate program, to equip students with hot spots and devices to help narrow the digital divide and close the homework gap.

We thank you for the opportunity to submit these comments and stand ready to work with Congress to reopen America’s schools safely.

Sincerely,

MARC EGAN
 Director of Government Relations,
 National Education Association

THE EDUCATION TRUST,
June 24, 2020

Hon. LAMAR ALEXANDER, *Chairman*,
Hon. PATTY MURRAY, *Ranking Member*,
Senate Committee on Health, Education, Labor, and Pensions,
428 Dirksen Senate Office Building,
Washington, DC.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY, AND MEMBERS OF THE COMMITTEE:

Thank you for the opportunity to testify earlier this month during the “COVID–19: Going Back to School Safely” hearing. As mentioned in my *testimony*, the challenges that face us right now in terms of the impact that COVID–19 has had on our educational system, as well as students and their families, are significant, but they are not insurmountable. As states and education leaders consider the safest, most equitable way to reopen our Nation’s schools this fall, it is clear that additional investments are needed at the Federal level to both stabilize budgets in the face of significant revenue loss and to cover the costs associated with reopening (including, but not limited to personal protective equipment, cleaning and sanitation materials, and expenses related to additional staff and services). In response to the Chairman’s request for more information on the costs associated with reopening K–12 schools, as well as additional considerations that Congress should address as they continue to provide relief and support to our Nation’s education system, and to state and local governments, The Education Trust would like to provide the Committee with the following thoughts and recommendations:

Additional Federal Interventions and Investments Are Needed

The recession induced by COVID–19 has already and will continue to *decimate state and district revenues*. On top of that, states, districts, and schools will face additional costs to provide the academic, health, and emotional support that students will need when they return to school. Estimates of these added costs range from \$2 million per district (which could add up to at least \$30 billion) to \$116.5 billion. The Learning Policy Institute estimates that between decreases in state and local revenue, and increases in expenses, K–12 systems *might need \$230 billion to stabilize budgets* for this fiscal year and next.

In recognition of both increases in cost and reductions in revenue, we, along with 70 other organizations, *urge Congress* to provide at least \$500 billion total in *additional* state stabilization funds, the K–12 share of which should be at least \$175 billion.

Cuts to State Budgets Threaten to Hurt Students in Schools with the Greatest Need

The 2008 recession *taught us* that high-poverty districts are more likely to be impacted by state and local losses in education revenue. Therefore, it is critical that additional stabilization funding from Congress be distributed in a way that provides more funding for the highest need districts—those that serve more students from low-income backgrounds, have lower property tax bases from which to raise additional revenue, and have been more impacted by the pandemic. Funding should be allocated based on the share of aid received through the ESSA Title I formula, because that is the Federal Government’s most efficient and equitable existing mechanism to distribute those dollars.

States need help, and the Federal Government should step in to provide that support. But that doesn’t diminish states’ responsibilities to continue to invest in their public education systems, and to provide the resources that districts and schools need to provide a high-quality education for all students, particularly Black, Latino, and Native students, and students with higher needs—including students from low-income backgrounds, students with disabilities, English learners, students experiencing homelessness or foster care, or students involved in the juvenile justice system. Therefore, additional funding to states should be coupled with stronger maintenance of effort (MOE) requirements than were prescribed for CARES Act funding, and those requirements should at the very least maintain, if not enhance, equity in school funding.

Specifically, we recommend **three resource equity conditions for states to receive additional stabilization funding**:

- **State Maintenance of Effort** requirement to ensure states are still investing in education. States must continue to prioritize education, regardless of how much total state budgets are impacted. Therefore, to get these additional dollars, the state must show that state education spending remains at least the same percentage of the state's spending.
- **State Maintenance of Equity** requirement to protect our highest need districts from disproportionate cuts. Even with additional Federal investment, it's likely that many states will have to make cuts to education support for districts. Our highest need districts—those serving the highest concentrations of students from low-income backgrounds and those with the least local wealth to make up for the cuts—must be spared from these cuts. Therefore, to get these dollars, states must show that any necessary cuts are *smaller* per student in the highest need districts than the rest of the state.
- **District Maintenance of Equity** requirement to protect our most vulnerable schools from disproportionate cuts. Even with Federal investment, it's likely that many districts will have to make cuts to their budgets. And we saw in the aftermath of the Great Recession, *nearly 300,000 teachers* and other staff lost their jobs, and the layoffs disproportionately affected students of color and students from low-income backgrounds. Therefore, to get these dollars, districts must show that any necessary cuts—including cuts to personnel—are smaller in the highest poverty schools.

Congress Must Continue to Prioritize the Needs of Students, Schools, and States Going Forward

As Congress continues to juggle many competing legislative priorities prior to the end of this session, we urge lawmakers to realize that the impact of this virus will be felt well beyond this academic year. This was the core of my message before your Committee: The vast majority of education equity issues that plagued our Nation prior to the pandemic have only been exacerbated by COVID-19. If policymakers do not continue to address the most pressing equity issues beyond this moment, with the intent to close achievement and opportunity gaps for students from low-income backgrounds and students of color, then we risk failing a generation of students. We urge this Committee and your Senate colleagues to also support the needed investments to *ensure that all students can access distance learning, provide the essential nutritional supports* so students do not go hungry as schools remain closed, and allocate dedicated funds to *assess and address learning loss* as students return to brick and mortar classrooms.

Thank you for the opportunity to comment further on this important topic. The Education Trust stands ready to support your Committee and the Senate at large as the need to provide for our Nation's students during this uncertain time persists.

Sincerely,

JOHN B. KING JR.
President and CEO,
The Education Trust

PERDUE UNIVERSITY,
JULY 9, 2020

Hon. LAMAR ALEXANDER, *Chairman,*
Hon. PATTY MURRAY, *Ranking Member,*
Senate Committee on Health, Education, Labor, and Pensions,
428 Dirksen Senate Office Building,
Washington, DC.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY:

Thank you for the opportunity to testify on June 4, 2020 at the hearing "COVID-19 Going Back to College Safely."

In response to the follow-up questions from members of the Committee related to the important topic of the hearing, I submit for the record the "Protect Purdue Plan," released after the hearing on June 12, 2020. The plan outlines in great detail how Purdue is preparing to welcome students this fall, while protecting those most vulnerable in our campus community. And, just this week we added to our plan a means to require and pay for all West Lafayette-bound students to be tested for COVID-19 before moving into residence halls and attending classes.

While I wouldn't presume that Purdue's approach will be a perfect fit for every college and university, the principles of our strategy should have broad appeal. In summary, those principles are:

1. Expect each Boilermaker to assume personal responsibility to "Protect Purdue—myself, others, our Purdue community."
2. Implement personal health safety practices and protocols.
3. Enact health safety changes in physical spaces.
4. Offer a range of instructional options for students and faculty.
5. Identify and protect the most vulnerable members of the Purdue community.
6. Engage our stakeholders with consistent, compelling and timely communication and clear guidance.
7. Advance our research mission in a safe and responsible way.
8. Anticipate and plan for contingencies.

With critical research operations ramping up on our campus, preparation for our annual freshman orientation, Boiler Gold Rush, just 40 days away and classes beginning shortly after, the entire campus is working overtime to ensure a safe return for students and staff. Our Protect Purdue Plan is a comprehensive review that should answer every question relevant to the hearing topic while allowing our team to stay focused on the important mission ahead of us. Again, thank you for allowing me the opportunity to share our perspective and for your service to our great nation.

Best,

MITCHELL E. DANIELS, JR.
President

AMERICAN COUNCIL OF THE BLIND,
JUNE 17, 2020

Hon. LAMAR ALEXANDER, *Chairman*,
Senate Committee on Health, Education, Labor, and Pensions,
428 Dirksen Senate Office Building,
Washington, DC.

DEAR CHAIRMAN ALEXANDER:

I am writing on behalf of the three undersigned blindness advocacy organizations: the American Council of the Blind, the Association for Education and Rehabilitation of the Blind and Visually Impaired, and the American Foundation for the Blind. The following are comments based on the June 10, 2020, U.S. Senate Health, Education, Labor and Pensions Committee hearing entitled "Going Back to School Safely." These comments briefly discuss issues significant to the blind community that must be considered when reopening schools in the fall of 2020.

When reopening schools this fall, several considerations for blind and visually impaired students must be taken into account. Although the blind community accounts for only a small population of students, without considering the accommodations they may need, it is likely they may fall through the cracks.

First, social distancing is an important consideration for all students in public schools; steps need to be taken to prevent the spread of the virus. However, special considerations for blind and visually impaired students must be thought out. When working with young blind and visually impaired students, social distancing can present extra challenges. For instance, if a teacher of the visually impaired (TVI) is teaching a student how to read and write braille, situations exist where actual hand-on-hand instruction is necessary. Thus, unique policies and procedures should be considered for these specific situations. In such settings, an extra emphasis on the procurement and use of personal protective equipment (PPE) for both the student and teacher is essential. Blind students also touch more surfaces; they use their hands to find things like doors or stair handrails. Thus, cleaning policies must be implemented and practiced religiously.

Funding is another critical need as states begin to determine how to reopen school in the fall of 2020. The presenters during the hearing effectively communicated the various problems that have impacted school districts' funding, making additional funding essential to reopen schools. In addition, more funding is needed for the specific educational needs of blind and visually impaired students. Technology has been, and will continue to be, a significant need during the pandemic. If students receive any level of remote learning, whether full-or part-time, laptops and other platforms are necessary to carry out remote teaching. Such technology costs money.

School districts often have to provide students with laptops or other kinds of devices. But when supplying a blind or visually impaired student with the same technology, additional software is often necessary. For instance, if students are supplied with a basic PC, additional software that costs about \$1,000 is needed to enable the blind student to use the computer independently. While discussing the distribution of electronic devices, it must also be known that many devices are inaccessible for blind or visually impaired users. Some tablets, for instance, are not designed with accessibility functions. This prevents blind students from using them independently. Sometimes, an alternative device can be provided. However, this causes the student to use a completely different product and makes working alongside their classmates difficult. Senator Murray emphasized the necessity of an equitable education for all students. The digital divide is a barrier to such equity.

Another example of inaccessibility can come via the use of alternative methods of teaching. Penny Schwinn was cited as promoting the use of television programming, such as PBS, as an alternative teaching method. However, to be fully equitable for blind and visually impaired students, audio description must be provided for all programs used for educational purposes. Without such description, the child will not fully participate in the educational process; without description of the scenes on TV, the students miss out on ideas and concepts.

Several of the panelists touched upon the need for extra in-person time for students with disabilities. This is an important topic to consider. Again, students who are blind often require hands-on instruction. Although TVI's have been known to be extremely creative when working with students remotely, education will be more effective if provided in-person. However, such practices should not override health and safety. Thus, states must get creative to find ways to work with students with disabilities on a more regular basis without exposing them to the coronavirus.

It must also be stressed that waivers to the Individuals with Disabilities Education Act (IDEA) should never be considered when planning how to return to school in the fall. Accommodations for students under IDEA are essential for disabled students to receive a free and appropriate public education (FAPE). It may be easy to think that finding ways to lessen the responsibilities of school districts will help schools get back on their feet more quickly. But in doing so, a whole community of students will be negatively impacted. The presenters acknowledge that almost all students will be behind in some way because of the changes presented by COVID-19. Waivers to IDEA will only exacerbate the level at which students will fall behind.

Finally, presenters proposed diagnostic testing for students in the fall to examine where students stand after the multitude of changes this spring and summer. Testing does appear to be an important tool in getting students back on track. However, the process of testing blind and visually impaired students comes with its own set of challenges. For instance, the process of getting the tests in braille or large print can often be difficult for school districts, causing the students to lag behind. Thus, when diagnostic tests are being put into place, the challenges that accompany the implementation of such tests must be thought out far in advance.

Thank you for the opportunity to offer our comments. If you have any additional questions, please contact Claire Stanley.

Sincerely,

CLAIRE STANLEY
Advocacy and Outreach Specialist,
American Council of the Blind.

STACY CERVENKA
Director, Public Policy,
American Foundation for the Blind.

MARK RICHERT
Interim Executive Director,
Association for Education and Rehabilitation of the Blind and Visually Impaired.

AMERICANS FOR FINANCIAL REFORM,
JUNE 3, 2020

Hon. LAMAR ALEXANDER, *Chairman*,
Hon. PATTY MURRAY, *Ranking Member*,
Senate Committee on Health, Education, Labor, and Pensions,
428 Dirksen Senate Office Building,
Washington, DC.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY:

As our Nation struggles to emerge from the first phase of the COVID-19 pandemic and attempts to safely resume a broad array of economic activity, the U.S. Chamber of Commerce has aggressively lobbied Congress to immunize businesses from legal liability if they carelessly risk coronavirus infection for employees or customers and it results in harm.¹ Lobbyists representing higher education, led by the American Council on Education, are also now asking for immunity from liability.² The undersigned organizations representing students, consumers, and workers strongly oppose proposals to immunize colleges because it would remove accountability for those that engage in careless actions that make their students or workers sick. If students or workers contract COVID-19 due to bad practices by a college or university, those harmed deserve the right to seek justice.

