

**SCHOOL REOPENING DURING
COVID-19: SUPPORTING STUDENTS,
EDUCATORS, AND FAMILIES**

HEARING
OF THE
**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**
UNITED STATES SENATE
ONE HUNDRED SEVENTEENTH CONGRESS
FIRST SESSION
ON
EXAMINING SCHOOL REOPENING DURING COVID-19, FOCUSING ON
SUPPORTING STUDENTS, EDUCATORS, AND FAMILIES

SEPTEMBER 30, 2021

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Thursday, September 30, 2021

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

The Committee met, pursuant to notice, at 10:02 a.m., in room 216, Hart Senate Office Building, Hon. Patty Murray, Chair of the Committee, presiding.

Present: Senators Murray [presiding], Casey, Baldwin, Murphy, Kaine, Hassan, Smith, Rosen, Lujan, Hickenlooper, Burr, Paul, Collins, Murkowski, Braun, Marshall, Romney, and Tuberville.

OPENING STATEMENT OF SENATOR MURRAY

The CHAIR. Good morning. We are going to get started. We have a number of votes this morning and a really good attendance at hearing, so we want to get going. The Senate Health, Education, Labor, and Pensions Committee will please come to order. Today, we are holding a hearing with Secretary of Health and Human Services Xavier Becerra, Secretary of Education Miguel Cardona, and on how we can help schools across the country as they work to safely reopen for in-person learning.

Ranking Member Burr and I will each have an opening statement and then I will introduce our witnesses. And after they give their testimony, Senators will each have 5 minutes for a round of questions. While we are again unable to have this hearing fully open to the public or media for in-person attendance, live video is available on our Committee website at *help.senate.gov*. And if you are in need of accommodations, including closed captioning, you can reach out to the Committee or the Office of Congressional Accessibility Services.

This pandemic has been incredibly hard on students and families and educators. For over a year, many students were not able to see their teachers or friends or counselors or coaches. Students with disabilities could not get the support they needed. Many students from families with low incomes could not get nutritious school meals, and students without Internet at home were left struggling to keep up with the shift to remote learning. Every student's learning was disrupted in some way, and educators and school leaders found themselves trying to meet students' needs through a screen, making their already challenging jobs even tougher. I heard from

so many families in Washington State about these challenges and how devastating this crisis has been.

My goal since the start of this pandemic has been to get students back in the classroom safely for in-person learning. And I know that has been shared by many Members of this Committee on both sides of the aisle. And while no one thinks our work is done, we have fought to make our goal a reality by working to get relief straight to schools over multiple relief bills in 2020 and critically in the American Rescue Plan last March.

This funding has allowed schools to take steps to keep their students safe, like providing masks and tests and improved ventilation, to keep students connected, like making sure they have access to technology and the Internet, to accelerate their learning, like offering summer learning and high quality tutoring, and to help them navigate this incredibly tough time, like increasing mental health resources. And now, according to the CDC, 96 percent of K-12 public schools are offering full in-person learning. But as the Delta variant has shown us, this pandemic is far from over.

We saw nearly 1 million new COVID cases among kids over the past 4 weeks. Pediatric hospitals across the country are running out of beds. And according to CDC, we have seen over 1,800 school closures this school year related to COVID outbreaks, meaning children have their learning once again interrupted and parents had their work plans upended as they needed to take care of their kids. Families are exhausted. Everyone wants to get back to the classroom and stay there. But to get there, we have to continue working to keep students safe. And look, we have more than a year's worth of data now.

Public health experts like those at the CDC and in state and local health Departments have made clear what works, masks, ventilation, physical distancing, testing, and getting everyone vaccinated who is eligible, which is especially important to protect children under 12 who cannot yet get vaccinated. And finally, flexibility. In other words, ensuring school districts have plans to provide high quality distance learning to all students when necessary to keep them safe.

The work the Biden administration has done to promote common sense public health measures is so important. It has been a relief to have leaders in charge who set an example that public health and safety should not be partisan. It should be part of what you do to protect yourself and to protect others. And I wish every elected official took the same approach. Unfortunately, in too many parts of our Country, the basic steps that could keep students and educators and community safe have been politicized. So much so that instead of promoting basic steps like wearing masks in schools, some Republican Governors and state legislators have been trying to outlaw them. Schools have been pushed to the brink by this pandemic.

But instead of giving them help, those Republican Governors and state leaders are threatening school funding, banning mask requirements, and undermining efforts to get people vaccinated. They are not only ignoring and in some cases denying the fact that we are in a pandemic, they are making denial a badge of honor. Let's be clear, there is nothing honorable about putting kids and edu-

cators and their families at risk to score political points. And the risk is real.

New data from CDC confirms schools without mask requirements are three and a half times more likely to have a covered outbreak, while cold case rates in school districts with mask requirements are half that of those without them. For anyone truly concerned about public health and safety, there should be no question about putting that real world data into practice, because this is not a game to the school leaders who are being threatened and harassed for doing the right thing. It is not a game to students who want to be able to go to school without contracting a deadly disease that could hurt them, or a family member who is immunocompromised, or a sibling who is too young yet to be vaccinated. And it is not a game to parents who want to be able to put their kids on the school bus without worrying they are putting their child at risk. They are counting on policymakers to take this pandemic seriously.

Now, looking down the dais here today, I know there are a lot of perspectives on COVID-19 represented here, but I hope all of us can send a message that the basic public health measures we need to help kids keep safe and learning in school should not be political, they should be American, because we still have a lot of work ahead to get our schools and students through this pandemic, and we have got to do it together. Everyone eligible who has not gotten vaccinated should get their shots. States and localities need to keep following the science and doing what works to keep kids safe and learning in school.

The Biden administration needs to continue to build on the progress made so far to promote vaccinations, increase testing capacity, and make sure schools and districts have the guidance and the support they need to spend those funds. And our work will not end when this pandemic does. We will all have to work together to repair the damage COVID-19 has done, address students' academic, social, emotional, and mental health needs, and help our schools build back stronger and fairer. That means addressing the sharp drop in enrollment this pandemic caused, the sharp rise in mental health issues among kids, and the fact that COVID has sent many students learning back significantly, particularly students whose families earn low income, students of color, English learners, and students with disabilities.

It also means addressing the inequities and systemic racism that have long plagued our education system and have made this pandemic so much harder on so many students. So today I look forward to hearing from both of our witnesses on these challenges and working with them and with the President to help students, parents, educators, and schools across the country get through this crisis. With that, I will turn it over to the Ranking Member Burr for his opening remarks.

OPENING STATEMENT OF SENATOR BURR

Senator BURR. Thank you, Madam Chair. Good morning. Let's start with some good news. For the most part across the country, children are back in public schools. That is not really new for private schools, which mostly stayed open during the highs and lows

of the pandemic. But public schools have now taken steps to ensure that students and teachers are able to get back to school and back safely. These are based on lessons learned from schools that stayed open during the pandemic.

For example, a study out of Duke University and UNC looking at North Carolina school districts showed that in-person learning can continue with minimal transmissions of covered by being thoughtful, having a plan, taking common sense steps to make students and teachers safe. More good news, thanks to Operation Warp Speed and the development of vaccines, most teachers are vaccinated, though that number needs to get higher. And now that boosters are available for workers in high risk settings who got the Pfizer vaccine.

I hope teachers will get the booster as well. Hopefully, individuals who receive Moderna and Johnson and Johnson vaccines will have information on boosters soon. Even more good news. We now also have vaccines for children, 12 and up. Also, Pfizer reports that they have good data on lower dose—on a lower dose of their vaccine for children's age 5 through 11 and have submitted that data for FDA review. It is my hope that we will have a vaccine for children under 12 very soon. And good news continues with therapies. We have at least six effective treatments for those who get COVID, and more treatments are on the way. Unless, of course, this Congress were to pass legislation that imposes price controls that kill the incentive to innovate and explore science so more treatment and cures can be developed.

I have said from the very beginning of this pandemic that vaccines and therapeutics are going to be our way out. We have seen the power of these vaccines and treatments, and we all have a responsibility to do what we can to turn the tide on this pandemic. I continue to encourage every American who is eligible for a vaccine, or a booster shot to get it without delay. While all of that is good news, the Administration needs to do a better job getting therapies approved—therapeutics approved and working with the industry to increase supply of therapeutics that work.

Now for the bad news. We are here today to hear from the Biden administration, Secretary of Health and Human Services and Department of Education about their efforts. Gentlemen, welcome back to our hearing room. The President has said that opening school is a national priority. I agree. As his cabinet members for Health and Education, the responsibility falls squarely on your—in your hands to develop the Federal response and help state and local leaders have the tools they need to keep schools open and students and teachers safe. But I am very displeased that your staff have failed to live up to the commitment you both made to me privately and publicly to be responsive to my oversight requests.

On August 25th, I sent you both letters asking a series of questions I received from students, parents, teachers, school administrators, and public health officials from my state, from people across the country, as well as many of my colleagues on both sides of the aisle in Congress. I received a thoroughly inadequate response yesterday, less than 24 hours before this hearing. Gentlemen, Congressional oversight is not an option. These questions were simple, there were no tricks.

In fact, this letter was aimed at helping you inform this Committee about what was happening around the country as schools were already in the process of welcoming students back in the classroom when I wrote the letter. In many places in the country, we are almost 2 months into the school year, so this really isn't a back to school hearing, it is a back in school hearing. In many places in our Country, we share goals as to how to help school districts stay open. Which is why I sent the letter in August.

I asked about the \$97.8 billion in testing money that was made available to HHS to learn how it was being administered, how schools were able to access this massive amount of money, and whether Head Start would have access to the money, and how we were accounting for the testing needs of private schools in your plan. Of course, the schools are still asking about testing. It seems you have failed to communicate to them how to access these dollars. I asked about the supply chain of test and your testing strategies, because people still cannot access rapid tests when stores are out of stock and people go back to waiting days for testing results.

You have squandered the gains we have made in scaling up the capacity last year. I also asked about the \$190 billion in funding for our schools and why 92 percent of that money still remains unspent. You can't have it both ways. Either the money was urgently needed and should be spent quickly, or schools don't need the money and it should be reallocated to other priorities tied to COVID.

This isn't a slush fund for unrelated priorities of future needs. I also asked for a snapshot of basic data about infections, breakthrough cases, hospitalizations, and fatalities so we could have a clear picture of what is happening on the ground. You should have easy access to that data. There is no reason not to respond—respond in a timely manner to share with me and this Committee. I asked about the availability of therapeutics for children to help ensure that children who get COVID have access to life saving treatments and that parents and health professionals know about those in advance.

I asked about the scientific evidence behind masks, because the more you can share sound science and data, the more you can use that to persuade people that science exists. When you resort to pounding the table, quite frankly, you are losing the argument. Which brings me to the inappropriate use of civil rights law by the Administration, which further politicizes the issue and ignores the importance of state and local policy decision-making.

I believe that your civil rights investigation into states that have banned mask is counterproductive. The theory behind it is unwise, and the potential for abuse of our part—of our bipartisan civil rights laws causes grave harm to all of us. If you want to use the bully pulpit to encourage mask or you want to use the bully pulpit to criticize and condemn those who have banned mask mandates, that is the perk of your job. Developing preposterous legal theories and abusing the powers you have to try to bully your political opponents into submission is a step too far.

I turn to you for your agency's help in developing clear and consistent answers to questions for my constituents, people around the country, and more importantly, my colleagues who will vote on

what that pathway is in the future. Waiting for over a month for a reply is not acceptable. This is the first time either of you have appeared before our Committee since you were confirmed. If you aren't going to respond to oversight letters in a timely fashion, we certainly can't wait 6 months for you to reappear before this Committee again to answer critical questions from the American people.

Maybe we should just ask you to appear before us once a month until the pandemic is over so that we make sure we are getting responses to these and other vital questions in a timely fashion. The reason I raise the importance of our oversight work is that it helps to inform us where to go legislatively. As we transition into the fall and winter, students and teachers will be spending more time indoors. We will likely see more cases of COVID, flu, and other respiratory illnesses.

We will need to determine how to manage a potential surge in the demand for testing and treatments that will come with the holiday season. We need a clear, straightforward strategy of what must happen in the next 60 to 90 days and beyond so Americans don't have to spend another holiday season apart from their friends and their family. Last week, some of my colleagues and I wrote Jeffrey Zients to ask about the Administration's strategy, and I hope to get a more timely response from him than I have from the two of you. Finally, I need to take a few moments and confront the stonking at the picnic.

The reckless spending tax and spend agenda of partisan majority is threatening to tear apart this Congress and the country. You have the barest of majorities, just three seats in the House. Only the vice President breaking the tie in the Senate. Republicans get the role of chair and—Democrats the roll a chair and Republicans the role of ranking. It is not the moment for grand and sweeping legislation to reshape every aspect of the American family on your own.

It is unconscionable to take issues in this Committee's jurisdiction, propose to spend \$723 billion on these priorities without a hearing, without a markup where we can offer amendments, without consulting anyone outside of those writing this terrible piece of legislation about the real world effects of these proposals on faith based providers, on small mom and pop childcare providers, on the cost of college and state oversight of community colleges.

If you succeed in ramming through partisan legislation like this, Republicans and Democrats may no longer be able to agree on higher education or childcare or national service or even public health. Bipartisanship means getting some, not all of your wish list.

Bipartisanship means having to accept the other side may have some good ideas. We reach on easy compromises here. We work ideas out so that more, not less, of the elected Members of Congress, the representatives of the American people can say yes. It is sometimes slow. It is frequently messy, but it brings about unity and lasting change that is supported by the American people. If that is not the goal, I don't know why any of us are here. Madam Chair, I yield back.

The CHAIR. Thank you, Senator Burr. I will now introduce today's witnesses. Today the Committee will hear from Xavier

Becerra, Secretary of Health and Human Services, and Miguel Cardona, Secretary of Education. Secretary Becerra, Secretary Cardona, thank you both for joining us today. I am very pleased to welcome you back before this Committee and I look forward to your testimony. Secretary Becerra, we will begin with you.

**STATEMENT OF HON. XAVIER BECERRA, SECRETARY OF
HEALTH AND HUMAN SERVICES, WASHINGTON, DC**

Secretary BECERRA. Chair Murray, and Ranking Member Burr, it is a pleasure to appear before you alongside Secretary Cardona. At HHS, the health and safety of our students, their families, and our school personnel is our top priority, always not just during a pandemic. COVID has robbed so much from our children, a safe and comprehensive learning environment, a normal school year, time with mentors and friends.

For some, the costs have been even greater. Roughly 40,000 children have lost a parent to COVID-19, and more than 1.5 million have lost a caregiver. The numbers only tell part of the story. It is the empty chair at the dinner table, the open seat in the bleachers. It is the quiet homes and crowded hospitals. It is not having the chance to say goodbye. That is the real story. We owe it to our children to make the classroom as safe, nurturing, and instructive as possible.

Every step we take and take together can save lives. That is our mindset at HHS. Thanks to President Biden's leadership and robust funding from Congress, our Department has made critical investments in COVID mitigation to help schools stay open safely. We have learned a great deal in 18 months. Vaccination, masking, testing, increased hygiene, distancing, and improved ventilation all can significantly reduce COVID-19 transmission when layered appropriately. And make no mistake, vaccinated Americans against COVID is the most effective prevention strategy for our schools.

The science is clear. I call your attention to chart one. While the COVID-19 rate for children has increased nationwide, data from August show that children and adolescents in low vaccination states are being hospitalized at four times the rate of their peers in high vaccination states. Add in data for adults, and the lesson is undeniable.

As you can see from chart two to today, COVID is attacking our children, or at least vaccinated population at rates even greater than adults in states with low vaccination rates. That is why this Administration is taking several steps to turn the Delta variant tide. HHS will require the nearly 300,000 educators at Head Start programs to be vaccinated.

