I was trying to think of where in the world to go on my 50th birthday, and I went to Anchorage, AK, to go fishing at Halibut Cove. I had a wonderful time and have a great memory. So the Senator represents a really terrific State.

Mr. SULLIVAN. I thank my good friend from Tennessee for those kind comments.

CORONAVIRUS

Mr. ALEXANDER. Mr. President, just 3½ months ago, a sneaky, dangerous virus turned our country and the world upside down. It is hard to believe that it was just 3½ months ago—mid-March—that we were headed toward March Madness in basketball; that our economy was roaring; that unemployment rates for about every category were as low as they had been in a long, long time. America felt really good about itself. By the time we would have gotten to the Fourth of July, it would have been a terrific celebration except that here came this dangerous, sneaky virus that turned our lives and those in countries all over the world upside down.

I want to comment this afternoon on some aspects of where we are in terms of COVID–19 based upon five congressional hearings this month that I have either chaired or attended in our HELP Committee or the one I participated in today in Senator BLUNT's Appropriations Committee on Health. Of course, Senator MURRAY, of Washington State, is the ranking Democrat on both of those committees.

Of course, much of the talk is about vaccines. Even though we have appropriated $3 trillion and another astonishing $3 trillion in credit, that is not going to really solve the problem. The only cure for this disease, this virus, will ultimately be through testing, treatments, and vaccines. It is appropriate that we talk about vaccines because our country is moving more rapidly than it ever has in producing a safe and effective vaccine for a new virus.

As Dr. Francis Collins—the head of the National Institutes of Health—told our subcommittee this morning, it usually takes, historically, 5 to 10 years to create a vaccine. Here, the goal of the administration's warped speed effort to create a vaccine is to have 300 million doses ready by the first of this coming year—in other words, 6 months from now. That is its aspirational goal. The administration is not sure it will get there, but you don't get anywhere if you don't set high goals. We know that as a country. So it has set an enormously ambitious goal.

We are taking steps that are like none we have ever taken before, such as Congress has appropriated money, has approved, and is starting to build a manufacturing plant for a vaccine before we know that it works. Now, we don't do that before we know that it is safe, but we will do it before we know that it works. We can be sure that, in some cases, we are going to lose that money, but it is better to cut 6 months or a year off of the amount of time before the vaccine comes and take that financial risk. I think all of us would agree with that.

Instead of talking about vaccines today, which are next year's solution, let me talk about two aspects of COVID–19 that are this year's solution—in fact, that are this fall's solution. One is diagnostic tests to find out whether you have the disease or not, and one is treatments, which is medicine that can be given to you to reduce the chance that you might be seriously ill or will even die.

That is appropriate in the first place because, in not very many weeks, America will be headed back to school and to college. In Metro Nashville, TN, public school begins on August 4. All across the country, most colleges and schools will be back in business by Labor Day. There were 75 million students who were casualties of COVID–19. They were sent home from school or college in mid-March—100,000 public schools, 35,000 private schools, and 6,000 colleges. Graduations were canceled. Sports championships and once-in-a-lifetime events were canceled.

In our country today, two-thirds of married parents with children work outside the home, and most single parents work outside the home. Suddenly, their children were home. Teachers were not really prepared for such wholescale remote teaching, and parents were not prepared for homeschooling. So ever since mid-March, students have been in limbo.

We are looking forward to doing whatever we can to help make sure that those 75 million students in schools and colleges can go back to school and college this fall and go back safely. That is the importance of tests and treatments. That is the first.

Now, there is another one, and it is not trivial. This is a sports-hungry country. We love our sports, and everybody has a different sport one likes. The question I asked Dr. Collins this morning was: Are we going to have enough COVID–19 tests so we might be able to watch some football this fall or some basketball this winter? I had read that the National Hockey League was going to test every player every day in the National Hockey League.

It is not recommended by the Centers for Disease Control and Prevention. It is not standard for there to be widespread testing at schools and colleges, even though the president of Brown University told our committee she would like to test all students on their way back to Brown.

The fact is, if we are going to be able to go back to school, back to college, back to work, out to eat, maybe even watch a sports game, maybe even, in some cases, attend a sports game, we are going to need a lot more quick, reliable tests. Let me talk about those, just for a moment, in terms of going back to school and going out to eat and, perhaps, being able to watch a little football this fall.

Admiral Giroir testified this month before our committee that our country has done 30 million tests—more than any other country. We are doing that at about the rate of 500,000 tests a day, and he says that we will have four to five times that many in September.

Now, I hear about problems in this place or in that place about people not getting tests or that it takes too long for the results to come back from the labs. The fact is, that what is going on now is every State in the country is developing a plan for July through December on how many tests States like Indiana, Tennessee, and Alaska might need in working with the Federal Government, and the Federal Government has been supplying Tennessee with what Tennessee needs.