Each year, students and families will pay or finance hundreds of billions of dollars in higher education expenses.³ The decision to pursue higher education is often one of the largest financial decisions an individual or family will make in a lifetime. Amid unprecedented uncertainty about when and how colleges will safely resume educating tens of millions of people, current and prospective students and their families need to be able to trust that their college will act reasonably to keep them safe.

Immunity from legal liability could empower the worst actors in the higher education sector to gamble with students' lives. For example, Liberty University, a member of the higher education lobbying group that has been a leading proponent of creating this immunity,⁴ has already ignored recommendations by public health officials and reopened its campus, placing thousands of students at risk.⁵ As could have been predicted, Liberty's students quickly fell ill.⁶ If lawmakers bestow legal immunity on the higher education sector, it would validate such reckless decisions and encourage others to similarly ignore basic steps that would help keep students and workers safe.

As Congress considers lobbyists' demands for immunity, lawmakers should also evaluate any potential action in the context of past abuses by many of the worst actors in higher education. In the wake of the last recession, for-profit colleges aggressively marketed themselves as a refuge from a weak labor market.⁷ Instead of delivering on promises of financial success for students and alumni, many of the largest schools pursued brazen schemes to defraud students by peddling bogus job placement statistics and false claims about the economic value of these degrees.⁸ Years later, after saddling borrowers with billions of dollars in debt and driving money back to executives and investors, some of these schools collapsed under the

¹U.S. Chamber of Commerce, *Implementing a National Return to Work Plan: Resolution of Regulatory and Legal Liability Issues* (Accessed on June 3, 2020); <https://www.uschamber.com/coronavirus/implementing-national-return-to-work-plan#liability>; <https://www.npr.org/sections/coronavirus-live-updates/2020/05/06/851262646/as-businesses-reopen-a-fight-is-brewing-over-worker-safety-lawsuits>.

²American Council on Education, *Letter to Congress Requesting Immunity from Liability* (2020); <https://www.acenet.edu/Documents/Letter-Congress-pandemic-liability-052820.pdf>.

³National Center on Education Statistics, *Fast Facts: Expenditures* (Accessed on June 3, 2020); <https://nces.ed.gov/fastfacts/display.asp?id=75>.

⁴American Council on Education, *Membership Directory* (Accessed on June 2, 2020); <https://www2.acenet.edu/crm/members-directory/>.

⁵Noor, P., *It is ungodly: students react to Liberty University reopening*, THE GUARDIAN (March 31, 2020); <https://www.theguardian.com/us-news/2020/mar/31/liberty-university-reopening-coronavirus-jerry-falwell-jr>.

⁶Arciga, J., *Nearly a Dozen Liberty University Students Sick With Coronavirus Symptoms After Falwell Reopened Campus*, THE DAILY BEAST (March 29, 2020); <https://www.thedailybeast.com/nearly-a-dozen-liberty-university-students-sick-with-coronavirus-symptoms-after-falwell-reopened-campus>.

⁷U.S. Senate Committee on Health, Education, Labor and Pensions, *For Profit Higher Education: The Failure to Safeguard the Federal Investment and Ensure Student Success* (2012); <https://www.help.senate.gov/imo/media/for-profit-report/PartI.pdf>.

⁸Kamenetz, A., *Corinthian Colleges Mised Students On Job Placement, Investigation Finds* (November 17, 2015); <https://www.npr.org/sections/ed/2015/11/17/456367152/corinthian-mised-students-on-job-placement-investigation-finds>.

weight of their own lies and abuses.⁹ Others that survived converted to private, nonprofit status, blending into the ranks of the schools now lobbying for this unprecedented legal protection.¹⁰ Common across the most predatory schools during the prior era: a relentless drive to exploit economic anxiety and upheaval in pursuit of revenue.

The recent bipartisan Congressional Review Act vote rejecting the Trump Administration's "Borrower Defense" rulemaking was, in part, a rebuke of an effort by the Department of Education to restore schools' authority to use forced arbitration to block access to the courts. This regulatory maneuver was similarly intended to shield predatory schools from liability for their abuses. If granted immunity now, lawmakers would be inviting bad actor schools to exploit students and employees in the midst of this pandemic, putting their lives in jeopardy.

Our concerns extend beyond the health and safety of the millions of students. Colleges and universities are some of the largest employers in their communities, employing more than four million people nationwide.¹¹ These workers include not only faculty and administrative staff, but also healthcare providers, food service workers, and the cleaning and maintenance workers responsible for reopening campuses across the country. Last month, a wide array of 140 organizations representing workers, consumers, and seniors wrote the Senate Judiciary Committee to oppose immunity proposals, explaining that the Federal Government "has substantially stepped back from its role to protect the health and safety of workers during this pandemic, and is dangerously relying on employers to self-police. Under these circumstances, the specter of unsafe workplaces is a significant concern Immunity would only exacerbate these problems."¹² These very same concerns apply no less to colleges.

For more than a decade, schools have increasingly outsourced essential functions to independent contractors that employ predominantly low-income workers. These workers are also among the communities hardest hit by the public health effects, communities of color. For example, in a 2018 survey of food service workers at the City University of New York, 96 percent identified as a person of color.¹³ Almost 50 percent were living below the Federal poverty line for a family of two.¹⁴ Limiting corporate liability and enacting widespread immunity will subject these workers, who are already most at risk, to being forced to either return to potentially unsafe environments or face longer term unemployment consequences. Over the past few months, too many struggling workers have had to make the impossible trade-off between their health and their financial security. We should not add to an already devastating crisis by allowing more companies and schools to make these decisions with impunity then removing the only recourse of those who are harmed.

Students depend on schools to make responsible decisions that protect the health and safety of their campuses and communities. Students lack the power to dictate the terms on which colleges will demand a return to academic life, potentially forcing students to choose between pursuing a higher education and staying safe. Students' and workers' access to justice offers a critical counterweight to the economic pressure that may drive colleges to reopen too quickly and hastily, without proper attention to health and safety.

For these reasons, we urge you to reject higher education lobbyists' demands to grant immunity from legal liability to colleges and universities. To discuss the concerns outlined in this letter, please contact Alexis Goldstein at Americans for Financial Reform or Mike Pierce at the Student Borrower Protection Center.

Americans for Financial Reform
Autistic Self Advocacy Network

⁹ Douglas-Gabriel, D., *Feds found widespread fraud at Corinthian Colleges. Why are students still paying the price?*, THE WASHINGTON POST; <https://www.washingtonpost.com/news/grade-point/wp/2016/09/29/feds-found-widespread-fraud-at-corinthian-colleges-why-are-students-still-paying-the-price/>.

¹⁰ Shireman, R. *These Colleges Say They're Nonprofit—But Are They?* THE CENTURY FOUNDATION (August 24, 2018); <https://tcf.org/content/commentary/colleges-say-theyre-nonprofit/>.

¹¹ National Center for Education Statistics, *Enrollment and Employees in Postsecondary Institutions, Fall 2017 and Financial Statistics and Academic Libraries, Fiscal Year 2017* (January 2019); <https://nces.ed.gov/pubs2019/2019021REV.pdf>.

¹² Public Citizen et al., *Letter to U.S. Senate Judiciary Committee Opposing COVID Immunity for Businesses* (May 12, 2020); <https://www.citizen.org/wp-content/uploads/Covid-Coalition-Letter-to-Senate-Judiciary-final-5-12-2020.pdf>.

¹³ Retail Action Project, *Struggling to Feed Their Own Families: A Survey of CUNY's Food Service Workers* (2018); <https://d3n8a8spro7vhmx.cloudfront.net/rwdsu/pages/390/attachments/original/1522074292/CUNY-report.pdf?1522074292>.

¹⁴ *Id.*

Center for Responsible Lending
 Clearinghouse on Women's Issues
 Consumer Action
 Consumer Federation of America
 Consumer Federation of California
 Consumer Reports
 Consumer Watchdog
 Consumers for Auto Reliability and Safety
 Demos
 Education Reform Now Advocacy
 Hildreth Institute
 Housing & Economic Rights Advocates
 Jacksonville Area Legal Aid, Inc.
 National Consumer Law Center (on behalf of its low-income clients)
 National Indian Education Association
 PHENOM (Public Higher Education Network of Massachusetts)
 Project on Predatory Student Lending
 Public Justice Center
 Public Law Center
 Robert Shireman, Director of Higher Education Excellence, The Century Founda-
 tion
 SC Appleseed Legal Justice Center
 Service Employees International Union
 The Collaborative
 The Institute for College Access and Success (TICAS)
 THE ONE LESS FOUNDATION
 U.S. Public Interest Research Group (PIRG)
 UNITE HERE
 VOICE-OKC
 Women's Rights and Empowerment Network
 Student Borrower Protection Center

QUESTIONS AND ANSWERS

RESPONSES BY GEORGES BENJAMIN, TO QUESTIONS OF SENATOR COLLINS, SENATOR SANDERS, SENATOR CASEY, AND SENATOR ROSEN.

SENATOR COLLINS

Question 1.

Three quarters of the programs offered at Maine's community colleges are the only ones of their kind in the state, and the vast majority (71 percent) of Maine's community college students, are enrolled in career and occupational programs, many of them hands-on in nature. By definition, these skills-based programs—such as for auto mechanics, CNAs, machinists, radiological technicians, the culinary arts—have a necessary face-to-face component where physical distancing is very challenging, or may not be possible. This type of coursework has been critical to “up-skilling” our workforce. How should community colleges respond both to safety concerns as well as the overwhelming need for the workforce training they offer?

Answer 1. These are indeed classes that do not lend themselves easily to a fully virtual environment because of the hands-on component and would rank in the highest risk category as defined by the U.S. Centers for Disease Control & Prevention (e.g. Highest Risk: Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities). The goal should be to reduce the risk by creating hybrid training whenever possible and by implementing additional risk-reduction strategies when students must be together in class because of the hands-on component of their education. I would suggest moving the lecture component of the training, and any demonstrations that can be done virtually, to a virtual environment whenever possible. In many of these classes there is an observational component that can be moved to a remote or larger classroom environment to accommodate substantial physical distancing. Also, there is the opportunity to adopt virtual reality experiences for some of these classes. Schools could partner with engineering or computer divisions of schools to conduct these classes. For example, some medical schools have gone to virtual reality experiences for some traditional classes such as physical examination, procedural skills and anatomy. There is no substitute for the real-life experience, but this will provide students the opportunity for a repetitive emersion experi-

ence with no risk of infection. When the students do have to get together for the hands-on component, I recommend three key risk reduction tools: smaller class sizes with as much physical distancing as possible; mask wearing; and offering frequent hand hygiene opportunities. These recommendations are in line with the spirit of the CDC guidelines.

SENATOR SANDERS

Question 1.

As a public health scientist and professional, you stated that colleges and universities have a role in “community mitigation” and “risk reduction” when opening campuses during the COVID-19 pandemic. You also said to assume there will be people on campus infected with COVID-19 and that the academic institution and the public health agency should agree on a testing strategy and plan. In addition, you said that COVID-19 has demonstrated a disproportionate impact on some populations, in particular African Americans and Hispanics, and that institutions should assure equity in education whether on campus or by distance learning. What is the American Public Health Association (APHA) doing to develop standards and best practices, especially addressing the unique needs of at risk populations that could be useful to institutions as they prepare to open campuses? How can Congress help APHA develop those standards into Federal guidance, and would Federal funding be needed to ensure that institutions understand the guidance and can promptly implement it to ensure the health and safety of students, faculty, staff and guests on campus?

Answer 1. There are an amazing number of expert groups that are creating standards to supplement the CDC guidance. Many of these expert groups include APHA members. We have been curating these tools and resources and have shared them on our website for many of them that we believe are of the best quality. It includes the CDC guidance but also several more. The page can be found at <https://www.apha.org/topics-and-issues/communicable-disease/coronavirus/guidance>.

Question 2.

According to the Center on Budget and Policy Priorities, state revenues are declining precipitously, and costs are rising sharply, with many businesses closed and tens of millions of people newly unemployed. In addition, states will worsen the recession if they respond to this fiscal crisis by laying off employees, scaling back government contracts for businesses, and cutting public services and other forms of spending. Based on your discussions with state public health officials, do you expect that the loss of state revenues will negatively impact the ability of states to help colleges and universities prepare to open their campuses during the COVID-19 pandemic, placing the burden on students, faculty and staff to ensure their own health and safety on campus? What is APHA doing to work with state public health officials to ensure that states will commit the financial resources necessary to ensure the health and safety of college campuses?

Answer 2. We believe that, just as in past recessions, state and local public health agencies will lose operating capacity through hiring freezes and local job losses. Emerging fiscal shortfalls at the state and local levels run the risk of this happening right in the middle of this pandemic further complicating the Nation’s ability to respond. We are already experiencing layoffs in the private healthcare sector. This is a critical problem as states and local public health agencies need to ramp up their testing and contact tracing capabilities in order to respond to the recent surge of infections as we reopen society. APHA has been advocating for Federal funding for public health and raising awareness for further support at the state and local level. Specifically, We have advocated for increased funding for public health infrastructure as well as the creation of and funding for the public health workforce loan repayment proposal currently under debate in Congress.

SENATOR CASEY

Question 1.