Our Centers for Disease Control and Prevention, CDC, is working with partners to broadcast the importance of vaccinating children, teachers, and school personnel. HHS is also coordinating public education campaign that lifts up more than 14,000 trusted community voices to remind everyone that vaccinations are safe and effective. Our Food and Drug Administration has reaffirmed it will follow the science on COVID-19 vaccines for children younger than 12. The agency is working around the clock.

I am hopeful that pediatric COVID-19 vaccines will become available in the coming months for children 5 to 11 years of age.

Our National Institutes of Health, NIH, is working to get parents and care providers the data they need to make good decisions for their kids, both today and for the long term. And thanks to the American Rescue Plan, community health centers have administered nearly half a million COVID vaccines to 12 to 18 year olds and conducted more than 2,500 vaccination events at school based clinics, mobile vans, and pop up clinics. Testing is another cornerstone of our strategy.

In April, HHS provided \$10 billion for screening testing to help schools reopen safely, and more than \$2 billion to scale up testing in underserved populations. We partnered with the Department of Defense to make \$650 million in investments to expand testing opportunities for K through 8th schools in underserved congregate settings. Masking has also shown extraordinary results.

On September 24th, CDC published data that showed schools without school mask requirements were three and a half times more likely to have a covered outbreak than schools with an in school mask requirement. The pandemic is not only taking lives, it is devastating our kids' mental health and we are not waiting to act. In May, HHS announced \$14 million from the American Rescue Plan to expand access to mental health care by integrating telehealth services in pediatric care.

We have made the largest investment ever in mental health and substance abuse block grants to states. And in August, our Substance Abuse and Mental Health Services Administration, SAMHSA, announced additional grants to strengthen resources for our Nation's youth. This is just a snapshot of our efforts. Over the past 6 months, I have met with parents and teens in Georgia, visited the tribal leaders in Seattle, and farmworkers in California's Central Valley. I met with faith leaders in Oklahoma, families in Dallas, health workers at hospitals in New Orleans.

Madam Chair, I have seen firsthand the resilience of our people. They are counting on us to keep their children, tomorrow's leaders, healthy and educated. But as Robert F. Kennedy reminded us, their future is not a gift, or a guarantee, it is an achievement.

I appreciate your support for HHS through this crisis, and I am committed to working with all of you to achieve the healthy future for our children. And it is what they deserve. Thank you.

[The prepared statement of Secretary Becerra follows:]

PREPARED STATEMENT OF XAVIER BECERRA

Chair Murray, Ranking Member Burr, and distinguished Members of the Committee—thank you for inviting me to address you today, and for all of the work you're doing to help us end this pandemic and move our Nation forward.

Secretary Cardona—it's a pleasure to appear with you.

Today, I'm here to talk to you about our agency's response to COVID-19 and our efforts to keep kids healthy in the classroom—both during this pandemic and for years to come.

Childhood should be a time of hope and possibility, not worry and despair. And yet, our Nation's children are living through one of the most challenging moments in modern history. The world as they knew it has been turned upside down, and we need to be there for them during this vulnerable time.

At HHS, the health and safety of students, parents, school staff and educators, and school systems is a top priority. Thanks to the leadership of President Biden and Vice President Harris, and robust funding from the Congress, our agency has made critical investments in COVID-19 mitigation to help schools reopen safely, and we're seeing promising progress.

Let me be clear: Schools have the tools to limit the spread of COVID-19. We can and must do everything to provide our children with a safe place to learn, especially as we continue to confront the more contagious Delta variant.

The latest data from the Centers for Disease Control and Prevention (CDC) show that, when prevention strategies are layered and implemented correctly, transmission within schools can be limited. We know that we will be confronting COVID-19 in our schools for the near future, but there are key strategies, including vaccinating, masking, testing, tracing, distancing, and improving ventilation, which can significantly reduce its transmission.

But our efforts can't end there. Just as the Biden-Harris administration is taking a whole-of-government approach to this crisis, HHS is taking a whole-of-children approach. We are not just focused on protecting children from COVID-19 today. We want to keep them healthy long after this pandemic subsides. That means investing in mental health services, ensuring routine vaccinations, and conducting long-term research so parents can make informed decisions about their children's health and future.

Here's why each of these strategies is important, and what HHS and the Biden-Harris administration are doing to help schools implement them correctly and consistently.

I. VACCINATIONS

Make no mistake: Vaccinating adults and children ages 12 and up against COVID-19 is the most efficient and effective prevention strategy to help schools safely return to full-time in-person learning as well as extracurricular activities and sports.

Everyone who is eligible should get vaccinated immediately to help protect themselves from getting and spreading the virus that causes COVID-19, especially to those who cannot yet get vaccinated. This is especially important for children ages 12-15, who are currently eligible but whose vaccination rates remain low.

The science is clear on this. And, sadly, so are the numbers. While the COVID-19 rate among children has increased across the country, the data show that children are becoming hospitalized at higher rates in states with low levels of vaccination.

In August 2021, hospitalizations among children and adolescents living in states with low levels of vaccination increased 4 times more than hospitalizations in states with high levels of vaccination.

That's why, on September 9, the Administration released the "Path out of the Pandemic: President Biden's COVID-19 Action Plan." This bold blueprint calls for additional actions to ensure that all schools consistently implement science-based prevention strategies so they may stay open for in-person learning and maintain the health and safety of all students, staff, and families.

Under the Action Plan, HHS will require the nearly 300,000 educators at Head Start programs—which are funded by our Administration for Children and Families—to be vaccinated. President Biden also called on all Governors to require vaccinations for all teachers and staff—just as we are for teachers and staff in federally run programs.

CDC is working with partners to spread the word about the importance of vaccination in school-aged children, teachers, and other school personnel. And at HHS, we have a public education campaign underway that involves lifting up the voices of 14,000-plus trusted messengers in communities across the country to remind everyone possible: vaccines are safe and effective.

We launched a Back to School "Week of Action" in August to mobilize school districts, students, teachers, other school personnel, national organizations, local government leaders, businesses, social media influencers, celebrities, and thousands of volunteers to encourage young people to get vaccinated and offer accessible ways to do it in their community.

We've worked with the American Academy of Pediatrics (AAP), the American Medical Society for Sports Medicine (AMSSM), and other organizations to incorporate COVID-19 vaccination into sports physicals for student athletes. We're working with the National Parent Teacher Association to equip parent leaders to host community conversations with pediatricians on vaccinations. And we're making it easier than ever for school districts to answer President Biden's call to host at least one pop-up vaccination clinic in the coming weeks. The Federal Retail Pharmacy Program continues to be an important component in our commitment to address the

disproportionate and severe impact of COVID-19 on communities of color and other populations who are medically underserved. More than 108 million vaccine doses have been administered and reported by retail pharmacies across programs in the United States. A total of 21 retail pharmacy partners are participating in the program, with more than 41,000 locations available online and administering doses nationwide. Overall, 44 percent of the doses administered through the program have gone to a person from a racial or ethnic minority group (among people with known race or ethnicity).

As we ensure that those interacting with young children are vaccinated, we continue to make progress on vaccinations for children under age 12. The Food and Drug Administration (FDA) reaffirmed on September 10 that it will follow the science on COVID-19 vaccines for young children, sharing the steps the agency will take to ensure the safety and efficacy of vaccines for children.

The agency is working around the clock. This review process is complex and relies on robust clinical trials and data, and while I cannot offer a specific date or timeline for when the trials and FDA's review of the data will be completed for each vaccine candidate, I can assure the public that we are working as quickly as possible to meet this critical public health need. And I'm hopeful that we will be able to make these pediatric COVID-19 vaccines available in the coming weeks and months.

Our National Institutes of Health (NIH) is also working around the clock to get parents and care providers the data they need to make good decisions for their kids. When we knew that vaccines were safe in adults, NIH started working with manufacturers to test them in kids in a step-by-step approach. Now that teenagers are eligible, the NIH and manufacturers are actively reviewing data on the 5-11 age group, and we're collecting data from trials with children under the age of 5.

When we heard from hospitals that some kids were getting severely sick, we activated existing pediatric research networks to understand which kids are at risk for multisystem inflammatory syndrome in children (MIS-C) and continue to look for best practices in treating them. We've folded long-term impacts on child development into our research plan and launched pilot programs on testing in schools to support superintendents and teachers.

Community Health Centers represent another vital piece of our vaccination efforts. Thanks to the American Rescue Plan, we have funded over \$7.3 billion in community health centers in our fight against COVID-19. With support from our Health Resources and Services Administration (HRSA), these centers have administered nearly half a million COVID-19 vaccines to 12-18 year-olds, and conducted more than 2,500 vaccination events at school-based clinics, mobile vans, and pop-up clinics. And in early September, HRSA awarded approximately \$5 million to 27 HRSA-funded health centers to expand school-based services.

Finally, HHS is monitoring the horizon for a future where children younger than 12 are eligible to be vaccinated against this virus. We look forward to that day when all school children have the opportunity to be vaccinated.

Those are just a few examples. As you can see, every division of our agency is playing their own critical role in getting our children and the Nation vaccinated against this deadly virus.

II. TESTING AND MASKING

Testing is another important cornerstone of our strategy to make schools safe. Screening testing identifies infected people, including those with or without symptoms who may be contagious, so that measures can be taken to prevent further transmission. A modeling study found that weekly screening testing of students, teachers, and staff can reduce in-school infection by an estimated 50 percent. In April, HHS provided \$10 billion for screening testing to help schools reopen safely, and more than \$2 billion to scale up testing in underserved populations. We also partnered with the Department of Defense (DOD) to make a \$650 million investment to expand testing opportunities for K-8 schools and underserved congregate settings.

As of September 17th, the FDA has authorized over 400 COVID-19 tests, including 13 authorizations for rapid, at-home tests to increase availability and consumer choice. With a large number of tests now authorized, FDA's focus is on helping increase the availability of specific types of tests that will have the biggest impact in addressing ongoing COVID-19 national testing needs, consistent with the national testing strategy—including at-home tests and tests that can be used at the Point of Care (POC) to diagnose infection with SARS-CoV-2. FDA will continue to author-

ize at-home diagnostic tests that work while protecting our children from bad tests that produce false results.

Right now, a majority of states are using POC testing as part of their primary strategy. This kind of testing is especially important in the school environment, where children often get sick from colds and other infections that may at first appear to be COVID-19, or vice-versa.

Schools establishing a screening program for asymptomatic individuals without known or suspected exposure may want to consider highly sensitive tests, tests with rapid turnaround times, pooling strategies to conserve testing supplies, and frequent serial testing.

One study found that, among five programs with regular screening testing (at least weekly) of most students and staff in the fall of 2020, one-third to two-thirds of total COVID-19 cases identified in the schools were identified through screening.

When all of this is done in concert with other mitigation factors—such as universal and correct indoor masking—the results are clear.

On September 24, CDC published three reports highlighting the importance of COVID-19 prevention measures in schools to protect students, teachers, and staff and keep schools open.

First, schools without in-school mask requirements were 3.5 times more likely to have a COVID-19 outbreak than schools with an in-school mask requirement. The second report showed that while 96 percent of schools have offered in-person learning during the 2021–2022 school year, COVID-19 continues to cause disruptions as closures due to COVID-19 have affected more than 900,000 students. The third report showed that counties without school mask requirements experienced larger increases in pediatric COVID-19 case rates after the start of school compared with counties that had school mask requirements. These findings reinforce the importance of following CDC recommendations to limit spread of COVID-19 in K–12 schools including wearing masks indoors and vaccinating all eligible students, teachers, and staff.

III. VENTILATION, TRACING, AND DISTANCING

CDC guidance makes clear that K–12 schools should prioritize in-person learning, and that schools can safely operate in-person by implementing layered prevention strategies (using multiple strategies together consistently) in alignment with CDC recommendations. Studies show that schools that consistently implemented layered prevention strategies showed lower or similar levels of transmission than the communities in which they are located. Vaccinations, testing, and masking are not the only important tools to help prevent the spread of disease. Good ventilation is another critical COVID-19 prevention strategy for schools. This can reduce the number of virus particles in the air and the likelihood of spreading disease.

In this case, reduced ventilation was shown to increase transmission risk even more in a classroom already at risk due to crowding, lack of distancing, and no masking requirement.

Another study of K–5 schools in Georgia last fall found that COVID-19 incidence was 39 percent lower in schools that improved ventilation and 37 percent lower in schools that required teachers and staff members to use masks.

Combined with appropriate distancing and timely contact tracing, these strategies can significantly reduce the rate of infection in schools. Just this month a study from Arizona showed that the odds of school-associated COVID-19 outbreak in schools without a mask requirement were 3.5 times higher than those in schools with an early mask requirement.

IV. BEYOND COVID-19

Of course, this pandemic has robbed our children of far more than just normal school years. Roughly 40,000 children have lost a parent to COVID-19, and more than 1.5 million have lost a caregiver.

These numbers are heartbreaking. But it's more than the numbers. It's the empty chair at the dinner table or the open seat in the bleachers. It's the home that's a little too quiet, and the hospital that's a little too crowded. It's not even having the chance to say goodbye.

All of this is affecting our kids and impacting their mental health. Since the start of the pandemic, we have seen a disturbing rise in youth anxiety and depression. We also know that the pandemic has exacerbated a broad range of issues like food and housing insecurity, coping with loss, and racial/ethnic inequities. In addition,

school closures, loss of income, and social isolation during the pandemic, all of which contribute to heightened stress, may have increased the risk for children and youth to Adverse Childhood Experiences, or ACEs. All these factors may increase mental health challenges in youth, including stress, depression, and anxiety.

But this mental health crisis began long before COVID-19. Between 2007 and today, the overall suicide rate for youth ages 10 to 24 increased more than 50 percent. Suicide rates in certain groups, such as LGBTQ youth and youth of color, are also of concern. According to the Trevor Project's National Survey on LGBTQ Youth and Mental Health 2021, more than 40 percent of LGBTQ youth seriously considered suicide in the past year.

The data is clear and devastating, and the Biden-Harris administration is not waiting to act. We are committed to continuing to address this multi-faceted issue to support the social, emotional, and physical health of our Nation's youth.

HHS has invested billions of dollars to provide resources and increase access to mental health services for vulnerable groups, including children and youth. I want to take a moment to acknowledge that this Committee has been invaluable in these efforts. You all continue to ensure that HHS has the support we need to prioritize mental health care. Thank you.

In May, HHS announced \$14.2 million from the American Rescue Plan to expand mental health care access that will integrate telehealth services into pediatric care.

We have released nearly \$3.8 billion through the mental health block grants and \$4.8 billion in substance use block grants to states. This is the largest-ever investment ever made in these two programs. And in August, our Substance Abuse and Mental Health Services Administration (SAMHSA) announced even more grants to strengthen mental health resources for our Nation's youth.

Again, because of prioritization from this Committee, we are committing \$80 million in supplemental funding to Project Advancing Wellness and Resiliency in Education (AWARE), which helps build or expand state and local governments' coordination to increase awareness of mental health issues among school-aged youth.

We have provided nearly \$1 billion in both supplemental and annual funding in fiscal year 2021 to Certified Community Behavioral Health Centers (CCBHCs), and we are investing in mental health first aid, including more than \$17 million we're releasing to programs today.

In fiscal year 2021, we provided \$12 million in annual funding to CDC to work upstream and support states and communities. This includes implementing a comprehensive suicide prevention approach with a focus on populations disproportionately impacted by suicide, including youth, racial/ethnic minority populations, and others at increased risk.

