

## **Chairman Lamar Alexander Opening Statement**

### **COVID-19: Safely Getting Back to Work and Back to School**

The Committee on Health, Education, Labor and Pensions will please come to order. First, some administrative matters based on the advice of the Attending Physician and the Sergeant at Arms after consulting with the Department of Health and Human Services and the Centers for Disease Control and Prevention.

Individuals in the hearing room are seated six feet apart.

As a result, there is no room for the public to attend in person. Representatives of the press are working as a pool to relay their observations to colleagues. The hearing may be watched live online. An unedited recording will be available on the Committee's website – [www.help.senate.gov](http://www.help.senate.gov)

Witnesses are participating by videoconference in a one-time exception. Some senators, including the chairman, are participating by videoconference.

Senators may remove their masks to talk into the microphone since they are all six feet apart.

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.

At our hearing last Thursday, I said that all roads back to work and back to school lead through testing and that what our country has done so far on testing so far is “impressive but not nearly enough.”

Over the weekend, Sen. Schumer, the Democrat leader, was nice enough to put out a tweet quoting half of what I said. He left out the other half, the “impressive” part.

So let me say it again in more specific terms.

When I said “impressive,” I meant that, according to Johns Hopkins University, the United States has tested over 9 million Americans for COVID-19. That is twice as many as any other country—we don't know what China has done—and more per capita than most

countries including South Korea, which several committee members have cited as an example of a country doing testing well.

According to Dr. Deborah Birx, the U.S. will double its testing during the month of May and be able to do at least 10 million tests per month.

Here is what “impressive” means in Tennessee: First, anyone who is sick, or a first responder or a health care worker can get tested. Next, Governor Bill Lee is also testing every prisoner, every resident and staff member of a nursing home, offered weekend drive-thru testing, and has done specific outreach to increase testing in low income neighborhoods. A Tennessean can get a free test and a free mask at the local public health clinic.

The governor’s slogan is: “If in doubt, get a test.”

Gov. Lee sent his testing goals for May to the federal government, as every state has done. The federal government will help make sure the state has the supplies it needs if the labs and hospitals in our state have trouble getting them through the usual commercial channels.

Tennessee has tested four percent of its population. The governor hopes to increase that to seven percent by the end of May.

That impressive level of testing is sufficient to begin phase I of going back to work in Tennessee, but as I said last week, it is not nearly enough to provide confidence to 31,000 students and faculty that it is safe to return to the University of Tennessee Knoxville campus in August.

Last week I talked with UT Knoxville Chancellor Donde Plowman about what might persuade UT students and 20 million other college students or parents of 50 million K-12 students that it is safe to leave their homes and return to 5,000 college campuses and 100,000 public schools in August.

That is where the new shark tank, or RAD-x, at the National Institutes of Health that we heard about at our hearing last Thursday comes in. Swimming around in that shark tank are dozens of early stage proposals for new ways to create diagnostic tests.

Three weeks ago, Congress gave NIH \$1.5 billion to create a competitive environment in which Dr. Francis Collins, the distinguished scientist who directs NIH, can search for a few new ideas that can create millions more tests by August and even millions more by the Fall flu season. Congress gave BARDA another \$1 billion to coordinate the manufacture and scaling up rapidly simple tests with quick results.

For example, the FDA authorized last week its first diagnostic test using saliva a person provides at home instead of a nose swab or blood. It authorized its first antigen test, like

the ones used for flu or strep throat, which involves swabbing the inside of a nose to produce a result in a few minutes.

Another proposal, not yet approved, is to put in your mouth a sort of lollipop that is a sponge, take a photograph of the lollipop with your cell phone and transmit it to a laboratory. If it lights up, you will know you test positive.

Or the university might send students' saliva to a gene sequencing laboratory, which can process thousands of these in one night and report to the university the next day. In all of these cases, if anyone tests positive, that student or faculty member will be asked to self-isolate for two weeks, and the rest of the student body can continue their education. The same screening test might be repeated in two or four weeks. That same process could occur at a middle school or factory or in advance of/for players in a sporting event.

Of course, anyone testing negative one day could test positive the next. But such widespread screening of entire campuses, schools or places of work would help to identify those who are sick and to track down and quarantine those who are exposed. That in turn, should help to persuade parents and students that it is safe to leave home and go back to school.

In addition to more testing by August, I expect Dr. Fauci to tell us about additional treatments available to reduce the risk of death from COVID-19 and about the administration's plan to do something never done before by this country—start mass manufacturing a vaccine before you know for sure that it works.

Vaccines and treatments are the ultimate solutions. But until we have them, all roads back to work and back to school go through testing. The more tests we conduct, the better we can identify the small number of those who are sick and track those who they have had contact with. Then we can quarantine the sick and exposed instead of trying to quarantine the entire country with disastrous effects on our economic wellbeing.