Student behavior on campus and compliance with social distancing guidelines and enhanced safety protocols will be key to reopening and maintaining safe operations. What we have learned over the last several months is that safety is not only about our own risk, but about the risk to the broader community, especially as evidence mounts that there is a significant amount of asymptomatic transmission occurring. What are the precautions and considerations necessary to ensure the safety of not only students, faculty and staff, but the broader communities in which they engage?

Answer 1. It is essential that colleges and universities conduct their planning in concert with the local communities in which they reside. By aligning policies and procedures with the broader community, and closely consulting with the local and state health authorities, higher learning institutions can be sure that an infected individual anywhere (on-or off-campus; student or not) is identified and offered sound medical advice and care for both themselves and their contacts. This would include appropriate isolation and quarantine guidance.

Question 2.

Affordable and readily accessible personal protective equipment, as well as testing and contact tracing mechanisms are key to making a safe return on campuses. Dr. Benjamin, in your estimation, will these components be readily available by the fall to ensure that campuses, representing nearly 20 million students, can safely reopen? What are some of the additional metrics colleges should consider as they make these determinations?

Answer 2. The nation is still on the edge of having adequate supplies of personal protective equipment (PPE) today. While I anticipate supplies will increase, the entire nation will be competing for these supplies as we ramp up our return to near normal activities. That means the availability of gloves, masks and PPE relevant to the work environment will be an urgent issue for both the health sector and schools at all levels (daycare, elementary and secondary). I am unsure whether we have adequately thought through the supply chain issues involved to ensure an adequate supply of PPE. Congress should ask the administration for a plan that estimates the need for PPE at full reopening of our society and to identify any gaps. Then we need to ensure all colleges and universities are fully resourced for their PPE needs. The last thing we need as a nation is for our students to get sick because we don't have the PPE to protect them in school. Schools should evaluate and secure their supply lines for PPE for both their campus health systems and for other campus workers whose daily jobs require specific PPE.

SENATOR ROSEN

Question 1.

The Nevada System of Higher Education has three separate groups focused on preparing to safely re-open campuses this fall. One of these—the COVID Reopening Task Force—includes students, medical personnel, education leaders, and public safety staff, who are all reviewing various plans and providing recommendations to the Chancellor. At this point, our schools are planning to re-open in the fall, but with various modifications, including: no large lectures; a mix of remote and in-person instruction; single-occupancy dorm rooms; and increased cleaning, testing, and tracing. Each of the schools are also consulting with health and education experts in order to follow best practices.

- What education and health experts do you consult with on best practices when determining whether and how to reopen?

Answer 1. The U.S. Centers for Disease Control and Prevention remains the best and most informed agency in the country on these issues. We will also be reviewing the findings from the National Academies of Sciences, Engineering, and Medicine, which has an expert committee looking at school guidance for K–12. This study is expected to be completed by the end of July. Some of their findings may be useful for higher education as well.

Question 2.

It is absolutely critical that we ensure the health of our students and faculty is protected as colleges and universities navigate how to move forward with their important role in fostering new ideas, educating our future workforce, and conducting critical research. We also need our institutions of higher education to continue to be strong partners with our health care system as we work to fight COVID–19, and also look for new ways to engage. In Nevada, we have seen our colleges, universities, and researchers go above and beyond. Just a few examples: the UNLV School of Medicine in Las Vegas jumped in to provide curbside testing early on; UNR in Reno has been researching new ways to address COVID–19 diagnosis and treatment; and the Desert Research Institute is leading public health research to map spread of the virus, risk, and exposure. We've heard of engineering departments using 3D printing to make masks and swabs, and students creating new programs to bring groceries to homebound seniors. The list goes on.

- I'd like to hear about how else our institutions of higher education can adjust their focus to help meet the future public health, medical, and related workforce

needs to address both the current pandemic and the disparities in our health care system that have been laid so bare through this crisis.

- This crisis has really highlighted how critical investment in our public health system is. What other resources, tools, or guidelines are needed to ensure the safety of students and faculty in the unique environment of a college campus, while also leveraging the knowledge and creative problem-solving that comes from these critical institutions?

Answer 2. The public health system in America is a Federal, state and local partnership. This issue has been studied many times and has had numerous reports written on what the solutions are. Accompanying this has been the lack of national leadership at the Federal level with the mandate to build it [a robust public health system] and the commitment of policymakers at all levels to sustain it. The nation must invest in a state-of-the-art public health system now if we are going to avoid a repeat of the COVID-19 experience and its economic consequences. As I stated in my testimony, In addition to urging Congress to adequately fund CDC through the annual appropriations process, we are urging Congress to provide \$4.5 billion in additional long-term annual mandatory funding for CDC and state, local, tribal and territorial public health agencies for core public health infrastructure activities. We are also calling on Congress to appropriate funding in fiscal years 2020 and 2021 for the public health workforce loan repayment program authorized in the HEROES Act. Providing funding for this important program will help incentivize new and recent graduates to join the governmental public health workforce, encourage them to stay in these roles, and strengthen the public health workforce as a whole.

Question 3.

According to the latest data provided by the National Center for Education Statistics, close to 20 percent of students attending institutes of higher education have at least one disability that impacts the way they learn. While colleges and universities have done much to ensure student learning continues in the wake of the pandemic by transitioning to online learning platforms, students with disabilities may encounter increased barriers in their pursuit of academic success at no fault to the institutes themselves. Students with Attention Deficit/Hyperactivity Disorder may struggle with prolonged online sessions. Students who are hearing impaired or have auditory processing deficits may have difficulty communicating with other students when closed captioning is not available in video conferences or in streaming lessons, especially when they rely on an American Sign Language interpreter or reading lips. Furthermore, students with physical disabilities may not have access to the assistive technologies needed to successfully complete their coursework. Institutes of higher education have worked hard to support this sudden transition to virtual learning for all students, but this pandemic has had unintended hardships, particularly for those students with disabilities.

- How can we ensure that all students can continue to be supported in their educational endeavors, whether physically in the classroom or virtually through distance learning, even beyond the pandemic?

Answer 3. Ensuring that all students have equitable access to a quality education should be a top priority of the U.S. Department of Education as well as the colleges and universities themselves. We really need to better understand how to meet the needs of individual students to enable them to fully participate in our educational systems in this evolving educational environment. We should anticipate that we will need to craft new and more innovative technologies as well as educational funding streams (Federal, state and local) to support them.

RESPONSES BY LOGAN HAMPTON, TO QUESTIONS OF SENATOR COLLINS, SENATOR SCOTT, SENATOR WARREN, SENATOR BALDWIN, SENATOR SANDERS, SENATOR CASEY, SENATOR MURRAY, AND SENATOR ROSEN.

SENATOR COLLINS

Question 1.

Three quarters of the programs offered at Maine's community colleges are the only ones of their kind in the state, and the vast majority (71 percent) of Maine's community college students are enrolled in career and occupational programs, many of them hands-on in nature. By definition, these skills-based programs—such as for auto mechanics, CNAs, machinists, radiological technicians, the culinary arts—have a necessary face-to-face component where physical distancing is very challenging, or may not be possible. This type of coursework has been critical to “up-skilling” our

workforce. How should community colleges respond both to safety concerns as well as the overwhelming need for the workforce training they offer?

Answer 1. As President of Lane College, a Historically Black College and University, I do not believe that I am the expert on the needs and challenges of community colleges. However, if I look at this question in the lens of my own institution, I believe that the safety of the students, faculty, and staff are the utmost concern. On my campus, we are putting processes in place to ensure that programs that rely more on hands-on learning are able to be offered in the Fall with the proper safety measures in place. For instance, preparing for our FastStart model (face-to-face), Lane College has designed each classroom such that the instructor will be 10 feet from the students and students will be 6 feet from one another. While yet exploring how we will deliver choral instruction, faculty propose that the director will stand behind a barrier and the students will wear masks and shields during rehearsal.

SENATOR SCOTT

Question 1.

In the past few years, we have seen an unprecedented show of support from Congress and the Administration for HBCUs. Last year, the Senate unanimously approved the HBCU PARTNERS Act, which promotes partnerships between HBCUs and Federal agencies. Congress also passed the FUTURE Act, securing permanent funding for HBCUs and other Minority Serving Institutions (MSIs). As a response to the devastating impacts of COVID-19 pandemic, we directed more than \$1 billion in CARES Act relief funding to HBCUs and other MSIs. From my conversations with Dr. Artis, president of Benedict College, broadband access remains a major hurdle for far too many students and schools, particularly in rural areas. I, along with several of my Republican colleagues, have drafted a letter requesting support and consideration for broadband access to bolster the technological infrastructure that could ensure a successful reopening this fall. The letter also highlights the unique opportunity that HBCU's have to combat the COVID-19 pandemic's devastation on communities of color.

(A) Mr. Hampton, how can the Administration and Congress help your school, as well as other HBCUs and MSIs, strengthen the technological infrastructure that allows these institutions a continuous opportunity to contribute to American innovation?

Answer A. As I indicated in my testimony, the next stimulus bill to be passed by the House and Senate should include a technology fund to allow institutions and students to access broadband. Technological infrastructure is very important to ensure a successful start to the Fall semester and my institution, along with other HBCUs, are in need of additional resources to make this possible.

The CARES Act gave our institutions the ability to utilize resources to purchase technological equipment for our students to help them complete their assignments online; participate in virtual counseling; receive mentoring and tutoring services online; and complete other required tasks in relation to their academic program through distance education. Lane College has been proactive by forming a strategy team to come up with three scenarios to prepare for the Fall with two scenarios incorporating online classes and services: Lane College VR and Lane College SOAR (please refer to my testimony for more details regarding these scenarios). While we are preparing for a successful return for our students with the resources provided, we still have the following concerns:

- The quality of instruction because the institution as a whole faculty remain in need of additional resources, human or technical, to fully manage the change to all online courses and support secure virtual testing administration or the delivery of science lab instruction; and
- The ability of our students to access broadband because nearly 90 percent of Lane College students receive Pell Grants who tend to not have the funds, equipment, or Internet access to receive instruction remotely;

As I mentioned in my testimony, I want to offer my support for S. 3701, the Supporting Connectivity for Higher Education Students in Need Act, introduced by Senator Amy Klobuchar, and ask that this bill be included in the next stimulus package to be considered by Congress. This piece of legislation takes a responsible approach to meeting the needs of our low-income, first-generation college students and the households they come from by helping them access the technological equipment and broadband services. This bill also prioritizes HBCUs, TCUs, and MSIs when disseminating broadband equipment and incentivizing partnerships to deliver broadband services.

(B) I understand that many HBCU's are tuition dependent and count on steady enrollment. The HBCU's Partners Act helps these institutions identify alternative revenue sources to build the academic and cultural infrastructure to attract a diverse pool of students. What do you project the enrollment rate will be in the fall in light of COVID-19?

Answer B. Due to the fluid developments of COVID-19, the strategy team developed at Lane College has begun the preparations for three scenarios: Lane College FastStart (face-to-face instruction in Fall 2020), Lane College VR (all online courses in Fall 2020), and Lane College SOAR (a hybrid of both online courses and face-to-face instruction in Fall 2020). If we officially decide on Lane College FastStart, then we are preparing for a decline in enrollment resulting in a 27 percent to 43 percent decrease in revenue. If we proceed with the other two scenarios, we may see a steady enrollment or potential uptick. As of now, we are officially projecting an enrollment of 910 total students (23 percent decrease in headcount) with 531 residential students (47 percent decrease in housing).

(C) Many colleges currently have tools at their disposal to recalculate financial aid eligibility resulting from a loss of income, but what are some ways you think we can make students and families more aware of these options? How important are financial aid options to the matriculation of students to schools?

Answer C. Because Lane College serves a student population that consists of 90 percent of Pell Grant students, I believe that financial aid options are extremely important to the matriculation of students to schools. Many of our students come from humble means and need additional support to access postsecondary education. For this very reason, I strongly believe that Congress should double the maximum Pell Grant to help offset the cost of college for these students. Our students need help with the overall cost of attendance and should not have to take out a Parent PLUS loan to do so.

To better inform students of their ability to have their financial aid packages altered due to a change in their income or dependency status, I believe that it is important to enhance all financial aid counseling provided to students. It is vitally important that Master Promissory Notes are easy to read and understand for all students and families, and it is important that financial aid counseling take place before students or parents sign the dotted line for a loan. Annually, students should be contacted about their financial aid status so that they know how to continue to make informed decisions moving forward.

SENATOR WARREN

Question 1.

How, specifically, will you ensure that faculty (including adjunct faculty) and staff (including hourly workers) are at the table for all decisions regarding when and how to repopulate your campus this fall? How will you engage and solicit their viewpoints, and how will you ensure that those viewpoints are taken into consideration for all decisions?

Answer 1. Lane College has already started a process where we have a joint leadership team, consisting of 21 members of my direct reports, the academic cabinet, and the marketing team to take part in considering how Lane College will reopen this Fall. In addition to this, we have a FastStart team and a Pandemic Proof team.

The joint leadership team was created in direct response to the coronavirus (COVID-19) and this team made the determination to move all classes online in the Spring of 2020. We hosted the final mass meeting of 100-plus students, faculty, staff, and administrators to discuss remote instruction on March 13, 2020, and the members of the joint leadership team continue to meet twice per week to submit, receive, and review the most up-to-date information available; make immediate decisions regarding the operation of the institution; and propose protocols, policies, and responses as needed.