We also provided \$5 million to CDC to better understand the burden of adverse childhood experiences (ACEs) in their communities and engage in strategies that can prevent ACEs from occurring, in order to help to promote safe, stable, nurturing relationships and environments where children live, learn, and play. This work is a shared and mutual priority of the Biden-Harris administration.

As millions of children go back to school, HHS is also elevating mental health resources for supporting students and staff. That's why in May, I announced a cross-department behavioral health coordinating council to drive change and action across all agencies in HHS. One of the dedicated subcommittees of this council focuses on addressing barriers and improving the coordination of behavioral health services and supports for children and youth. A national problem calls for Department-wide coordination, so we need to get outside of our silos and act together.

I look forward to driving prevention initiatives across the department and building on the investments we have made already in our Nation's youth. And I appreciate this Committee's commitment to these critical programs.

As our kids come back, we need to meet them where they are with the critical health care services they need and deserve—not just for the visible scars of this crisis, but for the invisible ones as well. HHS is committed to partnering with youth, families, and communities to ensure that children and youth have the support they need.

V. CONCLUSION

I'm deeply proud of the work our department and the Biden-Harris administration are doing to fight COVID-19, help schools reopen safely, and protect our communities. And as Secretary, I have not been content to simply view this work from the halls of the Humphrey Building.

Over the past 6 months, I have traveled the country to engage communities directly about this pandemic and the importance of getting vaccinated. I visited the Indian Health Board in Seattle and a farmworkers vaccination clinic in Salinas, California. I toured a health center in Oklahoma and a community hospital in Massachusetts, a testing clinic in Nevada, and our own CDC Headquarters in Georgia. I've met with patients and providers, parents and educators, health workers and tribal elders. At every stop along the way, parents raised the importance of their children's health, wellness, and education.

While I have certainly witnessed the devastation of this pandemic on these trips, I have also seen the resilience of our people. They have weathered the worst of this storm with remarkable courage, and now they are counting on us—their representatives—to keep their children safe.

Yes, our children are tomorrow's leaders, but they are today's priority. And we need to give them the tools and resources to thrive. That starts with keeping them healthy—both mentally and physically.

Many of the challenges facing the health of our Nation's children began long before this pandemic, and they will remain long after—unless we do something about them.

I'm committed to working hand-in-hand with all of you on these issues, and I appreciate your support of HHS through this crisis.

Chair Murray, Ranking Member Burr, and Members of this Committee: Robert F. Kennedy reminded us that the future is not a gift. It is an achievement. We have a lot of work to do to achieve the kind of future our children deserve. But if we're committed, if we're determined, and most of all, if we work together, I believe we can make that future a reality.

The CHAIR. Thank you, Secretary Becerra. I will turn it over to Secretary Cardona for his statement.

**STATEMENT OF HON. MIGUEL CARDONA, SECRETARY OF
EDUCATION, WASHINGTON, DC**

Secretary CARDONA. Good morning, Chair Murray and Ranking Member Burr. I am honored to be alongside my colleague and friend Secretary Xavier Becerra, speaking about the critical work of safely reopening our Nation's schools for in-person learning. President Biden made it clear on his first day that getting all students safely into the classroom is a top priority. That has been my priority as well.

I am proud that the vast majority of America's 50 million students are in school full time learning in person. Schools are the heartbeat of communities. They are like second families to students and staff. They are thrilled to beat together again. In many areas, schools are the only place where students have access to STEM laboratories, music and theater, gymnasiums, social services, and nutritious meals. Especially amid the pandemic, schools also empower parents and caregivers to get back to work and access the vital services that they need themselves.

Last week I visited 5 states and 11 cities during the Department of Education's return to school road trip. I saw sheer joy, the joy that students and educators feel about being back together, learning in person. My team and I saw students reconnecting with friends in band practice, on the basketball court, in the classrooms, and yes, even in the cafeterias. The Biden administration has worked hard to help make that a reality. Schools are the most effective means of ensuring students receive the academic, social, emotional, and mental health support they need to thrive. First, the American Rescue Plan, or ARP, has been a historic lifeline.

Our education system didn't serve our students well before the pandemic, particularly students of color and students from low income backgrounds. With \$130 billion, ARP is empowering states, school districts and educators to safely reopen schools and address education inequities that COVID-19 highlighted and in many cases made worse. But these funds are just the first step.

At the Department of Education, we are a service agency. We are supporting districts to implement ARP funds and sharing best practices. We have released multiple resources and have convened conversations with education leaders to provide tailored support for schools and districts. We spent a lot of time listening. Our work is far from over, but we have seen great progress. When the Biden administration took office, 23 percent of K-8 schools were operating fully remote.

By May, just 2 percent were remote. I am proud to say that we are going to be launching a data dashboard soon where you can see re-opening data throughout the country in real time. Currently, about 96 percent of school districts are fully reopened for in-person learning. Only a handful are utilizing hybrid or remote models for brief periods to contain the spread of COVID-19. While we must stay vigilant, I am proud to say that despite an increase in a variant of COVID-19 about a month before school started, America is back to school.

Moving forward we will promote health and safety in schools, we will support students' social and emotional needs, and we will accelerate students' academic learning. And health and safety, we know mitigation strategies work. The data is proving that. We cannot risk another year of shuttered classrooms and canceled sports performances or extracurricular activities. We owe it to our students, and we owe it to our families to follow the science and implement evidence based mitigation strategies in our schools such as masking and physical distancing.

Regarding our students' social and emotional development, they have suffered enough. Students' wellness must be factored into the reopening. School districts are determining their students' needs and hiring social workers and school psychologists and implementing new mental health supports. And finally, we are assisting school districts in their work to address lost instructional time. Not only as an educator, but as a father, I can tell you that learning in front of a computer is no substitute for in-person learning. Districts are using ARP funds to invest in tutoring, extend the learning time, and much more.

Despite the adversity we faced, I am more optimistic about the future of education than ever before. I have seen teachers face unprecedented challenges with determination, creativity, and an unwavering love for their students. I have seen families come together to support the education of the children.

I have seen education leaders make tough decisions knowing that they are not always going to be popular, but they are putting the students' needs first. And I have seen students flourish. Their resilience is our inspiration at the Department of Education. States are using ARP to build back better. The education system we had before March 2020 is not the goal. We can and we must do better. Thank you. And I look forward to your questions.

[The prepared statement of Secretary Cardona follows:]

PREPARED STATEMENT OF MIGUEL CARDONA

Good morning, Chair Murray and Ranking Member Burr.

It is a pleasure to speak to you today alongside Secretary Becerra about the critical work of safely reopening our Nation's schools and campuses and setting all students up for success this school year.

President Biden made clear on the first day of his Administration that getting all of our students safely back into the classroom for full-time in-person learning was one of his top priorities. We know that school buildings are so much more than four walls and a roof. They are the heartbeat of towns and cities across the Nation. Schools are where our young people come together to learn side by side, and forge deep bonds with their classmates and teachers. Schools are where our students play, and develop critical social, emotional, mental health, and academic skills, and where they explore their passions in the theaters, laboratories, gymnasiums, art rooms, and computer science labs that can only be found on school grounds. And schools allow for parents and caregivers to get back to work and for students to access critical school services, including nutritious meals, counseling, and social services. In short, school buildings are the best vehicles we have for empowering our young people to live up to their full potential and to maintain vibrant and thriving communities.

Since the beginning of the Biden-Harris administration, our expectations have been consistent and clear—we want all schools to safely offer all families 5 days a week of full-time, in-person learning. At the U.S. Department of Education this remains our top priority, and for the past several months, under the leadership of President Biden, the Department of Education, the Department of Health and Human Services, including the Centers for Disease Control and Prevention, and many more, Federal officials have been working tirelessly to support a healthy, equitable, and joyful return to school.

While the work is far from done, we saw these efforts pay off last winter and spring. In January, when the Biden-Harris administration took office, 23 percent of all K–8 schools were operating fully remotely, leaving millions of students without the ability to learn in-person, and many without access to remote learning even when offered. By May, the percent of all K–8 school operating fully remotely had dropped to only 2 percent and nearly every school in America was offering in-person learning. Early estimates from this school year show that about 96 percent of school districts are offering families fully in-person instruction. Only a small percentage of schools are switching on a temporary basis to a hybrid or remote model to contain the spread of an outbreak in the school and then quickly returning to in-person once it is deemed safe, and a proper quarantine process has completed.

Steps the Biden-Harris Administration has Taken to Accelerate the Safe Reopening of Schools

The Biden-Harris administration has taken several critical steps thus far to help States and local school districts safely reopen our Nation's schools, and support schools in meeting the social, emotional, mental health, and academic needs of our students.

Funding

- We provided \$122 billion in American Rescue Plan Elementary and Secondary School Emergency Relief (ESSER) funds to help schools safely reopen—including to implement strategies recommend by the CDC to prevent transmission of COVID in schools, address inequities exacerbated by the pandemic, and support the social, emotional, mental health, and academic needs of students.
- The Department of Education also distributed \$800 million in American Rescue Plan funding to help States and school districts identify students experiencing homelessness and provide wraparound services to support their full participation in school activities.
- We released more than \$3 billion under the American Rescue Plan to support children with disabilities, helping more than 7.9 million infants, toddlers, and students with disabilities across the country.
- In April, the Department of Health and Human Services distributed \$10 billion in funding for COVID–19 screening testing for teachers, staff, and students in K–12 schools.

- FEMA is providing 100 percent reimbursement for school reopening costs.

Resources to support state and local leaders

- Our Department has provided three volumes of the COVID–19 Handbook focused on safely reopening schools and meeting the needs of students in K–12 and higher education, and launched a clearinghouse of best practices to share with educators across the Nation.
- The Biden-Harris administration, including the Department of Education, has also released several resource and guidance documents to support the implementation of best practices on ventilation; hosting school-based vaccine clinics; using community school approaches to meet the needs of the whole child; strategies for effective instruction when students are temporarily unable to attend school in-person, like when they are in isolation or quarantine; addressing lost instructional time, including the impact on the mental health of students; and supporting all students’ rights in educational environments during the COVID–19 pandemic.
- Our technical assistance has included the “Lessons from the Field” webinar series, which has focused on a range of issues including safely reopening and sustaining in-person operations, improving indoor air quality, addressing mental health needs, and re-engaging the students most impacted by the pandemic. We also launched the Summer Learning and Enrichment Collaborative to bring states, school districts, and community-based organizations together to focus on evidence-based summer interventions to support students’ social, emotional, mental health, and academic success.
- Our Office for Civil Rights released a *Question and Answer* document that provides answers to common questions about schools’ responsibilities under the civil rights laws and is designed to help students, families, schools and the public support all students’ rights in educational environments. We published *Education in a Pandemic: The Disparate Impacts of COVID–19 on America’s Students*, a report that explores how the impacts of COVID-19 are falling disproportionately on students who went into the pandemic with the fewest educational opportunities. We also released a fact sheet that provides information about “long COVID” as a disability, and, together with the Department of Justice, we put out a fact sheet on *Confronting COVID-19-Related Harassment in Schools*.

Vaccinations

- The Biden-Harris administration has prioritized vaccine access for school staff, by issuing a directive making teachers eligible for the COVID–19 vaccine in March, setting a goal of getting all school staff who wanted the vaccination to be able to get at least one shot in the month of March, and resulting in about 90 percent of educators vaccinated today.
- The Biden-Harris administration is also working to expand access to the vaccine for young people, by issuing a call to school districts to host on-site, pop-up vaccination clinics at schools, in partnership with the Federal pharmacy program; and incorporating COVID–19 vaccination into sports physicals for student athletes.

Return to School Roadmap

For the 2021–2022 school year, we launched our *Return to School Roadmap* for parents, educators, schools, and districts to prepare for the safe and sustained reopening of schools this fall. The roadmap includes actionable resources and examples from the field on how to address our three priorities in returning to in-person learning safely: (1) prioritizing the health and safety of students, school personnel and families, (2) building school communities and supporting students’ social, emotional, and mental health, and (3) accelerating academic achievement by addressing learning gaps accumulated from lost instructional time.

I will touch briefly on each of these three pillars, and now that the school year has begun, will provide a quick glimpse into the incredible work we are continuing to see from school communities across the country in these three areas.

Ensuring Safe and Healthy In-Person Learning

We learned last school year that with the right safety measures in place, schools can safely offer in-person learning to all families 5 days a week. *Studies show* that

schools that consistently implemented layered prevention strategies—as recommended by CDC guidance—showed lower or similar levels of transmission than the communities in which they are located. This is due to the heroic work of our teachers, school leaders, and school staff, who were able to implement mitigation strategies while also keeping learning fun, engaging, and high-quality.

For the current school year, CDC guidance makes clear that K–12 schools should prioritize in-person learning and do so by continuing to implement layered prevention strategies (using multiple strategies together consistently). This includes helping everyone eligible get vaccinated, universal and correct indoor masking regardless of vaccination status, diligent sanitization and hygiene practices, using contact tracing in combination with isolation and quarantine, improving ventilation, and maintaining physical distance to the maximum extent possible.

There are so many great examples of districts using ARP dollars to go above and beyond to safely reopen schools for students. We know that effective ventilation systems clean and disperse air, decreasing the risk of various airborne illnesses including COVID–19. We also know that our Nation’s underserved students are attending schools that often do not have effective ventilation systems. Adequate ventilation has been a concern in Philadelphia’s school buildings. The district responded to concerns by using their funds to purchase air and surface purifiers to reduce the number of contaminants in the air.

We know that vaccines are the best way to prevent the spread of COVID–19. To support vaccine access, several Maine municipalities and district sites also served as vaccination sites in the spring of 2021, and this fall many are working with local providers to host COVID–19 vaccine clinics for age eligible students and staff. South Carolina has launched a vaccine community confidence campaign complete with toolkits and easily distributed materials for families. Minnesota has developed and promoted the Roll Up Your Sleeves campaign to increase vaccination rates, which includes targeted outreach to 12–17-year-olds as well as connecting local public health departments to school districts and charter schools to provide onsite school vaccination clinics for students, staff, and community members.

To support testing, New Mexico is leveraging ARP dollars to offer screening testing for students and staff at all of their schools. Alaska is facilitating diagnostic and screening testing in schools and will continue to work with its state Department of Health and Social Services to provide resources and supports for mitigations plans for districts and schools.

We also know that there are some states that are standing in the way of school districts implementing strategies aligned with CDC guidance to maintain health and safety. To support local educational agencies (LEAs) that adopt and implement strategies to prevent the spread of COVID–19 consistent with the guidance from the CDC, the Department of Education launched the Project to Support America’s Families and Educators (Project SAFE) grant program. Project SAFE is intended to improve students’ safety and well-being by providing funding to LEAs that are financially penalized for doing so by their state educational agency (SEA) or other state entity. The Department has awarded the first two Project SAFE grants, which will protect students in Alachua County (FL) Public Schools and Broward County (FL) Public Schools.

Social and Emotional Learning and Mental Health

We know that in order to excel academically, students need a strong social and emotional foundation. Students have suffered so much over the past 18 months, and we cannot unlock a student’s potential unless we also help them heal and recover from all the trauma and hardship the pandemic has brought. For many students, schools are the only place where they can access mental health professionals, school counselors, nurses, and support structures they need—including their friends—to help them through the adversity of the last year. I’m pleased that across the country, we’re seeing American Rescue Plan funds being used to prioritize our students’ mental health needs, and tend to their social and emotional development, by hiring more of these invaluable education professionals.

Nevada is reserving ARP funds to hire 100 school-based mental health professionals, and Alaska is using ARP funds to help social workers offer key services to remote districts such as virtual lessons in self-care and methods to reduce student stress, depression, and anxiety. ARP funding will also allow the Kansas Department of Education to address a state-wide shortage in licensed professionals trained to address the documented social and emotional needs of students. According to Communities in Schools (CIS), CIS of Washington is expanding integrated student support services to four counties and 16 rural schools with ARP funding,

anticipating serving approximately 2,500 students. The New York City Department of Education is using ARP funding to hire over 600 mental health professionals to provide care as students returned back this fall. This means that every school will have at least one full-time social worker or school-based mental health clinic.