In our State, for example, which is 1 of the States that is in the top 10 of having frequent testing, the Governor has said: If you want a test, you can have a test. Go down to your public health department, and you will get one for free. Now, whether they will be able to continue that, we will see, but that is what we are doing today.

Despite that, when 75 million students try to go back to school and college, I imagine principals and administrators will want to test teachers frequently, older people frequently, and everybody in some classes if one student gets sick, maybe everybody in an elementary school if several students get sick, and maybe the parents and grandparents of the children if the children bring home the disease. So we are going to need a lot more tests.

This is why Senator BLUNT and I and others worked together in the last legislation to support what we called the shark tank at the National Institutes of Health. This was an unprecedented effort at the National Institutes of Health, led by Dr. Francis Collins, who led the Human Genome Project and is one of the most distinguished scientists in our country.

This is a project to see if we can find a new way to create tens of millions of diagnostic tests that are what they call point-of-care tests. That means you can take them instantly; that you can get a result within an hour or so; and that they are inexpensive and reliable. You don't have to ship them off. You would probably do this with saliva. So you might put a lollypop in your mouth and let that saliva on the lollypop indicate, one way or another, whether you have a positive or a negative result.

Dr. Collins' goal—and he said this is a very aspirational goal—is to be able to produce a million of those tests a day by Labor Day. This would change our lives in many numbers of ways. This would mean that Brown's president could surely test all students, not just once when they go back but more often. It would mean many sports teams could test every player every day if that is what it required.

It would mean that we would probably have more tests than we would need.

What would that do?

It would, one, help to contain the disease so we could identify who has this disease so we could quarantine them and the people they have exposed instead of quarantining all of us and keeping us from going back to school, out to eat, and going to work.

It would contain the disease, and it would build confidence. If you are working in a plant with 500 people and you know that 6 people have had to be tested because they had been tested and were found to have been positive, you are going to worry about that. Yet, if you know that you could get a free test today and any time you wanted and could get the result in an hour, I believe you would have more confidence in going to work or in going to school or in going out to eat or even in playing on a football team whether you are in college or in high school.

So we are pulling for Dr. Collins' shark tank and his effort to produce these new ways of testing. They have had an unprecedented outpouring of applications. He said most of them come from smaller companies. They are down to 26, I believe is the number, and they are putting them through this rigorous test. His goal is a million new tests a day.

That is important for principals to know and teachers to know and those who are hoping to play a little football and watch a little basketball this fall—that there might be plenty of quick, reliable tests to help contain the disease in your community and to be confident that you are in a safe place.

And then what is the second thing we could expect?

We heard about treatments. As Senator KENNEDY says in his inimitable way, people aren't scared of the virus because they are afraid they might get sick; they are afraid they might die. And they might, particularly if they are in a vulnerable population or older age.

There is no medicine for this virus, or at least there wasn't until recently. Now there is one, Remdesivir, which the United States has bought a huge amount of, which has been shown to reduce by 32 percent—according to Dr. Fauci, who testified at our hearing yesterday—reduce by 32 percent the amount of time it takes you to recover from COVID–19. According to the experts who testified, there are other plasma medicines and steroids that have shown to be helpful. That exists today.

So if you are a parent or a grandparent or a teacher or administrator worried about children going back to school, you are probably not very worried about the children catching COVID–19 because, generally speaking, they haven't seemed to get sick from COVID–19—all around the world. It has been older people who do. But the children might come home and bring it to the parent or the grandparent. As I said, this is a sneaky, dangerous virus. You can give it to somebody without showing any symptoms of having it. But if you get it, there are already two or three treatments that your doctors, your hospital can prescribe to shorten the time that you recover and to reduce the chance that you might die.

Dr. Collins said that by the time we get to the fall, he expects there will be more of these treatments approved by the FDA. There are different kinds of treatments, and he didn't go into all the specifics, but one kind he mentioned was the so-called antibody cocktail. This was developed during the time of Ebola, and it was approved by the FDA. It helped us get rid of the Ebola disease before it came to the United States and caused a lot of trouble here.

This antibody cocktail—''monoclonal antibody'' is the longer name of it—is not approved yet. It is not proved to be safe or effective yet, but because it was once before, there is a cautious optimism that it will be approved for COVID–19—a version of it—and that those will be ready by the fall.

If it does work out that this treatment is safe and effective and approved by the Food and Drug Administration, there are several companies that have these antibody cocktails, and they should be able to manufacture large numbers of them.

I guess my point is, we talk a lot about vaccines. We spend every day hearing about the deaths, the hospitalizations, and what is going on, and this spike or that spike, but as we think about 75 million students going back to school and college, going back to work, whether we will see some football or maybe basketball later, the two aspects that are needed to determine that are tests and whether the shark tank will produce enough of them and treatments, and both seem to have a good possibility of being there for us in the fall.