The Lane College FastStart team is made up of 20 or so faculty and staff planning for the Fall. This team works with new students from the point of admission through the first six weeks of the semester. At present, we are projecting 311 new students (23 percent decrease).

The Pandemic Proof team consists of 27 members including faculty, staff, and administration. This team is charged with developing tactical solutions to prepare for three potential future scenarios of campus operations in response to COVID-19 (Lane College FastStart, Lane College VR, and Lane College SOAR). The Pandemic Proof team is developing tactical solutions for each area of the institution's operation.

Question 2.

How, specifically, will you ensure that students are at the table for all decisions regarding when and how to repopulate your campus this fall? How will you engage and solicit their viewpoints, and how will you ensure that those viewpoints are taken into consideration for all decisions?

Answer 2. Lane College is in constant contact with, and receiving feedback from, several groups of student leaders including the new student orientation leaders, Power of Potential scholar leaders, Dragon Academy peer leaders, and residential assistants. Further, Lane College has done two surveys: CARES funding and pulse enrollment surveys. Last, we will conduct a student town hall.

Question 3.

Given what we know about coronavirus now, and understanding this could change, under what conditions would you consider abandoning plans to repopulate your campus, again moving everyone to remote instruction, and shutting down the majority of outreach and research activities? What process would you follow to undertake this decision?

Answer 3. As I indicated in my testimony, Lane College is preparing for three scenarios when considering reopening this Fall: Lane College FastStart, Lane College VR, and Lane College SOAR. All three of these scenarios are still being developed by a strategy team created at Lane College to manage our Crisis Management Center and each scenario is described in more detail below.

- *Lane College FastStart*—Should Lane College students return to campus for face-to-face instruction and subsequently experience a more aggressive COVID-19 season in late Fall 2020, the institution's response will mirror the response of the Spring 2020 semester and consist of the following:
 - Protocols established across the campus, particularly the academic and student affairs COVID-19 protections, to keep students safe and healthy on campus prior to their departure;
 - Faculty prior experience in delivering and moving instruction from face-to-face to online;
 - The practice of COVID-19 safety protocols for students, faculty, staff, and visitors to include WWSS: washing their hands, wearing their masks, social distancing, and self-checking for COVID-19 symptoms;
 - COVID-19 restrictions and recommendations by local, state, and Federal entities;
 - Frequent and routine virtual recruiting, admissions, financial, orientation, and athletic presentations;
 - The re-recruitment of majors by departmental leaders; and
 - Preparations to see a decrease in overall enrollment and revenue.
- *Lane College VR*—While small and independent, Lane College is primed to deliver responsive and creative programmatic and curricular solutions. The institution has sourced digital devices, platforms, texts, course material, and office applications to support Lane College VR. We will need to pilot micro-credentials and new course offerings to ensure successful implementation, but we are cognizant that student success, including retention and graduation, may be negatively impacted. We are also cognizant that enrollment may decrease resulting in a 27 percent to 43 percent decrease in revenue.
- *Lane College SOAR*—Lane College SOAR, the hybrid scenario, offers the greatest opportunity and challenge for Lane College. Appropriately executed, this strategy could lift Lane College to heights unimagined previously. This approach would incorporate aspects of both Lane College FastStart and Lane College VR. To implement this successfully, the technology will need to be greatly increased including the IT backbone, help desk, and on-campus WIFI. A recovering local, state, and national economy may cause us to see an increase in enrollment, but we have to also prepare for the likelihood of a decrease in enrollment.

How we actually proceed will be based on our belief of our ability to truly keep our students, faculty, and staff safe. We moved to complete online instruction in Spring 2020, and are preparing to continue in this manner in the Fall if we believe that we are unable to be completely sure that we can use proper testing materials to ensure the safety of everyone involved.

Question 4.

Do you intend to require students, faculty, or staff to sign waivers before repopulating campus this fall?

Answer 4. Yes, Lane College will require students, faculty and staff to sign the waiver below:

NOTICE**COVID-19 ENTERING CAMPUS, COLLEGE FACILITY OR COLLEGE-RELATED EVENT/ACTIVITY PROTOCOLS**

Lane College is committed to protect the health, safety and well-being of our community during the novel coronavirus (COVID-19) pandemic. We want to communicate the procedures as we do our part pursuant to Federal and state guidelines to prevent exposure to and spread of COVID-19.

PRIOR TO ENTERING CAMPUS, ANY COLLEGE FACILITY AND/OR COLLEGE-RELATED EVENT/ACTIVITY (you must complete the self-check below each and every time that you enter campus and/or leave your residence hall room during the health emergency). Each employee, student, vendor, contractor, or visitor must affirm the information below:

SELF-CHECK: I affirm that I am free of COVID-19 symptoms for 72 hours including:

- FREE OF FEVER greater than 100 degrees, without fever reducing medication
- RUNNY NOSE
- COUGHING
- SNEEZING
- SORE THROAT
- DIFFICULTY BREATHING
- FEELING ILL
- UPSET STOMACH or DIARRHEA
- CHILLS
- REPEATED SHAKING WITH CHILLS
- MUSCLE PAIN
- HEADACHE
- NEW LOSS OF TASTE OR SMELL

Furthermore, I affirm:

- I HAVE NOT TRAVELED TO A COVID-19 HOTSPOT in the past 14 days.
- If I have TESTED POSITIVE FOR COVID-19, I will provide documentation that I am free of the disease.
- If I have BEEN IN CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE, I will contact my supervisor, advisor, faculty member or College official prior to coming to Campus, leaving my residence hall, and/or entering a College facility and self-quarantine for 14 days.
- If I TEST POSITIVE FOR COVID-19, I will contact my supervisor, advisor, faculty member or College official prior to coming to Campus and/or leaving my residence hall.
- The self-checker is not a substitute for professional medical advice, diagnosis, or treatment.

WHILE AT THE COLLEGE OR COLLEGE-RELATED EVENT/ACTIVITY, further, each employee, student, vendor, contractor, or visitor is aware that Lane College is an open campus and welcomes visitors, vendors and contractors. With the on-campus protocols in place,

- I assume and accept all risks and responsibilities related to contracting the COVID-19 virus.
- I further acknowledge that COVID-19 is extremely contagious and believed to spread mainly from person-to-person contact. As a result, Federal, state, and local governments and Federal and state health agencies recommend social distancing. Lane College has put in place preventative

measures pursuant to Federal and state guidelines to reduce the spread of COVID-19; however, the College cannot guarantee that you will not become infected with COVID-19. By visiting the campus, residing in on-campus housing or participating in any Lane College event or activity, on-or off-campus, you acknowledge the contagious nature of COVID-19, voluntarily assume the risk that you may be exposed to or infected by COVID-19 and voluntarily agree to accept sole responsibility whether a COVID-19 infection occurs before, during, or after visiting campus, while residing in on-campus housing, or participating in an event or activity.

- I will practice the Centers for Disease Control and Prevention (CDC), Tennessee Department of Health and Madison County Department of Health recommendations that include, but are not limited, to the following WWSS:

WASH YOUR HANDS

WEAR YOUR MASK

SOCIAL DISTANCE (MAINTAIN 6 FEET DISTANCE)

SELF-CHECK (WWSS).

IF YOU HAVE ANY QUESTIONS OR CONCERNS, please visit the CDC for further information <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#practices-restrictions>.

THIS NOTICE IS BASED ON CURRENT RECOMMENDATIONS AND MAY BE UPDATED.

SENATOR SANDERS

Question 1.

Postsecondary education in the United States has traditionally been funded through a mixture of Federal and state government appropriations, institutional endowments, and student payments of tuitions and fees. However, recently, there has been a massive reduction in Federal and state investment in institutions of higher education, including Historically Black Colleges and Universities (HBCUs), that has left students bearing a larger proportion of the price of college. What has been the impact of the loss of investment in colleges on the ability of your students to pay for costs related to the COVID-19 pandemic? What has been the impact of the loss of investment in colleges on the ability of your school to prepare for and respond to the COVID-19 pandemic? With the loss of income and budget cuts, how will your institution prioritize safety and provide adequate staffing as campuses reopen? How will your institution ensure that every student, regardless of financial status, students with disabilities, LGBTQ+ students, students with unsafe homes, students of color and students from low-income families will have free access to testing and a vaccine, when available?

Answer 1. The cost of college remains a barrier to many students, especially low-income, first-generation college students, and I am proud to say that Lane College has no plans to increase its tuition, fees, or room and board for the upcoming academic year. HBCUs continue to provide lower tuition and fees to students compared to other institutions, and Lane College is no exception. As it relates to the loss of state investment in HBCUs, Lane College is a private institution and does not rely on state funding; however, investment in my institution and all HBCUs is vitally important, which is why I asked for another \$1 billion dollar investment in HBCUs, Tribal Colleges and Universities (TCUs), and Minority-Serving Institutions (MSIs) in the next stimulus package. Also, HBCUs have yet to receive the full authorized amount of \$375 million in Title III of the Higher Education Act of 1965, and our institutions need to no longer be short-changed. Because HBCUs have been playing catch-up since our individual foundings due to systemic racism, we all have resource issues. We experience greater challenges accessing private gifts, contracts, and grants. We also have endowments that lag behind those of non-HBCUs by at least 70 percent, and public and private HBCUs experienced the largest declines in Federal funding per full-time equivalent student between 2003-2015. Due to these realities depicting the lack of investment in HBCUs, we are in dire need of equitable funding.

In addition to our funding issues, our Pell-grant-majority student population is the most vulnerable of all students and have been impacted at large degrees due to COVID-19, since the majority of students attending HBCUs are black. As I mentioned in my testimony, we have learned that Black Americans are disproportionately impacted by COVID-19 at much higher rates and this means job losses and strained finances in the households of Black American families as well. Due to these additional outside factors, along with the fact that Black Americans simply get hired at lower rates than White Americans and make less money on average than White Americans, our student populations are struggling even more now. Because of this, I have asked Congress to double the maximum Pell Grant to help these very students afford a postsecondary education. Now is the time to truly help. While I am thankful for the emergency funding provided to students through H. R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, our students need a more reliable stream of funding that they can utilize for the duration of their undergraduate academic career.

Last, the safety of all of our students, faculty, and staff is of utmost concern to us at Lane College. We have sent several notices out to our students on how to remain safe during this time, and it is a priority for Lane College. It is our desire to provide free testing to our students and we are working to ensure that this is a reality. We have partnered with Christ Community Health Center to provide free testing to students, faculty, and staff. Christ Community will test and produce the results in 24 hours.

In regard to safety, below is an example of the correspondence we have had with our students and our plan for safety.

COVID-19 CAMPUS EXPECTATIONS

If you are well and free of symptoms from the novel coronavirus (COVID-19), Lane College expects the following of you on campus:

- a. Practice social distancing by conducting business remotely by email, telephone, Zoom, Skype, Google Hangout, etc.; and
- b. Continue to practice the recommendations of the Centers for Disease Control and Prevention (CDC):
 - Wash your hands;
 - Avoid touching your face;
 - Avoid close contact with people;
 - Sneeze or cough into a tissue or the inside of your elbow; and
 - Clean and disinfect frequently used items and surfaces.

COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, Federal, state, and local governments and Federal and state health agencies recommend social distancing. Lane College has put in place preventative measures to reduce the spread of COVID-19; however, the College cannot guarantee that you will not become infected with COVID-19. By visiting campus or participating in any Lane College event or activity, on or off campus, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 and voluntarily agree to assume all of risks and accept sole responsibility whether a COVID-19 infection occurs before, during, or after visiting campus or participating in an event or activity.

If you are sick or have symptoms, **do not return to campus**. Please remain where you are, quarantine, and isolate yourself. In particular—

- If you have a FEVER (temperature above 100), do not return to campus
- If you have a RUNNY NOSE, do not return to campus
- If you have a COUGH, do not return to campus
- If you are SNEEZING, do not return to campus
- If you have a SORE THROAT, do not return to campus
- If you have DIFFICULTY BREATHING, do not return to campus quickly consult a medical provider or emergency room
- If you are FEELING ILL, do not return to campus
- If you have an UPSET STOMACH or DIARRHEA, do not return to campus
- If you have CHILLS, do not return to campus

- If you have REPEATED SHAKING WITH CHILLS, do not return to campus
- If you have MUSCLE PAIN, do not return to campus
- If you have HEADACHE, do not return to campus
- If you have NEW LOSS OF TASTE OR SMELL, do not return to campus
- If you have BEEN IN CONTACT WITH SOMEONE WHO HAS COVID-19, do not return to campus
- If you have traveled out of the country or traveled to a COVID-19 hotspot in the past 14 days, do not return to campus ... (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).

Please remember, if you TEST POSITIVE FOR COVID-19 IN THE NEXT 14 DAYS, YOU MUST REPORT YOUR POSITIVE TEST TO HEALTH SERVICES OR HUMAN RESOURCES.