Addressing the Impact of Lost Instructional Time

Every parent and caregiver across the country knows how challenging the last year was for our students. It was tough for us adults, too—with many of us taking on the role of parent and teacher at home. I want to give thanks to all the parents and caregivers across America.

Over the last year, what was made clear is that sitting behind a screen simply isn't the same for most children as learning in a classroom among their peers. And we know that many students may have been disconnected from their school communities for weeks, months, and for some, over a year.

It's our responsibility—as leaders and as educators—to do everything in our power to help our students excel. This is especially important for communities hardest hit by the pandemic, who may have been furthest from the opportunity to learn and succeed to begin with. This means investing in building teacher capacity to meet students where they are and accelerate learning, high-quality, evidence-based tutoring programs, extended learning options, and other opportunities to support student academic success during the school year.

Many state leaders are meeting this challenge. The Louisiana Department of Education will allocate ARP funds to school systems through grants that prioritize those students most impacted by the pandemic. The State's plan emphasizes accelerating learning—which connects instruction to new learning rather than remediation—and includes tutoring in reading and math. North Carolina is seeking to address the impact of lost instructional time through interventions such as \$30 million for high-impact tutoring statewide, \$19 million for updated assessment tools and new testing platforms, and \$35 million for a competitive grant program for summer school and after-school extensions. New Hampshire has launched the *Recovering Bright Futures* program which creates for students who suffer from anxiety or who have experienced learning loss, small, in-person, multi-age learning pods. Students receive individualized instruction and participate in project-based instruction in the pods, with the goal of rekindling curiosity and accelerating learning so they can catch up with their peers.

Building Back Better

If prioritized together, the three landmarks in the Return to School Roadmap will enable more students and communities to heal, learn, and grow together this fall. However, we cannot go back to the way things were in March 2020. Our students deserve more. The American Rescue Plan built a strong foundation for us to begin to recover. It has empowered schools across the country to bring their students back into the building and address critical social, emotional, mental health, and academic priorities. But we owe it to our students to Build Back Better from the pandemic and overcome the inequities that existed prior, and we can do so by passing the Build Back Better agenda.

From creating universal high-quality preschool, to fixing our Nation's school infrastructure, to investing in educators, to improving career pathways, to providing free community college, we have an opportunity right now to transform American public education for generations to come. We can build truly equitable schools that finally close the opportunity and achievement gaps that have existed in our education systems for far too long. We can set all our children up for success by investing in our strongest asset—our people—and ensuring that America remains competitive in a global economy. These resources will allow us to build an education system more equitable and excellent than ever, where every student—no matter their race, ethnicity, religion, gender identity, sexual orientation, income, disability status, age or background, is seen, valued, and set up to succeed.

Conclusion

Thank you again for the opportunity to share about our priorities for a safe, joyful, and equitable launch of this school year. I am committed to working collaboratively with each of you and to set all of our students up for success.

Thank you, and I will do my best to respond to any questions you may have.

The CHAIR. Thank you very much, Secretary Cardona. We will now begin a round of 5 minute questions and I ask my colleagues to please keep track of the clock and stay within those 5 minutes. And I will begin. Secretaries Cardona and Becerra, it has been a challenge over the last year and a half to know how to keep ourselves and our families safe, especially when it comes to our children and schools. Some states and localities are following the science and public health guidance and putting in place safety measures. Others are not.

In fact, in some schools, basic measures to keep students safe are prohibited by extreme Republicans politicizing masks and vaccines. A recent survey showed the majority of parents of color needed ventilation in classrooms, vaccinated teachers, social distancing, masking and COVID-19 testing in place to feel safe sending their children to school in person.

Yet, we know these things are not happening consistently for our families. I think it would be helpful for parents and families to hear straight from each of you the following. One, when should a child wear a mask and what additional measures should schools be taking to keep kids safe? Secretary Cardona, I will start with you.

Secretary CARDONA. Thank you for the question. And we share that goal to make sure that we are building confidence in our schools, so parents feel comfortable sending their children, all children. And it has been very clear. We have a year's worth of experience doing this already, not only at the state level. Before we had vaccines, before we had the testing protocols, before we had a year's worth of experience, we were safely reopening schools because we followed what works.

I will tell you, I will start off by saying it is really important as educators that we work really closely with our health experts like we are doing at the Department with HHS, CDC, and our U.S. Surgeon General to make sure that we are listening to medical experts when we are making decisions. Masks prevent the spread of COVID-19. And in schools that have high spread, and which we are seeing across the country, it is critically important that masks are being utilized. The promotion of vaccinations for students that are eligible is critically important to reduce spread and make sure that the illness isn't serious if students do contract COVID-19.

Quarantining when students are—do have COVID or are were exposed to someone that did until they are able to get tested, that is critically important. Our schools must be safe for learning, and we have to make sure we are communicating what we are doing to keep students safe. It is our responsibility to follow the science. As my colleague here, Secretary Becerra has shown, in places that do follow the mitigation strategies, we are able to keep students in the classroom without disruption. It is our responsibility to keep our students and our staff safe.

The CHAIR. Secretary Becerra.

Secretary BECERRA. Madam Chair, the evidence has spoken. The science is clear. Vaccines are the safest, most effective route to keeping our kids safe. Even if you are under the age of 12, it is still important for everyone who can vaccinate to vaccinate, to keep everyone, including our children, under the age of 12 safe. Masks, the Arizona study showed very clearly those places that don't use

masks in school are three and a half times more likely to create an outbreak in the school than those schools that do use masks.

As Senator Burr said, it is common sense. None of us here probably would enter a car and start driving without buckling up. 50 years ago, some people protested using seatbelts. Today, we don't. We know how safe and effective they are. Same thing with vaccines, same thing with mask, same thing with social distancing. Same thing with better ventilation. Same thing with better hygiene.

We know what works. It is common sense. And I would just tell each and every parent, please use common sense. Don't let anyone stop you from protecting your kids.

The CHAIR. Thank you to both of you. Since the early days of this pandemic, I have been very focused on making sure testing is widely available as a tool to prevent and respond to outbreaks. And I was, as you all know, frustrated at the Trump administration's failure to articulate a testing strategy and address supply shortages, and communicate clearly and effectively. I have pushed very hard to make progress on that front. I know the Biden administration moved quickly to fix many of the early issues with testing.

But I want you to know I am troubled, however, by the continuing testing challenges, which includes some schools not having access to enough tests. Right now, we know testing would be a critical part of safely reopening schools, especially for those students who are too young to get vaccinated. So, Secretary Becerra, I wanted to ask you, what specific steps is the Federal Government taking to make sure tests are accessible to schools and what guidance is being provided to make sure they are being used effectively?

Secretary BECERRA. Madam Chair, first, I want to make sure it is clear there is a supply of test kits available. It is that the demand has grown dramatically and the demand for certain types of tests so that the distribution has been difficult to get to certain places. But generally speaking, nationwide, there is sufficient total testing capacity across the Nation to meet our needs. And this includes the combining of all lab-based point of care and over the counter testing. What have we done? Well, you are probably aware that earlier this month President Biden announced the use of the Defense Production Act so that we could procure some \$2 billion in rapid point of care tests and over the counter at home COVID tests.

We are going to continue to mobilize and work with our industry partners to make sure that we can get into contracts that allow for multiple testing manufacturers to expand production. And we are actively engaged with states to mitigate supply chain constraints while the domestic manufacturing expands to meet the demand.

But we have seen in the last few months demand increase month over month, some 300 to 650 percent, and it has been a demand that has not been evenly spread. And that is why you see pockets where people say there is a shortage. There is sufficient supply, it is just getting it at the right places and coordinating well.

The CHAIR. Thank you.

Senator Burr.

Senator BURR. Thank you, Madam Chair. Again, I welcome the Secretaries this morning. Secretary Becerra, you had a bit of an en-

terprise in the U.S. Government that incorporates many of the agencies that dragged COVID policy in this country. Let me ask you, are you supportive of a mandate for COVID vaccines for 12 year olds and over in K through 12 education?

Secretary BECERRA. Senator, thank you for the question. This Administration from the President on down has been very supportive of moving forward with requirements to make sure that our people are safe.

Senator BURR. It is a very specific question. Do you support mandating that 12 year olds and over in K through 12 be vaccinated?

Secretary BECERRA. Senator, again, if you ask me the question, as a Secretary of Health and Human Services, I can tell you that my jurisdiction does not include schools and requiring 12 year olds.

Senator BURR. But you represent an enterprise that drives all of the policies that go into COVID. Does the HHS Secretary, is he supportive of mandating that K through 12, 12 years and over that they mandatorily be vaccinated?

Secretary BECERRA. I am very supportive, both personally and as Secretary of Health and Human Services of a school district, of a local jurisdiction, of a Governor that says it is time to keep our kids in school safe, and we will therefore move toward requiring masks or vaccinations, but I am—

Senator BURR. But not the Federal Government?

Secretary BECERRA. The Federal Government doesn't have jurisdiction to tell schools what to do.

Senator BURR. Okay. Secretary Cardona, do you believe that parents ought to control whether their children are vaccinated and whether they are and have input into what their children are taught in K through 12?

Secretary CARDONA. Thank you for the question, Senator. I do believe the role of educating students should involve parental involvement. And I do believe that schools are adequately able to engage student parents through that process.

Senator BURR. Now, you do support mandates on 12 year olds and over in K through 12, because you and I had a conversation on the phone on that, right?

Secretary CARDONA. I support efforts that states, and districts are doing to protect students and staff so that they can continue with in-person learning.

Senator BURR. Does that mean you are opposed to a Federal mandate of children 12 and over in K through 12, a Federal mandate that would require all of them to be vaccinated?

Secretary CARDONA. I believe that the decision about mandating should be at the state and local level. And I support the efforts being made to promote vaccines and require them in places where we know spread is high. In fact, the data show that in places where the vaccination rates are highest, there is less interruptions in learning. And the goal is to safely reopen schools, but also to keep them open.

Senator BURR. Both of you have put great emphasis on the data that is behind the decisions you make. Secretary Becerra, the President made an announcement on August the 18th that boosters would be available on September 20th for all Americans. Clearly he was out in front of the scientific data. Why would we set an arbi-

trary date and tell the American people you will all get a booster if you have gone 8 months past your initial boost?

Secretary BECERRA. Senator, I think the President has been very clear throughout. He believes in vaccinating America, and he believes that he should be vaccinated as well. When he mentioned September 20th, what he was telegraphing to the country is get ready. We are going to start vaccinating, getting that boost as soon as we can. Of course, the science will drive the ultimate result, as we have seen as well.

Senator BURR. Well, you have got five agencies under your leadership, CDC, FDA, Surgeon General, NIH, NIAID, and they all wrote a letter, they all signed a letter. Let me just read to you what it says. We are prepared to offer booster shots to all Americans beginning the week of September 20th and starting 8 months after the individual second dose. There is no clarifier in this.

Secretary BECERRA. Senator, I think if you read the rest of the letter, you will see that it does put a qualifier saying, subject to the science.

Senator BURR. Secretary, one of the challenges that we have today is that the communications message is so muddled that the American people don't know what to believe and what not to believe. In large measure, because one can interpret this is a decision was made before the scientific data was available. What if the scientific data had not come out on the 20th? What if a decision could not have been made then? I think we share a bipartisan belief that we have tried from the beginning to follow the science.

Secretary Cardona, I am concerned that taxpayers and lawmakers will never know what the \$191 billion appropriated for K through 12 pandemic relief paid for. According to the information my staff received from the Department of Education, as of September 10th, K through 12 schools spent \$18 billion, less than 10 percent of the \$191 billion of Federal coronavirus emergency relief money appropriated at the end of March, and GAO reported that the Department's current method to track funding will not let lawmakers know how these funds are being used to address pandemic related needs of children. And the Department agreed to do something about it. What have you done?

Secretary CARDONA. Thank you, Senator. The funds that were provided for our schools are really funds provided for our students to help them recover. And I have seen firsthand in my visits to states the creative ways districts are reengaging students and re-connecting those school communities.

As a former Commissioner of Education, I can tell you firsthand states are going to first use their ESSER I money. But we also know that this is a—the path to recovery from the pandemic and from the impact on children is going to take more than 1 year. We do have a data dashboard on the drawdown, and we are going to continue to get information on that. We have an outreach team that works directly with our states, not only to learn what they are using the funds on, but also to share best practices.

At the end of the day, our educators have been heroes to protect our students and get them safely back in the classroom. And they are also assessing what the needs are of our students. And again, last week alone, I saw tremendous innovation to make sure that

we are not only assessing what students lost in terms of instruction, but also meeting them where they are with their social, emotional needs, and ensuring that our schools are safe, which includes new ventilation systems, which I saw in DeKalb County, Georgia, and in other places that I visited.

I am completely confident, and I trust that educators are going to put the children's need first, and they are going to make sure that this recovery provides long term solutions for these students, not only to get to where they were, but to thrive higher than ever before.

Senator BURR. Thank you, Chair.

The CHAIR. Thank you.

Senator CASEY.

Senator CASEY. Thank you, Chair Murray. I want to thank our witnesses for your appearance today and your public service. I wanted to ask, and maybe I will get at least a big question to each of you, Secretary Cardona on students with disabilities, Secretary Becerra on behavioral health in schools.

I just want to put one fact on the table again that Secretary Cardona, in your testimony, your written testimony on the first page, you say January, when the Biden Harris administration took office, 23 percent of all K through 12 schools were operating fully, remotely 23. By May, just 5 months, less than 5 months into the Administration, the percent of all K through 12 schools operating fully remotely had dropped to 2 percent, from 23 to 2. So that is good news.

I think it is directly related to dollars that the Federal Government has provided, to date over \$189 billion to schools. And I note for the record, the Rescue Plan was \$122 of that \$189. So two-thirds of the dollars appropriated were done through the Rescue Plan the Democrats passed. Secretary Cardona, first, I wanted to start with students with disabilities. About 7 million, as you know, in the Nation, students in public schools receive special education services.

It is an understatement to say that the pandemic has been challenging for those students. Most of them had to adapt to online instruction. Others had to have their related services, such as physical or occupational therapy, reduced or adapted. So many challenges that we have read about. Individual education plans, which, as you know well, are required by the IDEA Act from years ago, often require specific therapies and specific services.

Here is the question, can you tell us what guidance and resources the Department is providing to states and local school districts to get students with disabilities the services and the therapies that they need to set them up for success?

Secretary CARDONA. Thank you for that question. It is clear that our students with disabilities were greatly impacted during the pandemic. And I recall stories of—I recall conversations with parents who shared with me the impact that their child not being able to access in-person learning had not only on their learning, but on their entire family. With regard to work, it was much more difficult for many students with disabilities to learn using a laptop. I recall a mother who wrote a book and called it, *There Is a Rainbow*. And at the end of the rainbow in this book was the school reopening.

Her child has autism, and the remote learning is—as much as educators did the very best, it wasn't the same.

We need to place special emphasis on our students with disabilities and their families to make sure that they are coming back into a welcoming environment, one that is assessing where the children are now, not where they were in March 2020. We required states to ensure that IEPs are being updated for this school year, and many states understood this important responsibility and did it in the spring so that they can start the year off where the children are now.

We know individualized education plans are the best strategy for these students to reach their potential and updating those is critically important. Furthermore, Senator, we—from February, we were providing handbooks and special attention was given to supporting students with disabilities and also supporting educators that serve students with disabilities with training and helping them have more opportunities to understand the social, emotional impact of our students with disabilities.