We had a hearing last week that focused on this question: How do we sustain what we have built in this pandemic? In fact, one Senator lectured me a little bit and said: Why are we worrying about the next pandemic? We are in the middle of this one.

And my answer was, because for the last 20 years, we forgot about the last pandemic as soon as it was over, and then we got to the next pandemic, and we weren't as ready as we should be.

We have had four Presidents and several Congresses that passed nine laws to try to get us ready, and then here comes this sneaky, dangerous virus, and we find some gaps in our preparation. It is not President Trump's gap. It is not President Obama's gap. It is our gap because we didn't do some of the things we should do.

One of the things I believe each of us should do in this Senate is be willing this year, this summer, to take the lessons we have learned and sustain what we built, not just to complete our work on this pandemic but to be ready for the next one.

For example, do we have enough manufacturing capacity for the vaccines in the United States? Well, we didn't. Now we are building it. Are we going sustain it?

No. 2, what about our stockpiles? We filled them up, and then they were depleted—the stockpile here, the stockpile in the States. Hospitals needed money. They sold off their stocks, and so they were depleted. We have now built them up, but are we going to sustain that for the next pandemic or just say: OK, we beat COVID; let's go and worry about something else.

What about data? We are not getting all the data we want in the way we should be getting it from the Centers for Disease Control. Are we just going to forget that, or are we going to do something about that now?

Hospital preparedness. Hospitals weren't really ready. They did a magnificent job of getting ready, but we lagged on hospital preparedness. We have built that up again. Are we going to sustain it, or are we going to let it drop off once more?

Our State and local public health. Almost all of our public health efforts in this country are State and local. We are not a small European country where everything is centralized. We are a great big, complicated, diverse country where parts of Indiana are very different from parts of Tennessee and Alaska and New York or wherever we are from, and as Governor Leavitt, who testified before us, said, for 30 or 40 years, we have gradually disinvested in our public health system. We are not building that up, but are we going to sustain it?

So that is my hope, that when it comes to building up this manufacturing capacity here in the United States, increasing our stockpiles to the levels they should be, beginning to collect the data in the way it needs to be, preparing our hospitals to receive patients, building up our State and local public health—are we going to sustain that while we have our eye on the ball, or are we going to do what we have done for the last 20 years and slide off into a short memory?

Senator Bill Frist, who was majority leader of this body, said that he made 20 speeches in 2005 and 2006 about what we needed to do to be prepared for the next pandemic, which he said is surely coming. They did some things, but most of the things that he said needed to be done weren't done. We could do them today if we would just have the resolve to do them.

Governor Leavitt said that before a pandemic, those who do what he and Senator Frist did, which was to say we need to do all these things, are called alarmists, and then after a pandemic or in the middle of it, they are called inadequate to the task.

Then there is the last point I would like to make, and it is about politics. The COVID–19 virus—this sneaky, dangerous enemy—is a science matter, not a political matter, but it has become too much of a political matter.

Take the issue of masks. We have gotten into a situation where whether

you wear a mask depends on your attitude toward President Trump. For many Americans, it seems that if you are pro-Trump, you don't wear a mask, and if you don't like Trump, you do wear a mask.

I suggested that the President might occasionally wear a mask just to signal to his followers that it is a good idea; recommended by every single health expert to wear a mask—certainly for the protection of everybody else.

Another way to say it is that our athletic director at the University of Tennessee, Phillip Fulmer, said: If you really, really want to watch some football, wear a mask. What he means by that is that it would help contain the disease in our area so the football players can play safely.

Well, yesterday the President made it clear. He said masks are good, and he is happy to wear them when he needs to. Of course, the fact is, he doesn't need to most of the time. He is tested every day. People around him are tested. And—as I am not wearing one right now—he is speaking most of the time. But there are times when I wear my mask. When I leave the floor, I wear the mask. When I go back down the hall, I wear the mask. When I am in a smaller room, less than 6 feet away from somebody, I wear a mask, and I expect others to do that as well.

Every expert who testified in the six hearings I attended this month said there are three things to do: Wear a mask, wash your hands, and stay 6 feet apart when you can. If all of us do those things, we are much more likely to be able to go back to school, back to college, back to work, out to eat, and maybe even watch a little football.

Vanderbilt University did a survey in the middle of May, and what they found was surprising. Most of the attitudes of people in Tennessee weren't about male versus female or east versus west or any other difference; it was about Republican or Democrat. Republicans didn't want to wear a mask very much; the Democrats mostly did. Republicans were eager to go out to eat; Democrats were a little slower. Republicans weren't as worried about catching the disease; Democrats were pretty worried. The debate got too politicized.

I thank President Trump for what he said yesterday. He has 70 or 80 million people as his social media followers. If they get the idea that wearing a ''Make America Great Again'' mask is good for the country, I bet millions will wear it. If they do, the country will be safer, the economy will be better, and we will be able to go back to school and do the other things we want to do.