COVID-19 STUDENT AFFAIRS PROTOCOL

Health Services

- Health Services will offer the latest CDC recommendations and treatment options as indicated.
- If you have a fever or cough, remain isolated and contact Health Services at [redacted] for evaluation.
- Health Services' evaluation process will consist of the following:
 - **Triage** (ask a series of questions) and test for Flu, Strep Throat, and UTI
 - If positive for Flu—treat
 - If positive for Strep Throat—treat
 - If positive for UTI—treat
- If the above tests are negative, this will indicate “**fever of unknown origin.**”
 - Student will be isolated in designated area for 14 days
 - Face mask(s) must be worn around others

Housing and Residence Life

- Students who remain on campus must agree to report any COVID-19 symptoms to Health Services for diagnosis (see Health Services COVID19 protocol).
- To maintain CDC-recommended social distancing practices, students who remain on campus are not permitted to have guest visits for any amount of time. (NO VISITATION)
- Team Clean custodial staff is completing regular cleaning of the public areas in the residence halls.
- Hand sanitizers, hand wipes, and/or hand spray sanitizer will be available at the front desk of each residence hall.
- Students who fail to comply with the COVID-19 protocols may be disciplined and removed from campus housing.
- As a reminder, Lane College will NOT be responsible for any items left in a student's room.

Dining Services

- Campus dining is open to Lane College students, faculty, and staff.
 - Brunch (10 a.m.—2 p.m.) and dinner (4 p.m.—7 p.m.) meals will only be served.
- No reusable service ware (plates, cups, utensils) and limited self-service options to reduce the opportunity for cross-contamination.
 - Meals and food will be served in to-go containers.
 - Beverage containers and plastic ware will be provided.
 - Diners should maintain CDC recommended social distancing (keep 6 feet apart).
 - Sneeze guards were added to serving lines

Campus Safety and Security

- To assure the safety of the Lane College community, a 10 p.m. curfew has been implemented. Please remain within your residence hall during the curfew.
- Non-emergency incident reports can be made 24 hours a day by utilizing the LiveSafe app or calling [redacted].

Counseling and Disability Services

- Please call [redacted] or [redacted] to schedule an appointment to talk with a Lane College Counselor.
- If you are experiencing a mental health crisis, please call the 24-Hour Crisis Line at [redacted] or the State Crisis Line at [redacted].

Religious Services/Chaplain

- Please call [redacted] to schedule an appointment to talk with a Lane College Chaplain.
- If you are experiencing a mental health crisis, please call the 24-Hour Crisis Line at [redacted] or the State Crisis Line at [redacted].

First Year Experience (FYE)

- Interview/Selection of the 2020 Dragon Academy peer advisors will be held via Zoom/FaceTime/Phone the week of March 30.
- Lane College Dragon Academy 2020 begins June 6th (Move-In). Applications will be available via the Lane College website and official social media platforms.
- The FYE office is available between the hours 2 p.m.—5 p.m. for a small number of students (5 or less) who need computer access.
- Please call Rev. McKindra at [redacted] to schedule your visit to the office.

Intramural and Recreational Services

- At present, nonessential facilities including recreational facilities are closed in response to the State of Emergency issued by the city of Jackson.
- If and when the State of Emergency is lifted, please follow these protocols while utilizing the recreation/weight room in the Stone Amenities:
 - Recreation/Weight Room will only be open Monday—Friday, 9 am—11 a.m.; and 2 p.m.—4 p.m.
 - Only seven (7) individuals will be allowed into the weight room at one time.
 - Upon entering Stone Amenities, all individuals must sanitize their hands.
 - Please wipe down/sanitize each recreational machine BEFORE and AFTER each use.
 - Attempt to avoid using recreational machines directly beside another machine that is being used by someone else.
 - Do not partner with other persons when working out.
- Avoid making mouth contact with the water fountain.
- Avoid spitting in the water fountain.
- Practice social distancing by avoiding direct contact with others.
- If sweating, keep as dry as possible by using cloth towels, paper towels, or anything that can minimize perspiration.
 - DO NOT share towels, water bottles, or anything that can spread germs.
 - **Avoid horseplay at all times.**
- Before exiting the building
 - Please wipe all sweat from your body.
 - Wash/sanitize your hands with soap and water.
 - Make sure that you are properly clothed.

Campus Life

- No events will be scheduled.
- Limited programming options, usually through virtual channels, will be available for students remaining on campus.
- Student organizations can only meet via virtual meetings.

- Student Government Association and Royal Court nominations and elections will be conducted remotely (on-line format).
- The New Greek Members Presentation Show has been canceled.

HBCU Wellness

- Student Projects will be completed through video conference formats.

Student Leadership and Engagement

- The Office of Student Involvement and Leadership continues to research creative ways to keep our students engaged while practicing social distancing during the COVID-19 pandemic.
 - All face-to-face programs and activities have been canceled.
- To ensure that students still have the opportunity to develop as leaders, the following adjustments have been made:
 - Cheerleading Tryouts: The Lane College Cheerleading Program has postponed onsite tryouts until June 12–14, 2020. Students have the option to submit video footage. For more information about video submissions, please contact Mr. Quentin Giles or call/text [redacted].
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Lane College Book Store

- At the conclusion of the spring semester, please return your textbooks before returning your room key to Housing.
 - Textbook Returns for Spring 2020:
 - April 20–April 24, 2020
 - 8:30 AM–5 PM
 - Graduating seniors must return textbooks before picking up Regalia.

Question 2.

According to a report from the American Federation of Teachers, “Army of Temps,” 75 percent of all instructional workers in American higher education are contingent or adjunct—effectively, temporary workers. Of those workers, almost 40 percent are over 60; 65 percent are over 50. We know from other industries in which workers have no meaningful job security—Uber and Lyft drivers, seasonal farm workers, and the like—that workers in such industries often feel pressured to come to work even when they are sick, and even when conditions where they work are not conducive to their health. What do you plan to do to make sure that these workers, the majority of teaching staff in higher education in the United States, are safe from COVID-19 on your campuses, and what do you recommend others do? How do you plan to reasonably accommodate those who the CDC has designated as being at heightened risk of COVID-19 complications, particularly those who may not feel that they have the job security to raise their concerns about their own health at work?

Answer 2. By in large, the safety protocols that I outlined in the previous questions that were directed toward students are also practiced by the faculty and staff at my institution. More specifically, Lane College has ensured the safety of our faculty and staff by allowing faculty and staff to work remotely. Any faculty or staff whose job function allowed was given the opportunity to work remotely. Essential employees, of course, were required to come to campus including security, dining services, academic support, IT, residential, financial aid, controller's and custodial staff. Currently, access to the campus is, and will be, restricted to students, essential staff, and faculty. The campus will reopen on July 6, 2020.

Question 3.

As the president of Lane College, a Historically Black College and University (HBCU), you mentioned the unique challenges faced by your students—and your institution—due to revenue losses that will impact the ability of Lane College to operate, even with funding provided by the CARES Act. In addition to your request that Congress provide an additional \$1 billion in funding for HBCUs, Tribal Colleges and

Universities (TCUs) and Minority-Serving Institutions, you also ask that Congress increase student grant aid by doubling the maximum Pell Grant award. Would the additional \$1 billion in funding and the additional student aid be sufficient to help your students pay for additional expenses related to the COVID-19 pandemic? Since Lane College provides a high quality college education to students seeking to improve their lives and that of their families, what else can Congress do to address the disproportionate impact of COVID-19 on African American students to ensure that your school and other HBCUs continue to not just operate but thrive?

Answer 3. As you mentioned, I did articulate in my testimony that Congress should provide funding of an additional \$1 billion to HBCUs, TCUs, and MSIs along with asking for Congress to double the maximum Pell Grant for students. However, the assumption is that those two aforementioned asks would suffice in the short-term depending on how long the national emergency will last and how long it will take for jobs and health to be restored. If it takes 18 months for a vaccine to be created, then it will also take time for the vaccine to be disseminated to everyone in the country. In addition, there will likely be a cost to institutions to provide the vaccine to students, much like the costs associated with providing COVID-19 testing, and this is yet another cost to my institution. I am still unsure at the present moment of what my enrollment will look like in the Fall and beyond, so I am almost certain that even the \$1 billion ask that I have in my testimony will likely not be enough overall to successfully recover from the impacts of COVID-19. Also, when I ask for a doubling of the maximum Pell Grant award, it is not to be taken as a temporary measure but as a permanent measure. Our low-income students deserve a fair chance at completing their postsecondary education free from the worry of not being able to afford their education or not being able to successfully pay back their loans.

SENATOR CASEY

Question 1.

The COVID-19 pandemic has provided unprecedented disruptions across our education system. Students may have changed financial circumstances, increased family obligations or other challenges that necessitate additional support or flexibility. In particular, students whose personal circumstances require it, may need additional flexibility to switch institutions. Have you considered developing more robust transfer policies to accommodate these students? If so, what changes are you proposing?

Answer 1. Yes, we have considered transfer protocols, in so much as I have directed faculty and staff to remove all possible barriers to students enrolling. We are working with consultants to help identify opportunities to improve our processes and protocols.

Question 2.

According to a survey by Active Minds, 80 percent of college students indicate COVID-19 has negatively impacted their mental health. Students returning to campus may face increased anxiety about their own health, the health of their parents and loved ones at home. Students who are immunocompromised or otherwise medically vulnerable may also face increased anxiety and isolation from their peers. As you consider reopening in the fall, how are you preparing to support the increased mental health needs of your students and faculty?

Answer 2. When Lane College decided to move all classes online, we sent emails and hosted the final mass meeting of 100-plus students, faculty, staff, and administrators to discuss remote instruction on March 13, 2020. As students moved out of the residence halls at the end of the semester Counseling Services sent staff to engage students. In our communications, we shared a wealth of information to include information regarding mental health services. Further, it bears noting, that in virtually every meeting of the Pandemic Proof and Fast Start teams, one of my colleagues mentions the trauma that our students have endured and are enduring. The faculty and staff are most sensitive to the traumatic impact of COVID-19 on our students. Please see our COVID-19 Student Affairs Protocol below.

COVID-19 STUDENT AFFAIRS PROTOCOL

Health Services

- Health Services will offer the latest CDC recommendations and treatment options as indicated.
- If you have a fever or cough, remain isolated and contact Health Services at [redacted] for evaluation.

- Health Services' evaluation process will consist of the following:
 - **Triage** (ask a series of questions) and test for Flu, Strep Throat, and UTI
 - If positive for Flu—treat
 - If positive for Strep Throat—treat
 - If positive for UTI—treat
- If the above tests are negative, this will indicate “**fever of unknown origin.**”
 - Student will be isolated in designated area for 14 days
 - Face mask(s) must be worn around others

Housing and Residence Life

- Students who remain on campus must agree to report any COVID-19 symptoms to Health Services for diagnosis (see Health Services COVID19 protocol).
- To maintain CDC-recommended social distancing practices, students who remain on campus are not permitted to have guest visits for any amount of time. (NO VISITATION)
- Team Clean custodial staff is completing regular cleaning of the public areas in the residence halls.
- Hand sanitizers, hand wipes, and/or hand spray sanitizer will be available at the front desk of each residence hall.
- Students who fail to comply with the COVID-19 protocols may be disciplined and removed from campus housing.
- As a reminder, Lane College will NOT be responsible for any items left in a student's room.

Dining Services

- Campus dining is open to Lane College students, faculty, and staff.
 - Brunch (10 a.m.—2 p.m.) and dinner (4 p.m.—7 p.m.) meals will only be served.
- No reusable service ware (plates, cups, utensils) and limited self-service options to reduce the opportunity for cross-contamination.
 - Meals and food will be served in to-go containers.
 - Beverage containers and plastic ware will be provided.
 - Diners should maintain CDC recommended social distancing (keep 6 feet apart).
 - Sneeze guards were added to serving lines.

Campus Safety and Security

- To assure the safety of the Lane College community, a 10 p.m. curfew has been implemented. Please remain within your residence hall during the curfew.
- Non-emergency incident reports can be made 24 hours a day by utilizing the LiveSafe app or calling [redacted].

Counseling and Disability Services

- Please call [redacted] or [redacted] to schedule an appointment to talk with a Lane College Counselor.
- If you are experiencing a mental health crisis, please call the 24-Hour Crisis Line at [redacted] or the State Crisis Line at [redacted].

Religious Services/Chaplain

- Please call [redacted] to schedule an appointment to talk with a Lane College Chaplain.
- If you are experiencing a mental health crisis, please call the 24-Hour Crisis Line at [redacted] or the State Crisis Line at [redacted].

First Year Experience (FYE)

- Interview/Selection of the 2020 Dragon Academy peer advisors will be held via Zoom/FaceTime/Phone the week of March 30.

- Lane College Dragon Academy 2020 begins June 6th (Move-In). Applications will be available via the Lane College website and official social media platforms.
- The FYE office is available between the hours 2 p.m.—5 p.m. for a small number of students (5 or less) who need computer access.
- Please call Rev. McKindra at [redacted] to schedule your visit to the office.

Intramural and Recreational Services

- At present, nonessential facilities including recreational facilities are closed in response to the State of Emergency issued by the city of Jackson.
- If and when the State of Emergency is lifted, please follow these protocols while utilizing the recreation/weight room in the Stone Amenities:
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Question 3.

For our colleges and universities that serve a diverse population of students and their families, there will be significantly different abilities to get to campus and to safely participate in instruction and activities or even get back to campus. For students with disabilities that have secondary health conditions, such as diabetes or asthma, there will be greater risks. Wherever health services are provided, they need to be equitably provided for students with all types of disabilities.