We understand the priority it is. We are going to continue to serve our educators and our students and our families with children with disabilities.

Senator CASEY. Thanks very much. Secretary Becerra, on behavioral health. Obviously, a lot to talk about. Let me just make a quick reference to the question. What resources are now available for both—excuse me, for teachers and school administrators to support students' mental well-being during this time?

Secretary BECERRA. Senator Casey, thank you for the question. I know this is a priority for you. We have made the largest investments in mental health and substance use disorder in the history of these programs because of the American Rescue Plan that you and others in this Congress passed. And I am pleased to say that close to \$1 billion has gone out so far to support the mental health services that are needed throughout our Country, including in our schools.

We have put out close to \$5 billion for substance use disorders services. Most of that money, as you are aware, is administered, run through the states. Then they feed it over to the local Governments and the schools. And so we have done more because you all pass the American Rescue Plan than we have ever done before, and we know we have to do more.

Senator CASEY. Thanks so much. Thank you, Chair Murray.

The CHAIR. Thank you.

Senator Paul.

Senator PAUL. Mr. Becerra, are you familiar with an Israeli study that had 2.5 million patients and found that the vaccinated group was actually seven times more likely to get infected with COVID than the people that had gotten COVID naturally?

Secretary BECERRA. Senator, I have to get back to you on that one. I am not familiar with that study.

Senator PAUL. Well, you think you might want to be if you are going to travel the country insulting the millions of Americans, including NBA star Jonathan Isaac, who have had COVID, recovered, looked at a study with 2.5 million people and say, well, it looks like my immunity is good as the vaccine or not.

In a free country maybe ought to be able to make that decision. Instead, you have chosen to travel the country calling people like Jonathan Isaac and others, myself included, flat earthers. We find that very insulting. It goes against the science. Are you a doctor, a medical doctor?

Secretary BECERRA. I have worked for over 30 years on health—

Senator PAUL. You are not a medical doctor. Do you have a science degree? And yet you travel the country calling people flat earthers who have had COVID, looked at studies of millions of people, and made their own personal decision that their immunity they naturally acquired is sufficient. But you presume somehow to tell over 100 million Americans who have survived COVID we have no right to determine our own medical care? You alone are on high, and you have made these decisions, a lawyer with no scientific background, no medical degree. This is an arrogance coupled with an authoritarianism that is unseemly and un-American.

You are the one ignoring the science. The vast preponderance of scientific studies, dozens and dozens show robust, long lasting immunity after COVID infection. Even the CDC does not recommend measles vaccine if you have measles immunity. The same was true for smallpox. But you ignore history and science to shame the flat earthers, as you call them. You should be ashamed of yourself and apologize to the American people for being dishonest about naturally acquired immunity.

You want more people to choose vaccination? So do I. You want to lessen vaccine hesitancy? So do I. You want to have that happen? Quit lying to people about naturally acquired immunity. Quit lording it over people, acting as if these people are deplorable and unwashed. Try persuasion instead of Government cudgels. Try humility instead of arrogance. Try freedom instead of coercion. But most of all, try understanding that there is no more basic medical right than deciding what we inject into our bodies today.

After hearing that millions of people in the study prove show without a doubt that there's a great deal of immunity from getting it naturally, do you want to apologize to the 100 million Americans who suffered through COVID, survived, have immunity and yet you want to hold them down and vaccinate them? You want to apologize for calling those people flat earthers?

Secretary BECERRA. Senator, I appreciate your question and appreciate that everyone has their opinion. We follow the facts and the science at HHS. We use the expertise of the medical professionals, the scientists at HHS to make decisions. It is a team effort, and we rely on what is on the ground showing us results.

Senator PAUL. Except for the dozens and dozens of studies. In fact, most, if not all of the studies show robust immunity from getting the disease naturally. The CDC says if you have had measles and have immunity, you don't have to be vaccinated. The same was true of smallpox. You are selectively doing this because you want us to submit to your will. You have no scientific background, no scientific degrees, and yet you aren't really concerned about 100 million Americans who had the diseases. You just want to tell us, do as you are told. That is what you are telling us. You want to mandate this on all of us. You are going to tell us, if I have 100 employ-

ees, you are going to put me out of business with a \$700,000 fine if I don't obey what you think is the science.

Don't you understand that it is presumptuous for you to be in charge of all the science? Have you ever heard of a second opinion? I can't go to my doctor and ask my doctor's opinion? I mean, this is incredibly arrogant, combined with this authoritarian nature that you think, well, we will just tell all of America to do what I say, and they better or we will fine them or put them in jail or not go to school or not let them travel.

The science is against you on this. The science is clear. Naturally, acquired immunity is as good as a vaccine. The Israel study actually showing it is better. This isn't an argument against the vaccine, but it is an argument for letting people make a decision who already have immunity. You are not willing to consider natural immunity?

Secretary BECERRA. Senator, our team has reviewed every study that is out there on COVID, whether it is from Israel, from the U.S. or wherever else. They have used the facts that have been provided through the rigorous research that has been done to reach conclusions. 660,000 Americans or more have died because of COVID. We are trying to do everything we can to save as many as possible. We are using the facts. We are following the science and following the law.

Senator PAUL. Nobody is arguing the severity of this, but you are completely ignoring the science of natural immunity. So is Fauci. So is the whole group. You are just ignoring it because you want submission. You want everybody just to submit to your will. Do as you are told. Despite the evidence, the large body of scientific evidence that says naturally acquired immunity does work, is an important part of how we are all going to recover from this. So is the vaccine.

But when you add them together, we are in a much different place than if you ignore them. 100 million Americans by conservative CDC estimates have had the disease. 200 million or more now have been vaccinated. It is a good thing. Combined together, it is how the disease is—nobody wants to get the disease. We are not advising anybody to get the disease. But if you are unlucky enough to get it, think of the nurses and doctors and orderlies who all bravely took care of COVID patients, there was no vaccine for a year and a half. They took care of people, risk their lives. They got it survived.

Now people like you are arrogant enough to say you can no longer work in the hospital because you have already had the disease. We are going to force you to take a vaccine that the science does not prove is better than naturally acquired. That is an arrogance that should be chastened.

The CHAIR. Thank you.

Senator HASSAN.

Senator HASSAN. Well, thank you so much, Chair Murray and Ranking Member Burr for this hearing. I want to thank both Secretary Cardona and Secretary Becerra for being here today to discuss this important issue, keeping our students safe and in school. And I just want to note at the top here that as the mom of a young man with severe disabilities, I am particularly grateful for Senator

Casey's questions about what we are doing to help students who experience disabilities.

It is not just that, of course, they need their individualized education plans met, but it is also true, just as you pointed out, Secretary Cardona, that often school is the only place that some of these students can get certain kinds of services. In some cases that may be physical therapy, occupational therapy, speech and language. And when schools are also prevented from taking public health measures, these students often are also the most at risk for severe complications from COVID-19.

It is a catch 22 for parents. And I just want to thank Senator Casey and all of you for everything you are doing to help protect children with disabilities. Secretary Cardona, I wanted to start with a question to you. In addition to the teacher shortages many have discussed, schools in New Hampshire and across the country are struggling to fill other openings, ranking from paraprofessionals and social workers to bus drivers and custodians, roles that are essential to keeping our schools open for in-person learning.

Some school districts are addressing these workforce gaps in various ways, including with hiring bonuses and paying parent drivers to help get kids to school. Secretary Cardona, how can school districts use their elementary and secondary school emergency relief funding to meet these staffing needs in order to keep schools open and provide essential support to students?

Secretary CARDONA. Thank you for the question and for your comments about students with disabilities and families, and the importance that they are in our schools, and we should be prioritizing that as we think about reopening, as we should about ensuring that we address the workforce gaps safely. Safely reopening schools means we have enough staff to keep everyone safe and supported. So we do believe the American Rescue Plan and the ESSER funds can be used to make sure we are paying a salary that is competitive. People have options now. And, you know, I can tell you firsthand that my own children's experience is being influenced by whether or not they are able to get bus drivers to take them to extracurricular activities.

It is a real situation. And if we are serious about reopening schools and making sure our children have the best opportunity to engage not only in the classroom but extracurricular activities or getting to school on time, we have to make sure that we are addressing these workforce gaps boldly.

There are more funds now available to our districts to address that. But we also have to invest in pipeline programs to make sure that our dedicated paraeducators have access to programs to become teachers themselves. I am really excited about the opportunity in the build back better agenda to make sure that we are investing in our profession, paying livable wages, and making sure we create pipelines that with incentives for paraeducators and other educators to go in, to get their teaching credential, to serve as special education teachers, bilingual teachers, and other shortage areas. It is all hands on deck. I think we have the right policy, and we need to make sure we are making bold decisions to let that happen.

Senator HASSAN. Well, thank you. I want to turn now to the issue of learning gaps. One report estimates that due to COVID-19 school closures last year, elementary students were about 5 months behind where they would typically be in math and 4 months behind in reading. If not addressed, these gaps in learning will have a long lasting negative effect on the lifelong success of students. So, Secretary Cardona, how can schools most effectively identify the gaps in student learning? And how is the Department of Education ensuring that schools have what they need to do this?

Secretary CARDONA. Thank you. Yes, our students missed out on a lot in the last year and a half. Academic gaps based on the fact that remote learning doesn't compare to in-person learning are significant. And the reality is some students faced more of it than others. It exacerbated opportunity gaps that existed. We recognize this and we also, part of our return to school roadmap, prioritized not only saved school reopening and engaging in social, emotional well-being, but also addressing the lack of instruction that students were not able to access due to the pandemic.

We released strategies for using the American Rescue Plan funding to address the impact of lost instructional time as its own guidance document in addition to the three handbooks that we have that address, learning loss, learning losses could be controversial. I don't want to victimize our students. It was a lack of access to instruction.

We have handbooks out there. More importantly, we are talking to states to see what they are doing. And I was fortunate to see summer school programs that tripled in size. After school programs that are happening because of the American Rescue Plan Fund. So they are working on that. And I know it is a priority for educators across the country.

Senator HASSAN. Well, thank you. And Madam Chair, I realize I am a little over. I just do want to point out that the Department was very helpful to school districts in New Hampshire as they tried to use the secondary school emergency relief funds to improve air quality and ventilation in schools. And I look forward to submitting a question about how school districts can access those funds and work with the Department to make sure their schools are safe. Thank you.

The CHAIR. Thank you.

Senator Cassidy.

Senator CASSIDY. Thank you all. Thank you for being here. First, I associate myself with Senator Paul's remarks as regards the need for our CDC to look at the influence of natural immunity and its effectiveness relative to a vaccine. And I agree totally that when we tell Americans that natural immunity does not confer immunity. That goes against the science. I will say that.

Some of his other remarks, perhaps not so much, but on that absolutely. So, Secretary Becerra, if you can take that back to CDC, etc., I would appreciate that. Secretary Cardona, I think we can agree on this. Would you accept that the primary purpose of a school is to educate a child?

Secretary CARDONA. Yes—

Senator CASSIDY. Or should be—should be—yes. And we know there is, by the way, social services we don't want to ignore. My

concern is during the pandemic, against science, public schools were much more likely to close. I am looking at data from the—and by the way, if we are going to look at what empirically works, if we are going to follow the evidence and the primary goal is to educate a child, I think we have to look more broadly than, say, just the use of a mask.

I am looking here from something from your shop, Institute of Education Services, *ies.ed.gov*, and it is showing me that nationally public schools, only 47 percent were open in January of last year, Catholic schools 89 percent, and private schools 92 percent. There is also significant dis-enrollment from public schools as parents sought to have their child educated even though they were being kept shut upon the insistence of some teachers unions, against the science, against the clear recommendation of, among other things, the American Academy of Pediatrics.

There has been a hostility among Democrats, frankly, and among the Administration as regards charter schools. Seeing how charter schools, actually—private vouchers and charter schools actually give an alternative to a parent who is otherwise locked into a system that will not literally educate her child, why is there this hostility toward this alternative for the parents?

Secretary CARDONA. Thank you, Senator. I do agree with you that school reopening was critically important for all students across the country. And I am very pleased to say that across the country, our schools are open—

Senator CASSIDY. Yes, but we are really talking about a period of time, an extended period of time where children lost a significant amount of their education. And I am being—and by the way, this is about social justice because it was the minority child in the inner city school that did worse by far, with some saying that 7 months of learning was lost among African-American children, on urban children, and 6 million—seven month for the low income and 6 months for the African-American child. And so why are we holding our parents and our children prisoners to a system that ignore their educational needs when the science showed that the schools could safely reopen?

Secretary CARDONA. Thank you for that question. I remember last spring and even before that, working on reopening schools. And what I can tell you is those schools where predominantly Black and Brown students attend were woefully underfunded, and they didn't have the funding to address the ventilation systems, to address some of the basic needs—

Senator CASSIDY. Now, Secretary Cardona, are you going to tell me that inner city parochial school that some philanthropies had opened up for these children, that was an older facility, did not have similar problems but somehow did not attempt to adapt? I find that—I just don't believe that.

Secretary CARDONA. Okay, what I am sharing with you, sir, is my visits, my experience as a Commissioner talking to superintendents, visiting schools with ventilation systems that weren't touched for 20 years, with class sizes of over 25, 26—we make sure that schools are safe for students and for staff. And many of these same families were sharing their concern about schools not being

reopened. I am very thankful for the money that the Federal Government provided—

Senator CASSIDY. Let me ask you—I am almost out of time, I apologize. That may be the case. By the way, my wife is the chair of a board of a public charter school, full disclosure. They managed. They just opened up their gymnasium. They just converted their lunchroom. They made it work for those children who disproportionately are minorities. But why shouldn't the parent have the choice to take her child elsewhere if she decides, well, it may be that they have a lousy ventilation system, but they have a good ventilation system, and so I am going to take my child to the private school with a good ventilation system so that my child doesn't lose 7 months of education this year. Why should she not have that choice?

Secretary CARDONA. Senator, it is my belief that all children should have access to a safe school and one where all children can succeed. And it was important that all schools be given the tools and resources—

Senator CASSIDY. If they are—and I will finish with this, if they are to have access, and defying science unions demand that a school close, why would that access not include the ability to take dollars that would go to the public school, they are not open, they are not there for the kid, to take the child to a school which is opened. Can you tell me, should that parent—just yes or no, should that parent have the right to take their child?

Secretary CARDONA. Well, it requires more than a yes or no. It is more nuanced than that. But I will say, we have been working closely with educators, including our unions, to safely reopen schools. And today, all of America's students have an opportunity to learn in-person safely because of the work that we have done together.

Senator CASSIDY. That was papering over a terrible loss of educational opportunity for those who are most vulnerable in our society. And frankly, our perception is, it is due to obeisance to teachers unions, not because of putting children first. I yield back.

The CHAIR. Thank you. The vote has been called and I am going to go over and vote and return right away. The next three Senators in order are Senator Smith, Senator Romney, Senator Baldwin.

Senator SMITH. Thank you, Madam Chair. And thank you very much, Secretary Cardona and Secretary Becerra, for joining us today. It is very good to be with you. I am going to direct my questions to Secretary Becerra. Mr. Secretary, I applaud the Biden administration's commitment to keeping our children safe in school through vaccinations, through masking, through ventilation, and through testing. And this includes the Administration's recent announcement that they will ramp up the production of rapid COVID-19 tests and purchase \$2 billion worth of rapid tests, which can detect, as we know, up to 98 percent of cases that are infectious with COVID.

Rapid, in home tests are a huge benefit to parents because they can get quick test results and they—so they know whether they can send their students to school after they have been exposed to COVID in the classroom. And it is also a huge help to schools that are, frankly, I have heard, overwhelmed in some cases by asking

educators to administer tests and do contact tracing, and on top of everything else that they are doing.