Mr. President, I ask unanimous consent to have printed in the RECORD my opening statement from our hearing yesterday.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

OPENING STATEMENT

COVID–19: UPDATE ON PROGRESS TOWARD SAFELY GETTING BACK TO WORK AND BACK TO SCHOOL—JUNE 30, 2020

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

I'd like to say something about masks:

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

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

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

Unfortunately this simple lifesaving practice has become part of a political debate that says: If you're for Trump, you don't wear a mask. If you're against Trump, you do. That is why I have suggested the president should occasionally wear a mask even though there are not many occasions when it is necessary for him to do so. The president has millions of admirers.

They would follow his lead. It would help end this political debate. The stakes are too high for it to continue.

Around here, senators and staff wear masks—because we don't want to make each other sick. I was exposed to COVID–19 by a pre-symptomatic staff member on my way to Dulles Airport and, as a result, self-quarantined for two weeks. The senate physician told me one reason that I did not become infected was because the staff member was wearing a mask and that greatly reduced the chances of exposure.

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

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

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

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

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

Add to the casualties the teachers who weren't prepared to teach remotely and the working parents who suddenly had school children at home and who weren't prepared to home school. Add the lost sports seasons and once in a lifetime graduation ceremonies. Then there were unprecedented dilemmas for administrators and inadequate school budgets. Being sent home from school does not rank with the sickness and death the virus has caused. The United States has over 2.5 million cases of the virus and over 126,000 deaths according to Johns Hopkins University.

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

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

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

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

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

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

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

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

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

So today, in addition to hearing more about the concerning rise in cases and hospitalizations in some states in the U.S., I would like to ask our witnesses in their statements and answers to questions to put themselves in the place of a superintendent

of one of America's approximately 14,000 school districts, or the principal or headmaster of one of the 135,000 schools, or the president or chancellor of one of the 6,000 colleges, and help them answer the question of how to reopen schools safely.

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

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

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

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

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

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

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

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

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

On April 24, Congress appropriated $11 billion, which has been sent to states and tribes for the expenses of testing. The legislation explicitly said that money could be used for contact tracing. This is in addition to the nearly $755 million from the first emergency appropriations legislation signed into law March 6 that went out to states for coronavirus response and can be used by states for contact tracing.

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

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

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

Second, who pays for testing. In the CARES Act, Congress voted to make all COVID–19 tests available to patients at no cost. That meant insurers would cover diagnostic tests, which detect whether a person is currently infected with the virus, and also antibody tests, which indicate whether a person has had COVID–19 in the past and now may have immunity to future infection. Guidance from the Labor Department, the Treasury Department, and the Centers for Medicare and Medicaid Services last week said insurers are only required to pay for tests without patient cost sharing if a doctor orders it. I agree with that.

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

I believe Congress will need to take further action. For example, if a school wants to test its students randomly, perhaps that school should coordinate with their state to become a part of the state testing plan, making all tests free to students and teachers. Congress may need to provide more money to states to cover that.

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

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

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

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

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

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

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

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

Mr. ALEXANDER. Mr. President, I thank Senator BLUNT and Senator MURRAY for their cooperation this month in this series of six hearings that we have had on COVID–19.

I think it is very important for the American people to know that while there is a vaccine down the road, the tests are coming, the fast tests, and the treatments are coming. They should be here by the fall. That is what the experts say. It is not what I say; that is what the experts who testified before us say.

The experts all said the following: If you want to contain the disease, if you want to go back to school and back to college and back to work and out to eat and maybe even see a little football, stay 6 feet apart, wash your hands, and wear a mask.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BRAUN). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. PORTMAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

S. 4049

Mr. PORTMAN. Mr. President, I am on the floor today to talk about the annual National Defense Authorization Act to support our servicemembers and their families. This is one of the few things that the Senate actually passes and does so on a bipartisan basis, and I am hopeful we will do that again. It is because Republicans and Democrats alike recognize it is imperative to give the men and women serving in our Armed Forces the resources and support they need to carry out their critical missions for all of us.

This year, I am pleased to recognize the importance of ensuring that our troops get compensated properly for the hard work and sacrifices they make. It has an across-the-board 3-percent pay increase in it. They deserve it. On July 4, as we celebrate 244 years of freedom, I think it is appropriate that we demonstrate our support for the brave men and women in uniform whose sacrifices have ensured the liberty we are celebrating.

I am also pleased that there is a lot in here that is really important to the people I represent in Ohio. At Wright-Patterson Air Force Base in Ohio, which is our State's largest single-site employer, the bill authorizes $23.5 million for important work on a new hydrant fuel system for the Defense Logistics Agency. It will make a big difference to our airmen and Air Force civilians and to the troops around the