I'm concerned as well for students of lesser economic means. The expense of returning to campus will be greater for them. The precautions they will need to take will be more expensive for them. The risks for them will be greater. If there are added expenses for single rooms, health care services, increased tuition—all of those costs will be more difficult to bear for them.

Low-income students may also face additional challenges. The expense of returning to campus will be greater for them. The precautions they will need to take will be more expensive for them. The risks for them will be greater. If there are added expenses for single rooms, health care services, increased tuition—all of those costs will be more difficult to bear for them.

For these groups of students, reopening campuses may mean they cannot or will not attend. They may not have the money or wish to risk their health. How will you ensure that we do not see an expansion of the gap in access and completion of postsecondary education for poor and disabled students, thus reinforcing decades of discrimination and lack of access to a college or graduate education that can lead a person out of poverty or prevent them from falling into poverty?

Answer 3. At Lane College, we value all of our students and have put processes in place to help them during this challenging time. In my testimony, I mentioned that we have received the allocation for the emergency grant aid for students and the allocation for institutions in Section 18004(a)(1) of H. R. 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act equaling \$2,430,978. My institution will be using the institutional funds to reimburse ourselves for COVID-19 related expenses and have already begun to disseminate the emergency grant aid to students. To disseminate the emergency grant aid, Lane College established two dispersal tactics:

- Lane CARES Fund—\$592 was distributed to each Spring 2020 enrolled student to support their needs caused by the disruption due to COVID-19 to include food, housing, and transportation. To establish this amount, Lane College surveyed students and found that 78 percent of the students asked for funds to support food and 73 percent asked for housing support. The survey instrument was sent to each students' Lane College email address on April 16, 2020, which was approximately 5 weeks after most students had been away from campus. CARES funds to support student's food, housing, and transportation were distributed to each student (except the international students) on April 30, 2020; and
- The Lane Direct Support Fund—These funds are awarded on a case-by-case-bases. A student may request these funds to support allowable educational expenses.

As of May 28, 2020, a total of \$659,396.56 has been distributed from Lane CARES Fund and Lane Direct Support Fund combined. My goal is to use these funds to support our students needs and to ensure that our students who may have disabilities are also provided with financial assistance. In addition, I have called for Congress

to double the maximum Pell Grant to help low-income students better afford their postsecondary education. With the negative side effects of COVID-19, our low-income students need all of the financial assistance they can receive to continue their education.

SENATOR MURRAY

Question 1.

President Hampton, what is your opinion on Secretary DeVos' decision to exclude non-Title IV eligible students from being eligible for emergency financial aid under the CARES Act, contrary to congressional intent?

Answer 1. I believe that all students should be able to receive financial assistance under the CARES Act regardless of whether or not they are eligible for Title IV aid. Title IV aid is not the same as emergency grant aid and all of my students, and their families, have been impacted. At Lane College, we have already begun to disseminate our emergency grant aid; however, with the new interim final rule, we now have to go back to double check that we are abiding by the rules of the Department of Education. To ensure that all Lane Students were treated similarly, we used funds raised from our Board of Trustees to support non-Title IV eligible students (approximately 5 students).

Question 2.

President Hampton, what is your opinion on Secretary DeVos' decision to block institutions of higher education from using institutional stabilization funds provided by Section 18004(a)(1) of the CARES Act to defray lost revenues, contrary to congressional intent?

Answer 2. As I mentioned in my testimony, a loss of just 100 students over Summer 2020, Fall 2020, and Spring 2021 would cost my institution nearly \$2,000,000 in revenue. We need all the help we can get and having the ability to use the resources available to us to defray lost revenues is the goal. I am thankful that Lane College received \$2,847,630 in Section 18004(a)(2) of the CARES Act, allowing us to use these funds to defray lost revenues.

SENATOR ROSEN

Question 1.

The Nevada System of Higher Education has three separate groups focused on preparing to safely re-open campuses this fall. One of these—the COVID Reopening Task Force—includes students, medical personnel, education leaders, and public safety staff, who are all reviewing various plans and providing recommendations to the Chancellor. At this point, our schools are planning to re-open in the fall, but with various modifications, including: no large lectures; a mix of remote and in-person instruction; single-occupancy dorm rooms; and increased cleaning, testing, and tracing. Each of the schools are also consulting with health and education experts in order to follow best practices.

- How flexible are your plans to re-open campuses this fall? Do you envision adapting your plans as the semester progresses?
- What education and health experts do you consult with on best practices when determining whether and how to reopen?

Answer 1. In my testimony, I mentioned that Lane College is considering three scenarios: Lane College FastStart (face-to-face instruction in Fall 2020), Lane College VR (all online courses in Fall 2020), and Lane College SOAR (a hybrid of both online courses and face-to-face instruction in Fall 2020). We are definitely flexible and plan to adapt as necessary, just like we did for Spring of 2020 when moving to complete remote instruction. As a result of consultation given by UNCF, Lane College was able to quickly establish a Crisis Management Center with a strategy team to lead it. The Lane College strategy team is made up of four (4) members: (1) Dr. Sandra Ramawy (Liberal Studies and Education, Academic Division Chair), response lead; (2) Ms. Tangelia Poole (Lane College Controller), financial lead; (3) Mr. Terry Blackmon (Lane College Registrar), academic/institutional research lead; and (4) myself. This team is charged with offering overall leadership of the Crisis Management Center and coordinating the weekly Lane College C-19 Team Meeting that is comprised of the Fast Start team, members of the Lane College Joint Leadership team, and the Pandemic Proof team. The Pandemic Proof team consisting of 27 members. This team is charged with developing tactical solutions to prepare for the three aforementioned potential future scenarios of campus operations in response to COVID-19 (Lane College FastStart, Lane College VR, and Lane College SOAR). The

Pandemic Proof team is developing tactical solutions for each area of the institution's operation. For more details on what this team is working on, please see attachment #1 in my testimony.

The campus will reopen on Monday, July 6, 2020 for the remote employees to return. In response to the Lane College Board of Trustees, the commencement celebration will be held virtually on July 18, 2020.

Student success will be achieved on our healthy, safe, and supportive campus with healthy scholars practicing personal responsibility. Our mission continues, even facing COVID-19, to develop the whole student with academic excellence as our highest priority. Please see below to learn more about our plans to ensure safety on our campus.

1. Healthy: Clean and treat facilities to ensure a healthy environment
 - a. All facilities are cleaned two times per day this fall.
 - b. Team Clean, the facility staff, has expanded personnel to clean high touch areas.
 - c. Team Clean has added cleaning agents designed to clean COVID-19.
 - d. We are yet exploring means to treat facilities.
 - i. I have organized a pandemic proof biodefense team.
 - ii. The team members are made up of biology and chemistry faculty and facility and medical personnel.
2. Safe:
 - a. In our hybrid model, students, faculty and staff will have the option to teach, learn, work and/or study remotely or face-to-face.
 - b. The Pandemic Proof Team, made up of 27 faculty and staff, has worked and is working to address the many challenges presented by the coronavirus and COVID-19.
 - c. The chief of campus security has been working since spring break to improve campus access.
 - i. Campus traffic and access will be restricted.
 - ii. Campus access is limited to Lane College students, faculty, staff, and the guests who have checked in through the security office.
 - d. The faculty have set-up the classrooms to ensure the instructor is 10 feet from students and the students are 6 feet from one another.
3. Supportive: We have all experienced significant trauma. Our students, faculty, and staff have been negatively impacted by COVID-19 and the evolving, conflicting, and nuanced responses and reactions. I encourage my community to continue to be vigilant, patient, prayerful, flexible and to listen empathetically to one another. "We all need someone to lean on" in these times (Bill Withers).
 - a. Our information technology have sourced and secured hardware, software, and tools to support online learning. More needed and more to come.
 - b. Health Services and the Office of Administration have secured PPE and sanitizers including 13,000 masks.

Healthy Scholars Practicing Personal Responsibility

1. I ask community member to take personal responsibility for WWSS: Wear your mask, wash your hands, social distance and self-check.

2. SELF-CHECK: Each and every time that a member returns to campus or a student leaves their residence hall room, each of us will be required to affirm that we are free of COVID-19 symptoms for 72 hours including:
- a. FREE OF FEVER greater than 100 degrees, without fever reducing medication
 - b. RUNNY NOSE
 - c. COUGHING
 - d. SNEEZING
 - e. SORE THROAT
 - f. DIFFICULTY BREATHING
 - g. FEELING ILL
 - h. UPSET STOMACH or DIARRHEA
 - i. CHILLS
 - j. REPEATED SHAKING WITH CHILLS
 - k. MUSCLE PAIN
 - l. HEADACHE
 - m. NEW LOSS OF TASTE OR SMELL
 - n. Furthermore, each will affirm: I HAVE NOT TRAVELED TO A COVID-19 HOTSPOT in the past 14 days.
 - o. If I have TESTED POSITIVE FOR COVID-19, I will provide documentation that I am free of the disease.
 - p. If I have BEEN IN CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE, I will contact my supervisor, advisor, faculty member or College official prior to coming to the Campus, leaving my residence hall, and/or entering a College facility and self-quarantine for 14 days.
 - q. If I TEST POSITIVE FOR COVID-19, I will contact my supervisor, advisor, faculty member or College official prior to coming to Campus and/or leave my residence hall/
 - r. Though the self-checker is not a substitute for professional medical advice, diagnosis, or treatment, in combination with the other interventions, wear your mask, wash your hands and social distance, it has proven to slow the spread of COVID-19.

The College has partnered with the Madison County Health Department and Christ Community Health Center to develop protocols and testing for our community. The staff participated in webinars including those hosted by the Tennessee Independent Colleges and Universities Associations with the Tennessee Department of Health.

Question 2.

It is absolutely critical that we ensure our students' and faculty's health is protected as colleges and universities navigate how to move forward with their important role in fostering new ideas, educating our future workforce, and conducting critical research. We also need our institutions of higher education to continue to be strong partners with our health care system as we work to fight COVID-19, and also look for new ways to engage. In Nevada, we have seen our colleges, universities, and researchers go above and beyond. Just a few examples—the UNLV School of Medicine in Las Vegas jumped in to provide curbside testing early on; UNR in Reno has been researching new ways to address COVID-19 diagnosis and treatment; and the Desert Research Institute is leading public health research to map spread of the virus, risk, and exposure. We've heard of engineering departments using 3D printing to make masks and swabs, and students creating new programs to bring groceries to homebound seniors. The list goes on.

- I'd like to hear about how else our institutions of higher education can adjust their focus to help meet the future public health, medical, and related workforce needs to address both the current pandemic and the disparities in our health care system that have been laid so bare through this crisis.

Answer 2. Institutions of higher education exist to educate our Nation's students so that they can become doctors, nurses, lawyers, engineers, etc. As it relates to COVID-19, institutions of higher education are able to become leaders in research to learn more about this virus and are able to teach courses on how to successfully respond to a pandemic. Institutions of higher education can also partner up with companies in the workforce to learn what their needs are and offer necessary and

needed training and programs to ensure that those needs are met. There are a number of collaborations that could exist between an institution of higher education and the workforce, especially programs that would provide a passageway for our HBCU students to obtain a job after graduation.

Question 3.

According to the latest data provided by the National Center for Education Statistics, close to 20 percent of students attending institutes of higher education have at least one disability that impacts the way they learn. While colleges and universities have done much to ensure student learning continues in the wake of the pandemic by transitioning to online learning platforms, students with disabilities may encounter increased barriers in their pursuit of academic success at no fault to the institutes themselves. Students with Attention Deficit / Hyperactivity Disorder may struggle with prolonged online sessions. Students who are hearing impaired or suffer from auditory processing deficits may have difficulty communicating with other students when closed captioning is not available in video conferences or in streaming lessons, especially when they rely on an American Sign Language interpreter or reading lips. Furthermore, students with physical disabilities may not have access to the assistive technologies needed to successfully complete their coursework. Institutes of higher education have worked hard to support this sudden transition to virtual learning for all students, but this pandemic has had unintended hardships, particularly for those students with disabilities.

- How can we ensure that all students can continue to be supported in their educational endeavors, whether physically in the classroom or virtually through distance learning, even beyond the pandemic?

Answer 3. The Lane College Counseling and Disability Services provides accommodation services to student with disabilities. Counseling Services is currently conducting workshops with faculty and staff to make us aware of the breadth of services that the Center provides to assist students. Further, the Center has several tools (i.e. Kurzweil assistive technologies) available to assist students with disabilities.

Last, though Lane College has limited resources, we are committed to providing access to all of our students and removing barriers. Currently, our student body has a number of students who present a diversity of disabilities. I am pleased that our campus accommodates, assists, and graduates these students without regard to their disability.

RESPONSES BY DR. CHRISTINA H. PAXSON, TO QUESTIONS OF SENATOR COLLINS, SENATOR SCOTT, SENATOR WARREN, SENATOR SANDERS, SENATOR CASEY, SENATOR MURRAY, AND SENATOR ROSEN.

SENATOR COLLINS

Question 1.