Rapid tests are a better alternative than lab based tests, which can be so frustrating to Minnesota parents and students as students are pulled out of school and activities are put on hold for the days while they are waiting the 3-days, while they are waiting for results. And I know that, I believe both Senator Murray and Senator Kaine has raised this issue.

As we know, unfortunately, rapid tests are difficult to get a hold of right now. So here is my question, Secretary Becerra. Some policy experts believe that by reclassifying rapid COVID-19 tests as a public health tool rather than as a medical device, that this could help unlock a greater supply of tests while also reducing the price of those tests. So could you talk to us about how the Administration is thinking through this recommendation?

Secretary BECERRA. Senator, thank you, thank you, Senator, for the question. And I know this is on the minds of many people, not just here in this chamber, but at home as well. As I mentioned before, in responding to some of the previous questions, we have the tests. It is that getting them to the right source at the right time has been difficult. We are now coordinating far greater—in far greater ways with our state and local partners.

Whereas before it was at the point of contact where the test would be made, that the request could be made for those types of tests, what we are trying to do now is coordinate far better how all of this is done. And what I will tell you is that between the money that was made available through the supplemental appropriation that you all passed, through the money from the ARP, we have been able to provide substantial funds, \$10 billion in one case, \$2 billion as you just mentioned more recently, another \$2 billion was made available to try to make sure that we are reaching everyone.

We—can we coordinate better? We are going to try to do that with our local and state partners. We have—the Federal Government don't have the capacity to be the administrators of the test, but we can work in partnership with those on the ground who can do it to make sure that we go where the tests are needed.

Senator SMITH. Do you think that there is an opportunity to think about reclassifying these tests? I mean, how do you—

Secretary BECERRA. That is certainly something we could take a look at. I can get back to you as quickly as possible, talk to the team to find out if that is at all—that is something we could consider.

Senator SMITH. Thank you. I appreciate that. I think that there is an opportunity there given the high level of accuracy and just as another tool that the Administration could have as you are working to ramp up these tests, so.

Secretary BECERRA. We have been using every tool you all give us and we will look at this one as well.

Senator SMITH. Thank you very much. I also wanted to ask you a little bit about the work that we need to do to support students with disabilities, particularly in the context of what has been happening with COVID. Pardon me, this is a—I should have said, Secretary Cardona, this is directed toward you, pardon me. This is

about supporting students with disabilities as we navigate through what has been such a difficult time in schools.

I am in particular, I just want to quickly highlight a couple of aspects of support for students with disabilities that we are seeing in my home State of Minnesota. There is many great examples, but recently we have seen educators from Moorhead Public Schools in Northwest Minnesota, they have shared with me how they have been able to make really important investments for their students using American Rescue Plan dollars, thanks to American Rescue Plan.

Secretary Cardona, could you just quickly, in the few seconds I have, discuss the Department's approach to supporting education of students with disabilities and mitigating the learning loss that they have experienced.

Secretary CARDONA. Thank you for the question and for the support of the great programs there. Thanks to the ARP. You know, we are back. Kids are back, kids are back in school. That is the best thing we can do for our students with disabilities and all students. They are back in their classrooms with their teachers, with their peers.

The best thing we could do for students with disabilities is the same thing we can do for our students, get them back in the classroom with those teachers that love them, that want to support them. However, for students with disabilities that might have had interrupted learning, it is really important that we are monitoring where they are today, not where they were in March 2020, and make sure that we are using American Rescue Plan funds to provide enough resources, enough support, personnel to give the students what they need today and to make sure that their families feel supported as the students transition back. Thank you.

Senator SMITH. Thank you very much, Secretary Cardona.

Next up, we have Senator Romney.

Senator ROMNEY. Thank you, Madam Chair. Secretary Becerra, I am going to clear up a social media rumor that you spend most of your time outside of Washington, DC. Is the majority of your time spent—the great majority spent in Washington, DC?

Secretary BECERRA. In many ways, I would say unfortunately, yes, because I still have a home in California as well. My wife is still in California.

Senator ROMNEY. Spend your time here. It is great. Let me turn to another topic, I concur with Senator Paul—I am concerned about natural acquired immunity with regards to COVID-19. And I was disappointed with your response. I had expected you either to say one or two things. One that the science is clear, that inoculation adds to one's protection against COVID-19. And that is—that he was wrong about the studies he described.

He said every single study said that natural acquired immunity is better than vaccination or at least as good as. Or I expect you to say, look, maybe it is the same, but we can't determine whether people have had COVID necessarily or not, and therefore, we are, out of an abundance of caution, we are insisting they be vaccinated. Could you please get back to the Committee with an answer to his question so that we can know where the science stands and where the Administration stands? Secretary Cardona, I note that as

young families are thinking about having children, they consider the plans for what it will mean to have a child and they consider about pre-k, about childcare, about college expenses down the road.

I note that in the President's plan, the so-called reconciliation bill of \$3.5 trillion, that the plan is that children—child care rather, and early learning expire after 6 years instead of 10 years of the full program. That pre-K expires after 7 years. And that community college coverage expires after 5 years. Do you think that young parents should therefore plan on these programs disappearing in six, seven, and 5 years as proposed under the Administration's legislation?

Secretary CARDONA. Thank you, Senator Romney, for the question. We are at a point in our Country's history where we have the opportunity for transformational change for our students and our families.

Senator ROMNEY. I totally agree. I don't want to go on a different topic here, which is the transformation—is this a permanent change or—transformation is permanent, but if it is just temporary, five, six and 7 years and all these programs go away, that is not transformational, that is bait and switch.

Secretary CARDONA. Well, Senator, I do believe at this point the families, especially post pandemic, providing community college access, that only helps the economy.

Senator ROMNEY. But should it expire at the end as it is planned out?

Secretary CARDONA. I am hopeful, Senator, that today goes really well for our families across the country and that in the coming years, we will find ways to continue to support those strategies that we know lift American families—

Senator ROMNEY. You mean it is your anticipation that these programs then that parents should count on them continuing?

Secretary CARDONA. That is the goal to have community—

Senator ROMNEY. Well, if that is the goal—if that is the goal for all these programs, not the 5-years, 6 years and 7 years that is in the legislation, how are you going to pay for it? Because there is only one or two ways, either more debt or higher taxes. Which do you prefer?

Secretary CARDONA. Well, Senator, I know that in this proposed budget, no one making under \$400,000 will see an increase in taxes. But I will tell you—

Senator ROMNEY. Well, that is right. That is right away. But if you are saying that down the road when these programs are set to expire, you would expect them to continue instead, that means any promises about not raising taxes on people making under \$400,000 today, those are going to expire as well.

Secretary CARDONA. As a lifetime educator, I can tell you what is being proposed is transformational for our families.

Senator ROMNEY. I agree it is transformational. I am not sure it is transformational in the right way. I am concerned, for instance, that we are going to double the child tax credit, child tax credit, which allows people to help pay for childcare. At the same time, we are going to give them free pre-K for 2 years. Why double?

Why give people free pre-K and double their child tax credit, which they could use themselves to either decide to care for their

own children at home, to go to Head Start, to go to a private childcare facility. Why do we have to both double the child tax credit and at the same time provide free pre-K, and by the way, build new school classrooms to do so?

Secretary CARDONA. Sir, for me as an educator, early childhood education is a foundation for a strong educational program.

Senator ROMNEY. Totally agree, but why are we going to pay for it twice?

Secretary CARDONA. I have seen the benefit of it. And I know for many of these families, their ability to get back to work and add to their income is—

Senator ROMNEY. Look, I am perfectly happy with providing funding to families so they can provide childcare for their child. I think they ought to have the choice of one, providing it themselves if they want to, either with a family member or a spouse, or No. 2, sending a child to a childcare facility of their choice.

But to say you are going to do that and we are also going to give you a public school childcare, that is two programs doubling the cost and it is taking away the incentive for people that might choose to decide to have the childcare for at home. I think my time is up. I am sorry. Madam Chair, back to you.

Senator SMITH. Thank you. Senator Romney.

Senator Marshall.

Senator MARSHALL. Okay, thank you, Madam Chair. And again, thanks to the Secretaries for being here to talk about the intersection of health care and education, something that is near and dear to so many of us. If we talk about the highest causes of death for your students, for our students, it is accidents or trauma. Suicide is No. 2. Homicide as No. 3. Cancer might be going up or down depending which age group we are talking about. But focus being this morning for me is on the emotional health and the impact on the suicide rates from COVID as well as our policies.

That is what I want to focus on today and especially what our mandates do to the emotional health of our children. I turn to the conversation of natural immunity just for a second. Look, I have seen the data, all the moms out there have seen the data on natural immunity, and I am telling you, these mama bears are going to protect their kids. They don't see the benefit of a vaccine for something their children are already immune to. And there are risks associated with the vaccine.

Don't get me wrong, I have had the vaccine, my parents have had the vaccine. I hope my parents get their booster soon. I am in favor of vaccines. But when we are talking about our children and those ones that already have immunity, I think that many Americans have concern about this and the emotional impact if those kids get kicked out of school because of this mandate.

I think you both would acknowledge that getting kicked out of school has a huge stigma to it. And if—this is my question for you both, yes or no. If the CDC would acknowledge natural immunity and a child has antibodies, would you consider excluding them from the mandate? Let me say that again, if the CDC would acknowledge natural immunity and a child has antibodies, would you consider excluding the child from the mandate? Secretary Cardona, yes or no?

Secretary CARDONA. Thank you, Senator. This answers requires more than a yes or no. I know states and local districts are the ones making decisions around masks and vaccines, and we rely on them. What I have done because I am not a medical doctor is rely very heavily—

Senator MARSHALL. That is what my question is. So if the CDC acknowledges and a child has antibodies, would you support excluding that child from the mandate? Think of the emotional impact of that child being kicked out of school for something they are already immune to and the suicide rate. Secretary Becerra, can you answer the question, yes or no?

[Technical problems.]

Secretary BECERRA. I was about to say, you are going to be disappointed to know that it is not a yes or no answer because science doesn't act as quickly as you would like on those answers. What I can tell you is that we have looked at the science. We have looked at some of the studies and the data. And for example, in the State of Kentucky with regard to children, there was a study that showed that for those—actually individuals, not just children. People, who were unvaccinated, who had COVID, showed that they were twice as likely to be reinfected with COVID, than those who had been vaccinated.

Senator MARSHALL. We could argue about the studies all day. And I am a physician, you are a lawyer, and you probably don't want to go down that road, because I am telling you, the huge majority of the studies show that natural immunity is better than the vaccinations. A huge majority. And those don't talk just about getting the virus. Let's talk about hospitalization, about morbidity and mortality.

Your jobs, neither your jobs is to decide what—if the statement is true that I am saying that the natural immunity is better, that is up to the CDC. So my question was, if the CDC would acknowledge it and a child has antibodies, would you excuse them from the mandate? But we need to go on. I am very concerned about migrants coming across the border carrying infectious diseases as well. Probably over 3 million migrants have come across the border illegally, legally, and many of which are children.

I am very concerned about not just their COVID and the variants they are bringing in, but tuberculosis. Haiti has the highest incidence of tuberculosis in the Western Hemisphere, measles, mumps as well. And what are you two going to do to test those children before they get into our schools, and (b), to make sure that they get their immunizations, Secretary Becerra.

Secretary BECERRA. Senator, great question. And we do, as you know, have jurisdiction over some of those migrant children who are unaccompanied. And we have jurisdiction over the ones that are turned over to us by Customs and Border Protection. We make sure that no child is placed in any setting, whether it is in our care or in a licensed care facility or in the hands of a responsible custodian, without first making sure that they are free of COVID and they have had a vaccination. And so we make sure that no one, whether it is a U.S. citizen or anyone coming into this country, can infect someone else.

Senator MARSHALL. I am sure you are measuring that somehow. Secretary Cardona, anything to add to the students entering to our school systems that have not been tested or properly immunized?

Secretary CARDONA. All students, including noncitizen students, have access to meals, to education, and any health care needs that they have to make sure that they are healthy.

Senator MARSHALL. But there is a huge difference in access and it is actually happening, right. I mean, we have to be just overwhelmed right now. Our systems do, our schools do with these children. 12,000 Haitians recently have been turned in to the United States. And I want to share compassion and love with those folks. I have done mission work in Haiti. I have been to the border. I understand the humanity of all this. But I also don't want my grandchildren exposed to tuberculosis, let alone new variants of COVID. Madam Chair, I yield back.

The CHAIR. Thank you.
Senator Baldwin.

Senator BALDWIN. Thank you, Madam Chair. I am ambitious in hoping that we can get to three topics in my 5 minutes, all related to how your two Departments are working together with resources provided in the American Rescue Plan. I want to start with mental health services. Senator Casey earlier brought that up with you.

As we do reopen schools and recognize the mental health toll that the pandemic has had on our Nation's youth and families, I think there should be a focus on making mental health care more accessible in schools, including by promoting and expanding the availability of school based mental health programs.

I am certainly working with the Chair of this Committee in our other joint Committee appointment on the Subcommittee on Labor, HHS and Appropriations to emphasize and elevate funding to expand school based mental health programs in Wisconsin and across the country. Can you talk about how your agencies are collaborating to expand access to mental health services in schools, and what else you need from Congress in order to advance this effort? And start with Secretary Cardona.

Secretary CARDONA. Thank you very much for the question. And I will be brief, because I know you have three topics and I know my colleague here wants to speak. Thank you for bringing up the importance of social, emotional well-being of students and the fact that we have to build back better. We can't go back to how it was before. Our students have been traumatized. I would argue that before the pandemic, we should have been doing more. The collaboration has been great.

I recently had a road trip and Dr. Vivek Murthy, the U.S. Surgeon General joined, and we were talking about the importance of mental health access. I visited a high school where they are restructuring their day to provide mental health access and social emotional well-being for 6,000 high school students and the ARP funding is therefore that, the \$1 billion in the build back better agenda, I have to mention to double the number of social workers, school counselors, and then the importance of community schools also to make sure that outside agencies are coming in. I can continue. It is a priority. Our return to school roadmap has that as a priority. We are going to continue to do that.

Senator BALDWIN. Great. Secretary Becerra.

Secretary BECERRA. Microphone. Oh, there we go. Senator, I will just simply add the Department of Education and HHS's CDC have been working closely together to make sure that we are using the data properly together. We are constantly working to make sure that we are informing school districts as best we can what the science is telling us. And so they are working together very closely. And that is a good sign.

As I mentioned to you before, we have made historic investments in mental health and in substance use disorder as a result of the work that you all did to pass the American Rescue Plan. And I will mention something very important, not just between Departments, but within my own agency, because we are so large, and we have so many agencies that touch mental health.

I established a coordinating council within HHS to make sure that we are all working together, SAMHSA, Administration for Children and Families so that we are not missing anything. We are working together and working with our sister Departments.

Senator BALDWIN. The second topic I wanted to mention is the funding for testing in the American Rescue Plan. I am encouraged by the Administration's efforts to follow the science, but unfortunately, conventional testing, especially in schools, has come with challenges. We have heard about some of them this morning, and we need to make sure we are advancing innovative approaches to keeping our kids and teachers healthy.

At the University of Wisconsin, we are working on a proposal to expand surveillance of respiratory viruses, including COVID-19 and influenza, by collecting air samples from schools. Unfortunately, they have been struggling to access funding from the American Rescue Plan because entities in the state are focused on funding conventional diagnostic testing.

How are your Departments working together to evaluate innovative approaches to testing that might be very beneficial to schools and school settings? And will you commit to providing states with the flexibility they need to expand and enhance testing, including through innovative proposals?

