

**NO WORKER LEFT BEHIND:  
SUPPORTING ESSENTIAL WORKERS**

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**HEARING**  
BEFORE THE  
**COMMITTEE ON  
OVERSIGHT AND REFORM  
HOUSE OF REPRESENTATIVES**  
ONE HUNDRED SIXTEENTH CONGRESS  
SECOND SESSION

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## **NO WORKER LEFT BEHIND: SUPPORTING ESSENTIAL WORKERS**

**Wednesday, June 10, 2020**

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON OVERSIGHT AND REFORM,  
WASHINGTON, DC.

The committee met, pursuant to notice, at 12:13 p.m., via Webex, Hon. Carolyn B. Maloney [chairwoman of the committee] presiding.

Present: Representatives Maloney, Norton, Lynch, Connolly, Krishnamoorthi, Raskin, Rouda, Khanna, Mfume, Wasserman Schultz, Sarbanes, Welch, Speier, Kelly, Lawrence, Plaskett, Gomez, Pressley, Tlaib, Porter, Jordan, Gosar, Massie, Hice, Grothman, Comer, Gibbs, Higgins, Roy, Miller, Green, and Keller.

Chairwoman MALONEY. The committee will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time.

I now recognize myself for an opening statement.

Ladies and gentlemen, thank you all for being here today. Before we turn to today's important topic, I want to address the murder of George Floyd and other unpunished cases of police brutality that have disgusted our Nation and propelled us, so many of us, into the streets to stand with our neighbors and communities of color that are routinely and systematically abused by our current criminal justice system.

The committee and the House as a whole are committed to swiftly enacting profound reforms to punish police misconduct, holding police departments accountable to civilian oversight and eliminating the financing of police militarization. We all have more to say in the coming days, but as my friend, Virginia delegate Jennifer Carroll Foy, said last week, my protest is my statement, and so it is for me, even as we prepare our legislative solutions.

With that said, the topic of today's hearing is essential workers. Since the onset of the coronavirus pandemic in the United States, we are all acutely aware of the threats posed to our health and safety, but we do not all face the risks of the crisis equally. Grocery store workers, food processing employees, public transportation operators, nurses and doctors, hospital support staff, nursing home employees, first responders, janitors, and mail carriers, delivery workers—in New York alone, at least 123 workers at the Metropolitan Transportation Authority have died this year from coronavirus.

The people doing these jobs have taken on the extraordinary burden of maintaining essential services in dangerous and uncertain circumstances. They are essential to keeping this Nation running. That is why we recognize them as essential workers. They are our heroes and heroines.

Our hearing today focuses on the responsibility that our Federal Government has to protect and support them now and into the future. Like the heroes of 9/11, the essential workers of today have been called upon to serve their country at a time of critical need, a need that places them and their families at heightened risk of injury or death.

I believe we have an obligation to ensure that if they or their families become ill, there are financial resources provided for them. That is why, following the successful model of the September 11 Victims Compensation Fund, I introduced H.R. 6909, the Pandemic Heroes Compensation Act, on a bipartisan basis, with Judiciary Chairman Jerry Nadler and Congressman Peter King. Several members of this committee have signed on in support as well.

I hope that the proposal will earn the same level of bipartisan support as the September 11 Victims Compensation Fund that Congress voted to make permanent last year with overwhelming support.

While the jobs deemed essential during the pandemic are indispensable to the functioning of our communities, there are few other characteristics that essential workers share. They are more likely to be paid lower wages. They are less likely to have employment benefits, like paid sick leave or the option of teleworking, which means they are being forced into unsafe working conditions.

Still, our country asks them to go to work every day. They will need financial help when they or their families get sick. They will also need financial help if they have to stop working to care for a sick family member. They should not have to bear the burden of these costs alone, especially when many are already at risk of economic instability.

This burden does not fall on all communities equally. Black and Latino workers make up a majority of the work force considered essential. Communities of color have been disproportionately harmed by the coronavirus pandemic.

Due to systemic problems in our country, these workers have long been paid less in wages on average than their White counterparts. They deserve our support. A mere thank you is not enough. We need to do more to support the heroes of this pandemic. It is the Federal Government's responsibility now, just as it was after 9/11, to provide help to essential workers who are stepping up to help all of the rest of us during this crisis.

Now, before I turn it over to the ranking member for his opening statement, I want to let everyone know that I will be asking the vice chairman of the committee, Mr. Gomez, to chair the rest of this hearing for me. As you may know, after a few days of not feeling well, I decided to get tested for COVID-19 out of an abundance of caution, and in consulting other medical professionals and my doctor, I am self-quarantining at home until I learn the results of the test. Therefore, I do not have the committee's parliamentarian with me.

I want to thank all of you who have reached out to me and my office with well wishes. I'm deeply grateful for everyone's support, and I want to thank Vice Chairman Gomez for chairing this important hearing on essential workers.