Three quarters of the programs offered at Maine's community colleges are the only ones of their kind in the state, and the vast majority (71 percent) of Maine's community college students are enrolled in career and occupational programs, many of them hands-on in nature. By definition, these skills-based programs—such as for auto mechanics, CNAs, machinists, radiological technicians, the culinary arts—have a necessary face-to-face component where physical distancing is very challenging, or may not be possible. This type of coursework has been critical to “up-skilling” our workforce. How should community colleges respond both to safety concerns as well as the overwhelming need for the workforce training they offer?

Answer 1. Brown is a residential, four-year university with challenges and operations that likely are very distinct from a community college. Every institution necessarily will develop plans that align with their specific circumstances, geography, populations and curricula—whether they are rural or urban, have residential students or commuter populations, offer courses traditionally in smaller or large classes, or offer courses in person or online. My testimony is not intended as a roadmap for colleges and universities. Rather, my hope is to help build understanding among the honorable Members of the Committee of the complicated decisions all higher education institutions are confronting, and the important role of state and Federal Governments in supporting schools to ensure we can open our campuses safely.

SENATOR SCOTT

Question 1.

Ms. Paxson, in your op-ed in the New York Times, you brought attention to how university closures particularly affect low-income students. I appreciate your sentiment and concern for our most vulnerable students. Many students and families have recently become unemployed or suffered a significant drop in income due to COVID-19. In a letter to the U.S. Department of Education, Senators Hassan, Loeffler, Booker, and I asked the Department to ensure financial aid administrators have the support, guidance, and flexibility of the Department to fairly and efficiently execute “Professional Judgment”. This tool allows financial aid administrators a mode to recalculate financial aid eligibility when a student’s expected family contribution has abruptly changed.

(A) Many colleges currently have tools at their disposal to recalculate financial aid eligibility resulting from a loss of income, but what are some ways you think we can make students and families more aware of these options? How important are financial aid options to the matriculation of students to schools?

Answer 1. Brown University is committed to meet the full demonstrated financial need of our students who are eligible for Federal and institutional funding throughout the academic year and their time at Brown. Therefore, students and families are required to apply for financial aid each year, but also encouraged to update the Office of Financial Aid if there are any changes to the family’s financial situation. The situations include, but are not limited to, a loss of a job, a material reduction in hours and wages, a fire destroying a business or home, and large medical expenses. Due to the COVID-19 pandemic, Brown’s Office of Financial Aid created a process to continually check in with families throughout the year to determine if they have experienced a significant change in their family’s financial situation. The process involves special coding in our financial aid system for these families, so we do not lose track of them throughout the year. Brown also created a funding opportunity through the College for students to request funding for unexpected expenses.

More broadly, the Department of Education could provide information on the website *studentaid.gov* encouraging students and families to stay in contact with their financial aid offices regarding any changes to their family circumstances. There are processes available to all colleges and universities to request additional Federal aid for students based on these types of changes. The funding may not always be grants or scholarship and may include loans, however, making students and families aware of the options can be critical to a student’s decision to continue their education.

SENATOR WARREN

Question 1.

How, specifically, will you ensure that faculty (including adjunct faculty) and staff (including hourly workers) are at the table for all decisions regarding when and how to repopulate your campus this fall? How will you engage and solicit their viewpoints, and how will you ensure that those viewpoints are taken into consideration for all decisions?

Answer 1. Several ad hoc administrative committees were created to provide high-level oversight of ongoing issues arising from the global novel coronavirus pandemic. Membership on the committees include students, faculty and staff. While the work of the committees is specific to the unique circumstances of the pandemic and does not fall within the University’s established governance committees, offices and structures, these ad hoc groups are working with relevant faculty and staff colleagues from across the University and engaging the existing governance structures throughout the process.

Question 2.

How, specifically, will you ensure that students are at the table for all decisions regarding when and how to repopulate your campus this fall? How will you engage and solicit their viewpoints, and how will you ensure that those viewpoints are taken into consideration for all decisions?

Answer 2. Last spring, the University developed a survey of first-year and returning undergraduate students to collect information about the choices they would most likely make under each of three planning scenarios for the fall that were under consideration. The intent was to gather information to guide and refine Brown’s plans for the fall in conjunction with a wide variety of additional factors, data points and considerations—ranging from input from graduate students (who were surveyed

independently) and faculty, to the evolution of the pandemic itself, to the availability of COVID-19 diagnostic tests.

Student preferences served as one factor in the complex effort to develop solutions that protect the health and safety of students, faculty, staff and the extended community, while maximizing teaching, learning and research operations to the greatest extent possible. I'll also reiterate that students are members of some of the ad hoc committees created to provide high-level guidance and oversight surrounding the pandemic. Students are playing a critical role on Brown's Healthy Fall 2020 Task Force, which is taking the lead on developing training and a public education campaign around health protocols.

Question 3.

Given what we know about coronavirus now, and understanding this could change, under what conditions would you consider abandoning plans to repopulate your campus, again moving everyone to remote instruction, and shutting down the majority of outreach and research activities? What process would you follow to undertake this decision?

Answer 3. I don't expect that we ever will experience again or in the same way the situation confronting colleges and universities when COVID-19 first arrived on campuses in spring 2020. In March, it was necessary to move everyone to remote operations completely and immediately to establish the public health protocols, digital and online operations, and modified approaches to facilities and space use that later allowed a transition to resuming the most essential operations onsite. Today, we are equipped with safety measures, equipment and knowledge that might lead to a new process of decision making in the event of a major surge in COVID-19 cases in the region, across the country and around the world, but with outcomes I would hesitate to try to predict.

At Brown, we are basing all decisions regarding public health on the best available science. At all times, we are aligning with the guidance of the Rhode Island Department of Public Health (RIDOH) and the Centers for Disease Control and Prevention (CDC). Our plans, policies and guidance to Brown community members will adapt and be updated as guidance from those agencies evolves with our understanding of COVID-19. If at any time we felt that the status of the pandemic would not allow us to safely manage an outbreak of coronavirus on our campus, or its impact on the Providence community, we would develop plans to allow the most essential functions to continue while prioritizing keeping our community safe. We learned, even at the height of the pandemic, that with proper safety measures and safeguard for personal health, essential operations can continue.

Question 4.

Do you intend to require students, faculty, or staff to sign waivers before repopulating campus this fall?

Answer 4. Brown University does not intend to require students, faculty, or staff to sign waivers before returning to campus this fall.

SENATOR SANDERS

Question 1.

Postsecondary education in the United States has traditionally been funded through a mixture of Federal and state government appropriations, institutional endowments, and student payments of tuitions and fees. However, recently, there has been a massive reduction in Federal and state investment in institutions of higher education that has left students bearing a larger proportion of the price of college. What has been the impact of the loss of investment in colleges on the ability of your students to pay for costs related to the COVID-19 pandemic? What has been the impact of the loss of investment in colleges on the ability of your school to prepare for and respond to the COVID-19 pandemic? With the loss of income and budget cuts, how will your institution prioritize safety and provide adequate staffing as campuses reopen? How will your institution ensure that every student, regardless of financial status, students with disabilities, LGBTQ+ students, students with unsafe homes, students of color and students from low-income families will have free access to testing and a vaccine, when available?

Answer 1. Since the onset of the COVID-19 pandemic, Brown University has been guided by a clear set of principles: protect the health and safety of Brown students and employees; protect the financial well-being of vulnerable members of our student and employee populations; protect Brown's mission of education and research, including focusing resources on Brown's highest academic priorities; and protect the long-run financial health of the University.

Guided by these principles and our core values, in responding to the pandemic, we have supported undergraduate students with travel, moving and instructional expenses; credited fees for room and board; and are waiving the summer earning expectations of all current and admitted students, covering this with scholarship aid. We are providing support to address the distinct needs of graduate students during this period of uncertainty, and we have remained committed to sustaining our current workforce and to taking steps to avoid layoffs. We have also offered the option to tenure-track faculty to extend the tenure clock by one year. Throughout this period, we have partnered with Providence and Rhode Island to assist with increasing local community needs, described in this *letter*.

The University's actions in support of our community have been the right things to do, and through increased expenditures and declining revenue, have increased our fiscal year 2020 budget deficit by nearly \$40 million. We expect this negative financial impact to grow by an additional \$100–200 Million over the course of next year depending on how prevalent the coronavirus remains. That being said, we will continue to meet the full demonstrated need of all admitted students, and all COVID–19 testing will be free of charge to students, faculty and staff.

Question 2.

According to a report from the American Federation of Teachers, “Army of Temps,” 75 percent of all instructional workers in American higher education are contingent or adjunct—effectively, temporary workers. Of those workers, almost 40 percent are over 60; 65 percent are over 50. We know from other industries in which workers have no meaningful job security—Uber and Lyft drivers, seasonal farm workers, and the like—that workers in such industries often feel pressured to come to work even when they are sick, and even when conditions where they work are not conducive to their health. What do you plan to do to make sure that these workers, the majority of teaching staff in higher education in the United States, are safe from COVID–19 on your campuses, and what do you recommend others do? How do you plan to reasonably accommodate those who the CDC has designated at being at heightened risk of COVID–19 complications, particularly those who may not feel that they have the job security to raise their concerns about their own health at work?

Answer 2. For the past several months, multiple working groups at Brown have been exploring a range of options for safe operations for the 2020–21 academic year amid the global pandemic. This planning has been guided by advice from medical and public health professionals, and informed by guidelines coming from the Centers for Disease Control and Prevention and the Rhode Island Department of Health (RIDOH). The focus at all times has been how we can best protect the health of our students, staff, faculty and Providence residents while delivering Brown's world-class education, continuing critical research, and remaining a valued neighbor in our city, state and region.

Currently, cases of COVID–19 are trending down in Rhode Island, and the state has moved into Phase 3 of its reopening plan. In light of these trends, we are planning for the return of students to campus this fall, based on a three-semester academic calendar and other policies and practices that will reduce the density of students, faculty and staff on campus, and give all students the opportunity to spend two semesters on campus.

All students will be given the option to enroll in their courses remotely, whether they are on campus or not, and all faculty will be given the option of teaching in person or remotely. As noted above, limiting in-person class sizes to 20 students will enable safe distancing of students and instructors within classrooms. In addition, every classroom space will have a six-foot or greater separation between individuals. Faculty with health or other concerns have the option to teach, mentor and advise online in the fall. Should the public health situation not improve, this option will be extended throughout the spring and summer semesters as well.

Brown established a *COVID–19 Workplace Safety Policy*, which sets out the requirements for work that is authorized to take place on campus in a safe and orderly manner. This policy applies to every member of the University community.

Testing and contact tracing for all Brown employees and students are essential for campus safety. Over the summer, we are piloting a testing program that will be implemented for all employees and students. We have also established a contact tracing team for all employees at Brown as well as a separate contact tracing team for all of our students.

We have also continued to provide regular education on and support for workplace safety for all Brown faculty and staff. Symptomatic employees receive immediate support for paid time off by the University for ten business days if they must be

in quarantine as a result of being exposed to COVID-19 or in isolation if they have been positively diagnosed for COVID-19. If employees need additional time off for more than 10 days due to exposure or a positive diagnosis, there are additional leave programs that employees can request. Paid time off for ten business days is also available to our employees who are not sick but must provide care to dependent(s) or to care for a household member who has been exposed to COVID-19 or positively diagnosed with COVID-19. In addition to paid time off for ten business days and leave options, employees may also qualify for alternative work arrangements to address care for a dependent or for a household member who may need additional time to recover from COVID-19.

Any employee at high risk who feels unsafe to report to work can request a variety of leave options, alternative work arrangements or a reasonable accommodation. All supervisory employees have received specific training on the available options to provide immediate support to an employee who is at high risk and cannot perform their work on campus.

SENATOR CASEY

Question 1.

The COVID-19 pandemic has provided unprecedented disruptions across our education system. Students may have changed financial circumstances, increased family obligations or other challenges that necessitate additional support or flexibility. In particular, students whose personal circumstances require it, may need additional flexibility to switch institutions. Have you considered developing more robust transfer policies to accommodate these students? If so, what changes are you proposing?

Answer 1. To support our students who plan to start or resume their studies at Brown in the fall, the University will continue to meet the full demonstrated financial need of our students who are eligible for Federal and institutional funding throughout the academic year and their time at Brown. Due to the COVID-19 pandemic, Brown eliminated the summer earnings requirement for students and replaced the amount with University scholarship. This resulted in an increase between \$2,700—\$2,900 for all students receiving aid. In addition, the Office of Financial Aid created a process to continually check in with families throughout the year to determine if they have experienced a significant change in their family's financial situation. Brown also created a funding opportunity through The College for students to request funding for unexpected expenses.

If students transfer to other institutions, coordination between institutions of higher education will play a critical role to ensure that transfer students receive robust orientation, academic and financial support.

Question 2.

According to a survey by Active Minds, 80 percent of college students indicate COVID-19 has negatively impacted their mental health. Students returning to campus may face increased anxiety about their own health, the health of their parents and loved ones at home. Students who are immunocompromised or otherwise medically vulnerable may also face increased anxiety and isolation from their peers. As you consider reopening in the fall, how are you preparing to support the increased mental health needs of your students and faculty?