Secretary CARDONA. I will start off by saying, yes, definitely we recognize the importance of testing and accessibility. The testing, surveillance, testing for our students, that is how we keep our schools safe and that is how we are going to keep our children in the classroom, which is a priority for all of us.

We have seen great examples in Rio Rancho, New Mexico, New Orleans, Louisiana, Louisville, Kentucky. And what we are doing is lifting up best practices. One of the sites that I visited with Dr. Murthy last week was a access family center where they provided testing and they partnered with the schools. So we went to see that firsthand to see how it worked. And we want to make sure we are promoting best practices to educators across the country.

Secretary BECERRA. Senator, I would simply add that along with working together Department wide, we have also provided about \$10 billion through CDC directly to the school districts, to states and school districts, so they could start doing the testing they need. We continue to provide technical assistance, collaborating with

them, trying to give them the guidance they may need to know how best to use those resources. And we are ready to do more.

Senator BALDWIN. Thank you. I will state the last question for the record, and you can follow-up, but I wanted to know how your agencies are collaborating with experts and industry in the ventilation space to ensure that the improvements supported by the American Rescue Plan funding are designed and installed and maintained in a way that promotes health and minimizes illness among students, teachers, and staff?

Secretary CARDONA. I will have my staff follow-up with you. Thank you.

Senator BALDWIN. Thank you.

The CHAIR. Thank you.

Senator Tuberville.

Senator TUBERVILLE. Morning, gentlemen. Good to see you all. Secretary Becerra, been hearing a lot, of course, people in Alabama and all across the country, everybody is ready to get back to normal life. I know you are, too. Specifically our teachers.

I am hearing from a lot of teachers. We have been full class most of the last year and a half in Alabama, but teachers are concerned. They are concerned that they know they are going to get exposed. There is no way around it. But they want to know that they have got an effective means once they get sick.

For example, I had a teacher write me a letter about, she got sick, and she goes to the hospital, real sick, but they turned her back because there is no monoclonal antibodies. Alabama hospitals have had a pretty good supply over the last couple of I would say four or 5 months of the antibodies.

Secretary Becerra, why did HHS take over the supply chain of monoclonal antibodies just in the last few months? Can you give us a good reason?

Secretary BECERRA. Senator, thank you for the question. And I am glad you asked, because this is something on the minds of a lot of folks. We have seen a tremendous increase in the demand for these monoclonal antibodies. Let me give you an example. In your State of Alabama in July, your state ordered all those providers ordered the total of 6,800 doses. In August, your state ordered over 45,000 doses. In less than 2 months it went up that quickly. And your state wasn't the only one.

The difficulty is that with that immediate surge trying to meet, that demand became complicated. So what we have done is we have surged with that to make sure that we are manufacturing more. We are working with industry to make sure that they continue to manufacture more. But what we thought was important is to make sure that every state, Alabama, as any other state, had access to those monoclonal antibodies.

What we did is rather than let those therapies be secured onsite by anybody onsite, we decided to let the states decide how to best coordinate that, so that state would make sure, Alabama would make sure that every Alabaman would have access to those monoclonal antibodies, not just that one place in one part of Alabama.

The formula for that distribution is public, your staff and you have that. And so we would ask you to take a look, because what

we are trying to do is have transparency guide how we make sure those therapies and those treatments are available to all.

Senator TUBERVILLE. Yes, it is my understanding in the second quarter of this past year that we had a huge contract with two companies with monoclonal antibodies. And when they were ready to deliver, we said we don't need them. This was in April, and I just want to know who in the world would turn those down in this time of need?

It doesn't make sense. Now, they came back and gave us a lot of them because we went back to them, the companies, and they said, well, luckily we have held some of them, but then we had to crank it back up. Who would make that decision?

Secretary BECERRA. Well, so remember, the request for the use of the monoclonal antibodies was coming from the places at home in your state. And we were making sure that we were providing the distribution to make it possible to do that. And so we were meeting the needs until these last few months when the Delta variant really surged and all of a sudden a lot of people were getting sick, especially in your state.

By the way, seven states are right now essentially taking in about 70 percent of all those monoclonal antibodies of the 50 states, 7 states. And so you can see the surge has occurred quickly. And what we are trying to do is make sure the manufacturers are producing the supply that is needed.

We are trying to make sure that distribution is done fairly, equitably, and it is done transparently and that there is accountability as well, because we don't want to find that an Alabaman goes without that monoclonal antibody because somebody else got in, shouldn't it.

Senator TUBERVILLE. Yes. And, we are so fired up about the vaccine. And I am, too. I have taken it. And it is not going to keep you from getting the most time, but it is going to keep you from getting real sick. And I think everybody can agree with that. But we need to focus more on therapeutics.

I don't think there is any doubt about—and testing. I have talked to a lot of doctors, especially in the school systems, we need to be testing almost every day or every few days kids before they come. Now, they can have the virus if we wait till they get symptoms, they have had it for 2 days and they have already been in school, and it has been exposed. I just want—I just hope, I heard you say about equity, and I continue here by talking about equity and I believe in that. But we need to save people's lives.

We can't shut down Alabama or some of these other states simply for the fact that we might not be taking as many vaccines. We cannot let people die. And especially teachers, we are telling them to go back to school and they want to go teach, but we can't do that. So I would hope that we would not get political with this. Red state, blue states, it shouldn't be about that.

It should be about everybody, if they need it, they get it. And we just need to be more prepared. So Secretary Cardona, I have got some question for you, and I am going to put it on record, Madam Chair, but thank you. Very good answers. Thank you and look forward to hearing from you. Thank you.

The CHAIR. Thank you very much.

Senator Lujan.

Senator LUJAN. Thank you, Chair Murray. And thank you to our distinguished witnesses for being available today. Several studies have found that mask usage dramatically reduces the spread of COVID-19, including one of rural schools in Wisconsin that found mask wearing reduce the spread of COVID-19 by 37 percent. Secretary Becerra, do you agree that wearing masks in schools reduces the spread of COVID?

Secretary BECERRA. Senator, I think the evidence now is overwhelming that good mask policy helps keep people safe. Making sure that even if you are vaccinated, you continue to use masking policy if you are indoors makes sense, especially for our kids, because we have kids under the age of 12 who are not vaccinated. And so there is no doubt that the studies, the evidence, the science has shown is that masking works.

Senator LUJAN. Secretary Becerra and Secretary Cardona, I am going to ask a series of yes or no questions, and I would ask for you to try to get through them quickly, as I have several others. Is the best way to keep schools open to deploy proven health measures like masks and testing? Secretary Becerra?

Secretary BECERRA. Use it—follow the science and the data that is helping us keep people safe.

Secretary CARDONA. Sounds like a yes. Secretary Cardona.

Secretary CARDONA. In the last year and a half have proven, yes, mitigation strategies work.

Senator LUJAN. Yes or no, does banning localities from implementing public health measures undermine the effort to reopen and keep schools open? Secretary Becerra.

Secretary BECERRA. Senator, we have to use common sense and we have to do everything to keep our kids safe. And we would want to make sure we are using the different treatments and therapies and strategies that keep our kids safe. And masking vaccines, distancing, ventilation, hygiene, all that worked, and we should be able to do all of those. And why should any parent not be able to do those?

Senator LUJAN. Secretary Cardona.

Secretary CARDONA. The reopening data is pretty clear. In places where they are more relaxed about mitigation strategies, they are three and a half times more likely to have spread, which results in school closures.

Senator LUJAN. Does banning localities from implementing public health measures disproportionately impact students with disabilities and underlying health conditions? Yes or no, Secretary Becerra?

Secretary BECERRA. Senator, folks with disabilities, kids with disabilities are more vulnerable, therefore more susceptible to COVID. We have to do everything we can to keep them safe. And the most effective way to do that is all the different strategies that I just mentioned.

Senator LUJAN. Secretary Cardona.

Secretary CARDONA. Students with disabilities are disproportionately impacted when poor policies are implemented.

Senator LUJAN. Yes or no, has misinformation on masking and vaccine on tech platforms negatively impacted the response to getting kids back into the classroom? Secretary Becerra.

Secretary BECERRA. Again, the science should guide us. The facts should guide us. The data that shows where to go should guide us, and not social media, not politics. And so I hope that families who are concerned for their kid's safety at school will follow the science and the facts.

Senator LUJAN. Secretary Cardona.

Secretary CARDONA. Yes, we are focused on sharing—following the science and communicating that in different platforms to make sure that our families are getting accurate information.

Senator LUJAN. Recently, it was announced that YouTube is going to stop allowing disinformation videos on vaccine and COVID. I applaud them and I hope the other social media platforms follow them. Turning to the effective use of relief funds, New Mexico school districts reported that the Elementary and Secondary School Emergency Relief Program, ESSER and CDC control of emerging infectious diseases funds are critical lifelines. With the recent doubling of teacher vaccinations in New Mexico, school worker shortages are one of the main reasons for school closures in my state.

I am proud that my state took bold steps of investing \$38 million in the American Rescue Plan ESSER III funds to stand up a teaching fellows program to strengthen the teacher pipeline into New Mexico schools. It also invested \$10 million to increase the number of school based mental health counselors.

ESSER funds are also building a more equitable education system by helping schools to close the homework gap. Secretary Cardona, what other innovative uses of ESSER funds have you seen from states and districts that have kept our schools open and made education more equitable for the long term?

Secretary CARDONA. Just last week, I visited five states in 5 days a back to school road trip where I was able to see firsthand how our students are happy to be back. Our teachers are happy to be back. We are back in business because of the American Rescue Plan and the funding from the Federal Government. And I have seen ventilation systems improved.

I have seen students having access to school social workers, parents having access to support in the schools. I have seen better professional development. I have seen students in summer programs that are intended to get students to reengage after a year and a half of being in front of a screen through the use of the American Rescue Plan funds. And I have seen colleges also engaging students in different ways, creating new pipeline programs, all because of the American Rescue Plan.

I am fortunate that I get a bird's eye view and I get to visit schools across the country and see the amazing things that are happening as a result of the American Rescue Plan. And our students are fortunate that they have educators that are committed to meeting their needs when their students come back. Many great things happening in our schools today.

Senator LUJAN. Appreciate it. And I do have some additional questions in the area of in-person learning and mental health with

students, but also with those to the record. And I thank the witnesses for being here today.

The CHAIR. Thank you.

Senator Collins.

Senator COLLINS. Thank you, Madam Chair. Secretary Cardona, I think all of us can agree that students suffer when they are not in school. And in order to avoid another year of learning loss or emotional turmoil and behavioral problems, some school districts are implementing a test to stay approach. And what they do is they allow symptomatic students who test negative for the virus to stay in school rather than quarantining them after another student or a staff member has tested positive for the virus.

A recent study in *The Lancet* suggests that the test to stay approach can be saved. There was a randomized trial that included more than 150 schools in Britain that found that case rates were not significantly higher at schools that allowed close contacts of infected students or staff members to remain in class with daily testing than those that required at home quarantine.

If our goal is to keep schools open, it seems to me that we should be looking at the science. Yet despite this evidence, the CC has said that at this time they do not recommend or endorse a test to stay program, even though the consequences are that thousands of students in this country are once again not in school because of quarantine.

My question to you is, do you agree with the CC, or do you agree with the *Lancet* study and those school districts that are using a stay in school and testing method?

Secretary CARDONA. Thank you, Senator, for the question and for communicating the importance of in-person learning. That is the best way we can get the students to support that they need after this year and a half. And I recognize that there is emerging data or studies around this test to stay. To be very frank, since the beginning of the pandemic, we have worked closely and listened to the science of CC and it is helped us safely reopen schools.

We are going to continue to work with the CC and as their guidance changes will implement the school. But we are going to rely on our health experts who have guided us to the point where we are reopening schools across the country for all students.

Senator COLLINS. Well, the problem is that the guidance from our health experts over the past year has been conflicting and inconsistent, and that heightens the distrust in these institutions at the time when the public needs to be able to rely upon them. And I think the latest example of this confusing, conflicting advice has to do with the booster shots. And that would lead me to my next and final question for Secretary Becker.

At FDA, the longtime Director of the Office of Vaccine Research and Review and her deputy are leaving this fall in part because of the decision-making over boosters. This weekend, the CC Director commented and conceded the confusion in messaging around who should receive the booster. And this was after she overruled the recommendation of her own advisory committee.

Two public health experts from Brown and Harvard, wrote in *The New York Times* that the new Federal recommendations go, "well beyond the data." So how can SHHS better ensure that pub-

lic health agencies in this country at the Federal level truly are following the science and produce a consistent, reliable message?

Secretary BECERRA. Senator, thank you for the question. Let me put it this way, OVID does not run a linear course, and as we have seen now with Delta especially, it is widely, it can dodge, it can get around and it can be strong and fast. And we have to try to keep pace. We have to wait for the science to give us the direction on where to go, where to turn. And go back to what was said earlier, we have to use our common sense.

I believe that Director Aliens used the science and common sense to decide how best to make sure we keep Americans safe with regard to boost in her latest action and I think FDA has done a tremendous job with the science that is also evolving with the variant to make sure that we keep Americans safe. The evidence is in.

If you have been vaccinated, chances are you are not going to die. You are probably not going to be hospitalized. If you are unvaccinated, in fact, 99 percent of people dying today are unvaccinated. And so I think between FDA, CC, all of our different agencies, NH and others, we have done the best we can using the science to guide us and staying within the framework of the law.

Senator COLLINS. Thank you.

The CHAIR. Thank you.

Senator Chicken.

[Technical problems.]

Senator HICKENLOOPER. I apologize for the delay. Thank you both for your service. Thanks for answering all of our questions in what are clearly difficult times. Secretary Cardoon, I will start with you. Obviously, we have seen drops in enrollment. Colorado, we saw a drop in enrollment of 9 percent. That is 7,000 students.

I want to see if it is possible to what are the ways we can try and recapture some of those students. And if it is possible to give students the freedom to explore, or the flexibility alternative methods and such as the example of climate allows providing the tools for students where it is appropriate to actually learn outside.

Secretary BECERRA. Thank you for the question. Disembowelment has been an issue and there was one study, Bellwether Education Partners estimated 3 million students across the country. That is significant, and we know that our students that maybe were undeserved by our education institution are more likely to be students who are just disembroiled.

What would—our priority is to get students back into the classroom, to knock on doors, to make sure we are doing everything in our power using A funds, to create programs that didn't exist before, to reengage families and students, get them the support that they need. Part of this is data. We are requiring chronic absenteeism data to be reported from states, especially if they have received accountability waivers. We are expecting more information on chronic absenteeism to make sure that we are focusing on those students that not only were impacted by the pandemic but haven't returned to schools.

We have provided at least three handbooks updates with strategies on how to get those students re-enrolled. And I have to tell you, last week I listened to examples, and I saw some examples firsthand of what is happening across our Country. We have pro-

grams in different states where there are teacher corps, is now going out, knocking on doors, getting students back into the classroom. There is a lead program in Connecticut that has social workers knocking on doors.

In Ohio, I was introduced to a teacher leader there who spent time over the summer knocking on doors, bringing students back in because students are more likely to engage when they see someone they know. And then with the outdoor instruction. We know—one of the innovative practices that came out of last year was learning outdoors.

This is a practice that I hope continues when we reopen our schools. Students enjoy it more and we know they learn better when they are outdoors and with their peers. So that is a strategy and an innovation that I hope to see continue in our schools.

Senator HICKENLOOPER. Great. Thank you very much. And I have seen you have been everywhere all over this country, so I give you tremendous credit for putting it at a time. When it was so needed, you are out there serving America, and I really appreciate that. And I can say the same thing about Secretary Becker. You have also been all over this country.