With that, I'll turn it over to the ranking member for his opening statement, and then turn the reins over to Vice Chairman Gomez. Thank you.

Ranking Member Hice, you are now recognized for your opening statement.

Mr. HICE. Thank you, Chairwoman Maloney, and let me also add to you personally our best wishes for you and for your health, and we are hopeful and prayerful that you'll be completely back in the saddle in every way in the very near future, and we appreciate you sharing that.

First of all, I also want to say thank you to those who serve on the front lines. Obviously, we think of doctors, nurses, medical staff, and first responders, but they are also the truck drivers, the factory workers, and a host of other people who work tirelessly to sustain us as a country, and they did so during this pandemic.

I also want to extend the most sincere and deepest condolences to those across our country who have lost loved ones during this time. I think it is important for all of us to remember that during times of crisis, our first responders become more than just the police and fire and EMTs. It, in times of emergencies, also include people whose shoulders we cry on. It includes counselors, various people who offer support. So, today, we want to say thank you to all of them.

But the movement right now to defund the police departments, this movement from the left, to me, right now is particularly disturbing. I think it is not only absentminded, but, frankly, it demonstrates a major disconnect with people across this country in need of safety.

These men and women, the police officers, law enforcement, have been on the front lines 24/7 for us for the last three months or so, and according to the Fraternal Order of Police, over 100 of them have lost their lives to coronavirus alone during the last few months.

Obviously, the tragic death of George Floyd and many others before him prove, without any question, that there are issues in this country that must be addressed. But disbanding or abolishing law enforcement is not now, nor will it ever be the solution. That would be like saying we are going to abolish education because we have a few bad teachers. It's something we would not do.

Yes, we do have some bad apples and some bad actors within law enforcement, but we also have some good ones, and its utter foolishness for us to throw the baby out with the bath water.

Like, I'm sure, everyone in this hearing today, my heart broke from the appalling video of Mr. Floyd's death, those last few moments of his life. I don't know that I'll ever quite get over that. And I was reminded in the aftermath of it all personally, of one of my great American heroes that I love. He made a statement that anyone who claims to love America cannot sweep our national sins under the rug. He made a statement similar to that. It is not a quote, but that is the essence of his statement. And I fully, fully agree with him. We must fight the wrongs of racism in this country, but undermining and/or eliminating America's law enforcement is not the answer.

The vast majority of law enforcement officers throughout this country are great, upstanding servants in their communities. In fact, in the wake of Mr. Floyd's death, hundreds of police officers have been injured across this country and several have lost their lives. Yet we have cities like Los Angeles, New York, Minneapolis, who are literally seriously considering defunding police departments at this time, and even to the extent of totally disbanding police departments.

So, I just call on our colleagues across the aisle for all of us to fight racism. I believe that we can, and we must fight racism and, at the same time, support our law enforcement. We can do both. We should do both. I believe this is a time that we need to come together as a country and restore the bonds of faith in God and our love for one another. This type of rhetoric of disbanding and going after law enforcement agencies, I believe, does more harm and drives a wedge, driving us farther apart.

So, no question we are at a historic point in our Nation, and as it relates to the coronavirus itself, since the beginning of this virus, the benchmark for reopening has been and was, we were clearly told, ensuring that we must flatten the curve so that our hospital systems would not be overwhelmed.

As a result, the economy came to a screeching halt. We united as a Nation. We stayed home, we flattened the curve, and we succeeded. Now at this point, the U.S. has secured adequate capacities in our hospitals, and hospitalizations for COVID-19-related illnesses continues to decline all across the country.

The Trump administration is on track to procure some 200,000 ventilators by the end of the year, and we also have over 200,000 ventilators available in the Strategic National Stockpile. So, while the previous administration left us unprepared, the Trump administration is making us stronger than ever, and states are beginning to reopen the economy in order to help communities that have been horribly impacted.

In some instances, businesses we all know and individual lives ruined because of the shutdowns. The loss of economic output in the U.S. alone is estimated to be five percent of the country's gross domestic product. That's \$1.1 trillion for every month that we are shut down.

The unemployment rate hit a record 14.7 percent in April with over 40 million people filing for unemployment. However, last month, as states began to reopen, last month, the economy added 2.5 million jobs, and some states are totally open for business. I think the rest of the country has to follow suit.

In addition to the financial impact, health experts agree in telling us that prolonged shutdowns like we have seen results in a wide range of health issues, including things like suicide and mental health, domestic violence, substance abuse, reluctance to go to the doctors for needed healthcare issues. So, there're fiscal issues. There are physical issues. There are mental health issues. And we must come to the point now of reopening our economy, reopening our businesses.

Yet, to be honest, here we are. While so much of the country is returning to work, here we are, many of us here in Washington, having this hearing while Speaker Pelosi and our House Democrats



continue to stay at home, holding virtual hearings. We have got to get back to doing the real live work that the American people sent us here to do, and I just urge my colleagues on the other side of the aisle to come back to Washington and do what we have been elected to do.