Answer 2. Brown University has the good fortune of having an integrated model of care, represented by a combination of mental health and physical health care clinicians. Together they share in the holistic support and care of all Brown students. The Counseling and Psychological Services (CAPS) department is staffed by dedicated and committed mental health professionals who remain prepared to continue their support of students and whatever mental health challenges they may be experiencing, wherever they are located. When students transitioned to a virtual learning environment, CAPS staff continued to support and care for students by transitioning to telehealth. In our preparation for a fall reopening, we are preparing for CAPS to offer a blend of on-campus services for those who return to campus and telehealth services to serve students who may be in remote locations. This will continue to make mental health care maximally accessible. The services provided by CAPS include same day availability, urgent care access, ongoing longitudinal therapy and support offered in groups and workshops. We have also learned the value of transitioning groups and workshops to virtual platforms and will continue to build on those models. We have also long understood the power of embedding mental health services in programs such as our medical school and will continue to expand upon that model. In addition, we have a robust student health service that is staffed by primary care clinicians who are comfortable providing care to the "whole student." Our integrated model of health and wellness care is structured

such that Brown University Student Health Services clinicians collaborate with CAPS clinicians in the mental health care of students on a daily basis. As we prepare to move into a new, state-of-the-art Health and Wellness Center in the Spring-Summer of 2021, these services will become co-located. We expect that students will experience the benefits of this model of collaborative care in even more profound ways.

Question 3.

For our colleges and universities that serve a diverse population of students and their families, there will be significantly different abilities to get to campus and to safely participate in instruction and activities or even get back to campus. For students with disabilities that have secondary health conditions, such as diabetes or asthma, there will be greater risks. Wherever health services are provided, they need to be equitably provided for students with all types of disabilities.

I'm concerned as well for students of lesser economic means. The expense of returning to campus will be greater for them. The precautions they will need to take will be more expensive for them. The risks for them will be greater. If there are added expenses for single rooms, health care services, increased tuition—all of those costs will be more difficult to bear for them.

Low-income students may also face additional challenges. The expense of returning to campus will be greater for them. The precautions they will need to take will be more expensive for them. The risks for them will be greater. If there are added expenses for single rooms, health care services, increased tuition—all of those costs will be more difficult to bear for them.

For these groups of students, reopening campuses may mean they cannot or will not attend. They may not have the money or wish to risk their health. How will you ensure that we do not see an expansion of the gap in access and completion of postsecondary education for poor and disabled students, thus reinforcing decades of discrimination and lack of access to a college or graduate education that can lead a person out of poverty or prevent them from falling into poverty?

Answer 3. Maintaining the financial well-being of students and employees, especially those who experience the greatest impact, is one of the principles guiding the University's planning and decision making. We have demonstrated this in a multitude of ways since COVID-19 affected our community.

Guided by the priority to ensure the health and safety of our students, faculty and staff, the University moved quickly to relocate students and transition to remote learning. We supported students in numerous ways to ensure that they could transition safely and have the resources needed to engage in their courses and continue their education progress. We supported:

- Moving and travel expenses for undergraduate financial aid recipients
- Students working remotely or those whose research has been put on hold
- Students facing food insecurity while they are away from campus
- Technology needs to support remote learning, including internet connectivity, computers, and course-specific software and materials
- In addition, recognizing that employment opportunities would be limited in this economy, we eliminated the summer earnings expectation.

Brown University has a team of professionals in the Student Accessibility Services Office to support the specific needs of students including undergraduate and graduate students and postdoctoral trainees. University Human Resources supports faculty or staff members who may need accommodations or services due to a disability or medical condition. Specific attention is being devoted to the needs of individuals with specific accommodations in their housing, dining and learning during the University's response to the pandemic.

Brown University remains committed to attracting and supporting students from families of all income levels, and to meeting the full demonstrated financial need of admitted undergraduate students. The University also has processes in place to support those students with the highest financial need through The College's E-Gap fund. This includes support for travel or other requirements to support student success.

In the year ahead, students also have the option of taking courses fully remotely should they choose given their health conditions or other circumstances.

SENATOR MURRAY

Question 1.

I am concerned about Secretary DeVos requiring schools, including colleges and universities, to implement a sweeping new Title IX regulation in the midst of the COVID-19 pandemic. This is a uniquely challenging time to be enacting such a policy.

President Paxson, do you agree that implementing a safe and equitable re-opening is a priority right now and that achieving compliance with this far-reaching regulation during a nationwide pandemic and time of racial unrest stretches the capacity of institutions?

Answer 1. As your question notes, institutions must focus on planning for a safe and healthy campus-based operation. Thus, limiting our adoption of these regulations to 100 days is challenging and does not reflect the dynamic conditions in which these rules will operate. The August 14 deadline does not allow institutions to devote adequate time to fully assess the best way to adopt these changes within their Title IX policies and to contemplate the effects on other codes of conduct, policies, and practices.

The August 14 compliance deadline also places undue burden on our faculty, staff and students. People are stressed and anxious from the demands of COVID-19 and the sudden transition to remote learning. Our community is shouldering the effects of self-isolation, care for sick family members, financial instability and graphic reminders of racial inequity and chronic disparities in our health care and criminal justice system. Accordingly, we will be offering a higher degree of care for our constituents as we begin the fall semester regardless of the format in which we operate.

Institutions must have the time needed to consider due care and effectiveness for their unique campus cultures in handling sexual harassment and gender-based violence.

I am in full agreement that sexual violence and gender-based discrimination occurs at alarming rates and is unacceptable. Campuses must continue to do what is necessary to prevent and address this behavior when it learns of its occurrence, and any conduct that interferes with someone from fully realizing their educational goals. My concerns rests predominately with the lack of time given to comply with the regulations.

Question 2.

President Paxson, what is your opinion on Secretary DeVos' decision to exclude non-Title IV eligible students from being eligible for emergency financial aid under the CARES Act, contrary to congressional intent?

Answer 2. I believe that colleges and universities need governmental support for student financial aid. Brown and other schools collectively will spend tens of billions of dollars on aid for students whose parents have lost their jobs during the pandemic and who may be unable to return to school without emergency assistance from their college or university. It is my personal conviction that DACA and undocumented students, as well as veterans, should be eligible for the much-needed Federal financial support in this time of a global pandemic and the resulting economic downturn.

Question 3.

President Paxson, what is your opinion on Secretary DeVos' decision to block institutions of higher education from using institutional stabilization funds provided by Section 18004(a)(1) of the CARES Act to defray lost revenues, contrary to congressional intent?

Answer 3. If colleges and universities can resume campus operations safely this fall, they will have to contend with the costs of implementing comprehensive public health plans, including expenses for testing, contact tracing and isolation/quarantine of students. In addition, during the course of the pandemic, colleges and universities have incurred significant unbudgeted and unanticipated expenses for support for undergraduate students with travel, moving and instructional expenses; crediting fees for room and board; waiving the summer earning expectations of all undergraduate students and providing more scholarship aid; providing financial support to graduate students; and contending with loss of revenue from canceling summer programs. Additional assistance from the Federal Government is needed and should go directly to institutions to cover these costs.

SENATOR ROSEN

Question 1.

The Nevada System of Higher Education has three separate groups focused on preparing to safely re-open campuses this fall. One of these—the COVID Reopening Task Force—includes students, medical personnel, education leaders, and public safety staff, who are all reviewing various plans and providing recommendations to the Chancellor. At this point, our schools are planning to re-open in the fall, but with various modifications, including: no large lectures; a mix of remote and in-person instruction; single-occupancy dorm rooms; and increased cleaning, testing, and tracing. Each of the schools are also consulting with health and education experts in order to follow best practices.

- How flexible are your plans to re-open campuses this fall? Do you envision adapting your plans as the semester progresses?

Answer 1a. Brown's plans are based on the best current available data and public health recommendations. However, we recognize there is still great uncertainty about how the pandemic will evolve across regions of the country and the world, and the pace at which treatments and vaccines will be developed. I have informed all students, faculty, staff and alumni that everyone in our community will have to approach this year understanding that we may need to make mid-course changes or adjustments to how instruction is offered, housing is configured, and public health protocols are implemented on campus. As always, we will approach any changes based on community principles that place a premium on the health and well-being of our students and employees.

- What education and health experts do you consult with on best practices when determining whether and how to reopen?

Answer 1b. Our planning has been guided by expert advice from medical and public health professionals and informed by guidelines coming from the Centers for Disease Control and Prevention and the Rhode Island Department of Health (RIDOH). The focus at all times has been how we can best protect the health of our students, employees and Providence residents.

Question 2.

It is absolutely critical that we ensure our students' and faculty's health is protected as colleges and universities navigate how to move forward with their important role in fostering new ideas, educating our future workforce, and conducting critical research. We also need our institutions of higher education to continue to be strong partners with our health care system as we work to fight COVID-19, and also look for new ways to engage. In Nevada, we have seen our colleges, universities, and researchers go above and beyond. Just a few examples—the UNLV School of Medicine in Las Vegas jumped in to provide curbside testing early on; UNR in Reno has been researching new ways to address COVID-19 diagnosis and treatment; and the Desert Research Institute is leading public health research to map spread of the virus, risk, and exposure. We've heard of engineering departments using 3D printing to make masks and swabs, and students creating new programs to bring groceries to homebound seniors. The list goes on.

- I'd like to hear about how else our institutions of higher education can adjust their focus to help meet the future public health, medical, and related workforce needs to address both the current pandemic and the disparities in our health care system that have been laid so bare through this crisis.

Answer 2. The pandemic has magnified the deep disparities that exist in the United States. Institutions of higher education have a critical role to play through teaching, research and service to address these persistent issues.

The University has created a seed fund to support research in this area—both COVID-19 related research aimed at finding treatments—and a fund aimed specifically at addressing the origin and implications of bias and racism in the US. Academic centers, departments, and institutes have developed substantial programming to raise awareness and understanding of the range of issues, bringing experts from across the disciplines to share and advance knowledge.

In addition, Brown has a long and valued partnership with Tougaloo College, a historically Black college in Mississippi. As part of efforts to respond to the current national climate and fortify the partnership, Brown's School of Public Health and Tougaloo College recently announced the *Health Equity Scholars* program. With the goal of expanding voices and perspectives in public health by changing the makeup

of public health leadership, the scholars program will begin by admitting up to five Tougaloo graduates into Brown's Master of Public Health program this fall and in subsequent years. Scholars will receive a full-tuition scholarship, enhanced mentorship and internships focused on training the next generation of public health leaders. We will work over the coming academic year to identify additional avenues for expanding upon the Brown/Tougaloo partnership in response to current times.

Question 3.

According to the latest data provided by the National Center for Education Statistics, close to 20 percent of students attending institutes of higher education have at least one disability that impacts the way they learn. While colleges and universities have done much to ensure student learning continues in the wake of the pandemic by transitioning to online learning platforms, students with disabilities may encounter increased barriers in their pursuit of academic success at no fault to the institutes themselves. Students with Attention Deficit/Hyperactivity Disorder may struggle with prolonged online sessions. Students who are hearing impaired or suffer from auditory processing deficits may have difficulty communicating with other students when closed captioning is not available in video conferences or in streaming lessons, especially when they rely on an American Sign Language interpreter or reading lips. Furthermore, students with physical disabilities may not have access to the assistive technologies needed to successfully complete their coursework. Institutes of higher education have worked hard to support this sudden transition to virtual learning for all students, but this pandemic has had unintended hardships, particularly for those students with disabilities.

- How can we ensure that all students can continue to be supported in their educational endeavors, whether physically in the classroom or virtually through distance learning, even beyond the pandemic?

Answer 3. Accessibility Services at Brown University works with students with disabilities on a case-by-case basis to determine appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. The University is also working with instructors to create accessible online and in-person learning. Students registered with Accessibility Services may be eligible for assistive technology to provide additional access to information or learning platforms. Captioning is available on request for accessibility purposes through Media Services.

RESPONSES BY MITCHELL E. DANIELS, TO QUESTIONS OF SENATORS

In response to the follow-up questions from Members of the Committee related to the important topic of the hearing, I submit for the record the "Protect Purdue Plan," released after the hearing on June 12, 2020. The plan outlines in great detail how Purdue is preparing to welcome students this fall, while protecting those most vulnerable in our campus community. And, just this week we added to our plan a means to require and pay for all West Lafayette-bound students to be tested for COVID-19 before moving into residence halls and attending classes.

While I wouldn't presume that Purdue's approach will be a perfect fit for every college and university, the principles of our strategy should have broad appeal. In summary, those principles are:

1. Expect each Boilermaker to assume personal responsibility to "Protect Purdue—myself, others, our Purdue community."
2. Implement personal health safety practices and protocols.
3. Enact health safety changes in physical spaces.
4. Offer a range of instructional options for students and faculty.
5. Identify and protect the most vulnerable members of the Purdue community.
6. Engage our stakeholders with consistent, compelling and timely communication and clear guidance.
7. Advance our research mission in a safe and responsible way.
8. Anticipate and plan for contingencies.

With critical research operations ramping up on our campus, preparation for our annual freshman orientation, Boiler Gold Rush, just 40 days away and classes beginning shortly after, the entire campus is working overtime to ensure a safe return for students and staff. Our Protect Purdue Plan is a comprehensive review that should answer every question relevant to the hearing topic while allowing our team

to stay focused on the important mission ahead of us. Again, thank you for allowing me the opportunity to share our perspective and for your service to our great nation.

[Whereupon, at 12:20 p.m., the hearing was adjourned.]