This will require millions more new tests, many of them new technologies. Some of these will fail. But we only need a few successes to create millions more tests.

That is why I said last Thursday that what our country has done so far in testing is impressive, but not nearly enough. First, squeeze all the extra tests out of current technologies. But then create new technologies to produce millions more tests to identify and isolate those who are sick and persuade the rest of us it is safe to go back to work and back to school.

This is a bipartisan oversight hearing to examine how well we are preparing the country to go safely back to work and to school and to determine what more we need to do.

Such an exercise sometimes encourages finger pointing. Who did what wrong? Before we spend too much time finger pointing, I would like to suggest that almost all of us—the

United States and every country—underestimated this virus. Underestimated how contagious it would be. How it can travel silently without causing symptoms. How it can be especially deadly among certain segments of the population, including the elderly, those with pre-existing conditions, and minority populations.

At the committee's March 3 hearing on coronavirus—six weeks after the first case had arrived in this country, when there were only two deaths in the US from coronavirus—I read this paragraph from the front page of the March 1 Sunday New York Times:

*Much about the coronavirus remains unclear, and it is far from certain that the outbreak will reach severe proportions in the United States or affect many regions at once. With its top-notch scientists, modern hospitals and sprawling public health infrastructure, most experts agree, the United States is among the countries best prepared to prevent or manage such an epidemic.*

A lot of effort has gone into trying to make the United States among the best prepared nations. Over 20 years, the last four Presidents and several Congresses—in response to 9/11, bird flu, Katrina, SARS, H1N1, MERS, and Ebola—passed nine significant laws that created or contributed to the public health preparedness and response framework we have today.

These nine laws stood up the Strategic National Stockpile, created an assistant secretary for preparedness and response, provided incentives for the development and manufacturing of diagnostics, vaccines, and medicines, strengthened the Centers for Disease Control and Prevention, and created the Biomedical Advanced Research and Development Authority (BARDA). Thanks to the leadership of Sen. Blunt and Sen. Murray, Congress increased funding to the National Institutes of Health for five straight years. -

All of this was part of a shared goal—Democrats and Republicans, Congresses and four Presidents—to advance our ability to respond to public health threats, whether known, like anthrax, or emerging, like COVID-19, and they incorporated lessons learned from public health emergencies at the time.

But despite all that effort, even the experts underestimated COVID-19.

This hearing is about how we improve our response now and in the fall when this virus is expected to return.

During our oversight hearing today and future hearings, I also intend to focus on the next pandemic: What can we learn from this one to be ready for the next one, which will surely come? Can we learn from the current fast tracking of tests, treatments and vaccines how to make them available even more rapidly next time? How to keep hospitals and states from selling off masks and other protective equipment in between crises because of tight budgets. How to make sure Congress funds our share of the responsibility? How to provide enough extra hospital beds without canceling elective surgeries, hurting other patients and

bankrupting hospitals. Whose job should it be to coordinate supply lines so that protective equipment, supplies, and medicines are available and delivered to where they need to be, when they are needed? How can the stockpile be managed better and what should be in it?

My preacher once said: “I’m not worried about you on Sunday, it’s what you do during the rest of the week.” I’m afraid that during the rest of the week—between pandemics—we relax our focus on preparedness.

We become preoccupied with other important things. Our collective memory is short. Just three months ago the country was consumed with impeaching a President. Now that seems like ancient Roman history.

Now, while this crisis has our full attention, I believe we should put into law this year whatever improvements we need to be well prepared for the next one. If there is to be finger pointing, I hope fingers will point in that direction.

We are fortunate today to have four distinguished witnesses who are at the heart of the response to the coronavirus crisis. I have asked each to summarize his remarks in five minutes. Then we will have a five minute round of questions. I have agreed that we will end our hearing at 12:30, which will permit one full round of questions. Sen. Murray will have the opportunity to ask an additional question before we close and all senators will be able to submit questions for the record. There will be other hearings to follow last Thursday’s hearing on testing and this one.

Staying at home indefinitely is not the way to end this pandemic. There is not enough money available to help all those hurt by a closed economy. All roads back to work and back to school lead through testing, tracking, isolation, treatment, and vaccines.

This requires widespread testing—millions more tests created mostly by new technologies—to identify those who are sick and who have been exposed so they can be quarantined and, by containing the disease in this way, give the rest of America enough confidence to leave their homes.

For the near term, to help make sure those 31,000 UT students and faculty show up in August, we need widespread testing—millions more tests created mostly by new technologies—to identify those who are sick and who have been exposed so they can be quarantined and, by containing the disease in this way, give the rest of America enough confidence to go back to work and back to school.

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