I wanted to ask you, as Chair Murray and other Members know, I have been focused on trying to get sufficient funding, full funding for pandemic preparedness. The Bidden administration called for \$30 billion to invest in research, manufacturing, the infrastructure, right to create a library so we are prepared for whichever—I think it is 25 families of virus, the next pandemic comes from.

We have seen estimates that when you average it out over 100 years, the cost to society is in the hundreds of billions of dollars per year. And yet for over 4 years, for \$30 billion, we could build—make sure that we could get a vaccine within 100 days, not 320 like this past time, which was a miracle, but within 100 days.

Anyway, I wanted to see if—how an investment like this allows your agency to succeed.

Secretary BECERRA. Senator, first, I think the comments I am hearing are not just those of a Senator, but of an executive, someone who ran a state and has to be thinking ahead of the curve, right. And that is what we are trying to do. We are trying to get ahead of the next pandemic because we know something will follow OVID. And so we are trying to make those investments now. We are working, making sure that all of our agencies, whether it is CC or FDA, NH, they are thinking beyond what we know.

That is where this RH funding that we are requesting will take us to the next level, where we coordinate with the private sector far more closely, be nimble and do the things we need to do. We are going to make sure that the supply chain, we work on that to make sure we never have a situation again where we don't have enough masks. All those things, we learn a great deal. OVID, as bad as it is been, taught us a whole lot. But we do need people who have that mentality, as you just mentioned, as an executive thinking what is next versus just waiting until it happens.

Senator HICKENLOOPER. Thank you. And I appreciate that. It is one thing to learn the lesson but making sure that we put it into the lessons we have learned into practice is, as you point out,

equally important. And we thank you both of you for your service. I yield back to the chair.

The CHAIR. Thank you.

Senator Markdawns.

Senator MURKOWSKI. Thank you, Madam Chair. And Mr. Secretaries, thank you for being here. Appreciate it. Important discussion here this morning. Many of my colleagues have touched on some of the issues that I wanted to raise. And so rather than try to repeat, let me go into a couple of different areas. Obviously, this past year and a half, we have really learned the benefits of distance learning, how we are able to connect virtually. While it is not the ideal, I think we recognize that it has helped to facilitate learning, and particularly in some very remote areas.

My state is one where we have many parts of the state that are either unserved or certainly underserved, and it has made distance learning very much a challenge. In certain areas that underserved comes about because the cost for Internet, the cost to deliver broadband to these communities, is prohibitively expensive. You can have a family that is paying \$800 a month to receive their services, their Internet, and it is slow, and it is cumbersome.

It doesn't work for anyone. We have, I think, done a lot to address this inequity that we know exists within access to broadband. The bipartisan infrastructure bill is another great example of the work that we continue to do there. But we know that it is going to take time to buildup this broadband capacity to connect communities and homes. The FCC has been working on a rule to allow schools to use their eRate funded broadband to basically beam the instruction into students' homes.

The FCC, as I understand it, has not yet finalized this rule. So to you, Secretary Cardona, are you working with the FCC to encourage them to get that work finalized? You know where we are in that, because, as they say, daylight's are wasting.

Secretary CARDONA. Right. Well, thank you, Senator, for bringing up the importance of making sure our rural communities also get the support that they need. This pandemic did impact rural communities greatly, and broadband access was really difficult to come by.

We have spoken about this, and I recognize the challenge that it is for students in your state to access learning online. We are, our agency is working with the FCC to, move the process along. I can have someone reach out to you with updates so that you have more up to date information.

Senator MURKOWSKI. I would appreciate that, because I am getting those requests and I don't have anything definitive to provide them at this point in time. Another concern that I am hearing is, all right, we have got lots of money for tests, whether it is for the rapid test, whether it is for the tests that you are able to get and take home. But having access to Federal funding doesn't necessarily mean that you can find those tests. And I am hearing not only from schools, but I am hearing from businesses that are worried about this mandate that is coming out of the Administration that says either get vaccinated or do testing, but there is no place to get the testing or certainly not to get the rapid test.

You have indicated in response to Senator Smith's question, Secretary Becerra that we have got the tests out there, but it is difficult to get them distributed. I don't know whether that is just within the schools, but you need to know that right now there is a real crush to be able to get the testing that can get the results back in a timely enough manner to make a difference.

Right now, you go into the Anchorage International Airport, where I get tested every time I land, and there are no rapid tests that are available. They say it is due to a national shortage is the sign that they have posted. So where are we? How can we assure people that if you want the test, whether for work or for school, we can't just say we put lots of money out there? We need to know that it is actually getting out to folks.

Secretary BECERRA. Senator, and I think you will agree that we have seen the surge in these last couple of months. Delta has really been the driver of all this.

Senator MURKOWSKI. Alaska is No. 1 and we don't want to be No. 1. We are in a very, very, very challenged place right now.

Secretary BECERRA. By the way, before I forget, I want to make sure that I mentioned that we are getting ready to move forward on telehealth rulemaking and which might interest you as well. I know that broadband is an issue, but telehealth, we could talk about that later. But what I will tell you in terms of testing is that FDA has moved forward to try to provide as many different type of testing opportunities as possible.

I think it is now up to some 400 different types of tests that could be made available. We are trying to work closer with the industry, the manufacturing base, to make sure that they know what supply will be needed. We are trying to coordinate far better now with the states and local Governments. We are trying to let the states help us determine where the tests should go rather than let just the people in any part of the state or any part of the region of the country to dictate where those tests should go.

We make sure there is always sufficient supply for every state. And so it is one of those things where we have to work in close partnership with our state and local teams to make sure that we are coordinating well, because in some places there is enough supply. In others, as you just mentioned, it is not. And so we have to make sure we coordinate very well.

Senator MURKOWSKI. Well, I think we recognize that we are going to be dealing with this, living with this, having this in our schools for a lot longer than any of us would like. And so the availability of tests and the affordability of tests and the quick turnaround of tests is going to have to be made a priority. Thank you, Madam Chair.

The CHAIR. Thank you.

Senator KAINE.

Senator KAINE. Thank you, Madam Chair, Ranking Member, and thanks to our witnesses. And I want to follow-up on Senator Murkowski on this, because it is the one thing that everybody on this Committee agrees on, vaccination. There is sadly political turmoil about it. I wish there wasn't. In masking, there is political turmoil about it, and I wish there wasn't.

But everybody here in this Committee thinks there ought to be a lot of tests and they ought to be cheap and serious. I want to follow-up with you on this, because when you said there is adequate supply, there is distributional problems, that may be true. But it is not true that there is an adequate supply of affordable tests. So the cheapest test, that rapid COVID test you can buy over the counter right now in the United States is an Abbott BinaxNOW, and that is basically \$12 a test. They come in two packs. And the second cheapest is Quidel's QuickVue test, and that is \$15 per test.

In Germany, you can get a rapid COVID test at the grocery store for less than \$1. In India, a rapid COVID test at the grocery store is \$3.50. The UK provides 14 free tests to everybody in the United Kingdom. The studies have shown that adults, if the tests are like a dollar or two, they will get tests to make sure they can go to work, or they will test their kid to make sure it is safe for them to be at school. But if it is \$15, the willingness to regularly test yourself dramatically goes down.

Since I think there is bipartisanship on the issue of we ought to have tests that people can afford, why are tests in the United States so much more expensive than in countries like Germany or the UK or India? And what are we doing to make sure that the costs are costs that people can afford?

Secretary BECERRA. Senator, a great question, and I am not sure I can give you the full answer, but here, let me give you a shot at giving you something. Remember that Germany, some of those European countries have a Federal system that lets them move much faster than we do. We have a system, a republic that allows the 50 states to dictate so much of this. And as I just mentioned, some states prepared better. Some states didn't. And what we are trying to do is coordinate far more with them. Among the billions of dollars that you all made available to us in supplemental appropriations, in the rescue plan, there is about \$42, \$43 billion that you made available for testing.

\$10 billion, by the way, of that was specifically for schools. I mentioned earlier that President Biden has called for another \$2 billion to help make sure that the industries are manufacturing sufficient supply of the test. So we are trying to do everything we can to make sure the supplies there.

We are trying to work, as I mentioned earlier, to Senator Murkowski, we are trying to work closer with our state and local partners to make sure that we coordinate better so we can make sure we are hitting the spots that need it most and we are never running out of supply.

Senator Kaine. I will probably ask this for the record or maybe a follow-up hearing, but I would like to hear what your metric is about, not just supply, but what the cost should be to somebody who goes to a pharmacy to buy an over the counter test. Because, again, if the research shows that people will get tested, if it is a buck or two bucks or three, but they won't get tested if it is \$15, they won't regularly test, we can have all the supply we want.

If the cost isn't affordable, then people aren't going to take advantage of it and then one of the three legs of testing, vaccination, masking, the one that we agree on, we won't be able to accomplish and we ought to be able to accomplish the one we agree on. So I

would hope to maybe get some metrics from you all about it. The President has used the Defense Production Act to expand supply. I hope you have a metric about affordability in there. And I will follow-up on that.

I just want to say really quickly, Secretary Cardona—good to see you. I am really worried about teacher shortages and school shortages, generally. School bus drivers and guidance counselors. And my city of Richmond, my hometown, 435 vacancies at the start of the fiscal—at the start of the school year just a couple of weeks back. It is been a very difficult time for teachers.

What are you all doing to kind of put your arms around that problem and focus upon teacher recruitment and retention and teacher preparation, because I think this is a challenge all across the country?

Secretary CARDONA. It is. Thank you, Senator. We are—reopening schools was the goal. Children are back in school, we are back in person learning, but there are so many other needs that we have to focus on now. And the teacher shortage was exacerbated during the pandemic. What we need to do is make sure we are being creative and innovative with programing to allow for recruitment programs and pipeline programs.

We have educators, paraeducators, climate specialists, liaisons in our building. We have to work with our higher-ed to make sure that there are clearer and quicker pathways to get into the profession. I saw a great program at University of Wisconsin, Madison, where they are doing that. They have folks that are interning and then getting a job in the school for a Masters.

There are funds available and the agenda to help accelerate this, especially in special education, bilingual education, and some of the other shortage areas. But we really have to make sure we are also elevating the profession by providing the supports that they need—ensuring teachers are safe, let's start there, and making sure that we are promoting the profession as a viable option and that teachers are getting a livable wage as well.

Senator KAINE. Senator Collins and I have a bill called the Prep Act that is very focused upon increasing new pathways into the profession and attracting more people. And I think it would accomplish some of those goals. Look forward to working with you. Thank you, Madam Chair.

The CHAIR. Senator Braun.

Senator BRAUN. Thank you, Madam Chair, I have two questions for Secretary Cardona and one for Secretary Becerra. I know you are in Indiana recently and schools across the country are trying to reopen. And my travels, everybody is trying to do it safely. It is different in every school corporation. And I know that some of those meetings are a little rowdy. And this case, I think discussion was on mask mandates, curriculum related to maybe critical race theory.

I think that civic engagement—I was on a school board for 10 years, and I always tell people you will get an earful of something, it will be a good indication whether you are ready for something else. But I was a little disturbed and I want to see if you really meant the comment, and it was in relation to how why are they doing this?

I am going to quote this in your response for that engagement was, “I think it is a proxy for being mad that their guy didn’t win.” And I am quoting it verbatim here. And I know you probably didn’t mean that. And I will give you a chance to retract it. Is that something you would want to take back?

Secretary CARDONA. I know that across the country, our school board meetings are a little bit more intense. But I will tell you, the school boards are unwavering in their support for returning students to school and providing a safe learning environment.

Senator BRAUN. What about the statement—and I agree with you 100 percent there? Would you want to take that back to not politicize something where I think it is an honest, sincere difference of opinion across the country. And I don’t know that I would want to be on record with that.

Secretary CARDONA. Senator, I will tell you, the lack of civility in some of our meetings is disappointing and frustrating, especially because our superintendents and educators and board members, and you should know you are a board member, they have worked tirelessly over the last 18 months to provide a safe environment.

Senator BRAUN. I know it can get rowdy and I will take it that you don’t want to retract it at this point.

Secretary CARDONA. Rowdy—it was very dangerous in some places.

Senator BRAUN. Indiana has led the Nation in school choice. And it is something that coming through the pandemic, I think it is clear that parents, again, ought to be the drivers of the equation. I think parents from K through 12 and especially with them that have had kids pursue a 4-year degree and they end up in the basement with an unmarketable degree, need to have more say. So they pay the bills through property taxes, then tuition, room and board. Fairly quick answers here, because I want to get to Secretary Becerra. Do you think parents should be in charge of their child’s education as the primary stakeholder?

Secretary CARDONA. I believe parents are important stakeholders, but I also believe primary educators have a role in determining educational programming.

Senator BRAUN. Primary—and I think that is going to be a little out of focus with what I think you are going to find across all elements of education, since they pay the bills, they raise the kids, they probably need to be the primary spokespeople for their own kids’ good education. Should parents have more school options, including private schools?

Secretary CARDONA. As I said in previous hearings, I believe public education schools should be the first and best option. The neighborhood school children want to be in their neighborhood school, but parents should have options, and I believe they do across the country.

Senator BRAUN. I think it sounds like you think there might need to be more options. I came from a great public school system. I think competition and choice always exceeds any of the other things when you want to get real quality at something. Should the money follow the student, or should it follow the school?

Secretary CARDONA. I believe education system should have strong schools for all students, and I believe we need to make sure

we are investing in public schools because for some students that is their only option, we need to have that be a high quality option for all students.

Senator BRAUN. Thank you. Secretary Becerra, we have been navigating through this saga, fighting the coronavirus, which has been challenging in many respects. The baseline of fighting it have been vaccines. Some countries are under 10 percent vaccination rates. We can see variants come from there normally.

What is your opinion on making it maybe a tripod of therapeutics and prophylactics? And I know Pfizer is out there, I think addressing a real market need that we not only keep doing what we are doing on vaccines, but we put equal emphasis on curing it once you get it and preventing it in the first place. What do you think?

Secretary BECERRA. All of the above, Senator.

Senator BRAUN. When are we going to start pushing it from this level to where we give resources and emphasis and a more broad based approach?

Secretary BECERRA. Well, I think at HHS we have been doing that because the fact that we are able to meet so much of the demand these days for therapeutics is a sign of that. But I want to make sure we remember that it is all of the above. And as my mom used to always tell me, “mejor prevenir, que remdiar,” “better to prevent than to remediate.” And so therefore masking, social distancing, all those things that prevent us from getting sick and therefore needing the things that keep us from dying are the most important things we can do.

Senator BRAUN. Very good. I am glad to hear you are on board with a broader approach of remediation and protection from it in the first place. Thank you.

Secretary BECERRA. Thank you.

Senator KAINE. Well, I want to thank the witnesses, there being no additional Senators that have questions. This has been a really important hearing. Both the information that is been put on the table and other questions that I think will come and follow-up will help us do our work.

I want to thank my colleagues for their thoughtful questions, and then Secretaries Becerra and Cardona for the work that you are doing in a really challenging time and for having this conversation with us. Look forward to working with you both as we continue to help students, families, educators both get through the pandemic, but also grapple with the challenges that we discussed today so that our schools can get stronger.

Many of the issues like testing we discussed are about schools, but they are also about the workplace and quality of life in the community. Any Senator who wants to ask additional questions should get those questions in, for the record, in 10 business days on or before October 15th at 5 p.m.

The hearing record will also remain open for any Members who wish to submit additional materials for the record. The Committee will next meet on October 7th, in this room Hart 216, to consider the nominations of Lisa Gomez to be the Assistant Secretary of the Department of Labor’s Employee Benefits Security Administration and Jose Javier Rodriguez to be the Assistant Secretary for the De-

partment of Labor's Employment and Training Administration. The
Committee stands adjourned.
[Whereupon, at 12:15 p.m., the hearing was adjourned.]