With that, Madam Chairwoman, I yield back. Thank you.

Mr. GOMEZ.

[Presiding.] Thank you so much, Mr. Hice. Now we will introduce our witnesses.

First, we have Eneida Becote, wife of Edward Becote, an essential worker who died from coronavirus. Next, we have John Costa, who is the international president of the Amalgamated Transit Union. Next, we have Anthony “Marc” Perrone, who’s the international president of the United Food and Commercial Workers International Union.

We also have with us Bonnie Castillo, who is the executive director of National Nurses United, California Nurses Association, and the National Nurses Organizing Committee. We also have Clint Odom, who is the senior vice president for policy and advocacy and the executive director of the Washington Bureau of the National Urban League.

Last but not least, we have Avik Roy, who is the president of the Foundation for Research on Equal Opportunity.

The witnesses will be unmuted so we can swear them in.

Please raise your right hands.

Do you swear or affirm that the testimony you’re about to give is the truth, the whole truth, and nothing but the truth, so help you God?

Let the record show that the witnesses answered in the affirmative. Thank you.

Without objection, your written statements will be made part of the record. With that, Ms. Becote, you are now recognized for your testimony.

**STATEMENT OF ENEIDA BECOTE, WIFE OF EDWARD BECOTE,  
ESSENTIAL WORKER WHO DIED FROM CORONAVIRUS**

Ms. BECOTE. Hi. Hello, everyone. My name is Eneida Becote. I work at Weill Cornell Medical College in New York in the pediatric administration department. I live in Queens with my two sons, Joshua and Brandon.

I’m here today to tell you about my family and how we lost our guiding light, Edward Becote, to COVID on April 9. I’m also here to speak on behalf of all the families left behind, so that our elected representatives know how important it is that you pass the Pandemic Heroes Compensation Act to help the families of essential workers who make the ultimate sacrifice for our country as America has been engulfed in this pandemic.

First, let me tell you about my husband, Ed. Ed was one of the strongest, kindest, dedicated, and most loving person I have ever known. We met in the Brooklyn Hospital Center, where he was employed until the day he passed away. He was an incredible father and a loving husband and a best friend to anybody that crossed his path.

He was just as dedicated to the patients who he served as a patient transporter for over 20 years. Ed wasn't the kind of guy who saw his job as just getting a paycheck or—because he loved his job and he—at the hospital, and he just—he felt responsible for all his patients and made sure to give every one of them the same level of care and attention that any one of us would want for our family members.

He loved to tell jokes and had the biggest smile that would light up the room. He used that gift to make his patients feel comfortable as he was taking them to surgery or for tests, knowing the kind of stress and anxiety that they may be feeling at the moment.

He was a loyal coworker and was surely devoted to the healthcare workers of Brooklyn Hospital, serving them as an 1199 union delegate. He believed that everyone deserved to be treated fairly and with dignity. He believed that treating caregivers with respect was a vital part of providing good patient care in any healthcare setting.

I used to tell him all the time he missed his calling; he should have been a lawyer. He truly loved being an advocate and brought a passion to the work that was an inspiration and example for others.

We lost Ed on April 9, after he had been hospitalized with COVID for nearly three weeks. Over a matter of days, my strongest, energetic husband went from having a fever to being on a ventilator in the intensive care unit. I will never forget that day I got the call that he passed away. Me and my sons, our children, world has changed forever. Ed was a big presence in our lives. He was our guiding light and our protector.

He's a devoted Pittsburgh Steeler fan, football coach, and a best friend. He was our rock. I pray that I can make it through the day without him, because every morning that passes by, it seems unreal that he's not here.

Ed was also my partner. Together, we were raising a family and building our life. We worked hard to build our dreams and give our children the things we never had. Now, not only have I lost my best friend, but I've lost the man who worked alongside me for over 20 years, from building our American Dream.

I urge you to pass this bill, not just for us, the Becote family, but for the tens of thousands of other families like us, who not only lost their loved ones to this cruel virus, but lost a loved one who gave so much to protect us all.

In addition to supporting the families left behind, we can honor heroes, like my husband, by doing everything we can to stop the spread of coronavirus. We need to ensure that testing is widely available and much earlier. My husband didn't get tested until his symptoms were severe enough to put him into ICU and onto a ventilator.

We also need to ensure that every healthcare worker gets the hazard pay they so rightly deserve and has access to the personal protective equipment that can help save their lives.

Over these last few months, so many of the essential workers who played crucial roles in our healthcare system have gone unacknowledged. Food service workers, clerks, housekeepers, patient transporters like my husband. The best way we as a Nation

can show our gratitude is to make sure they remain safe and healthy and able to return home to their families that they work so hard to support.

Our family members make the ultimate sacrifice. Help us honor their memory by protecting the families they left behind, so we may go to help others build their own American Dream.

Thank you.

Mr. GOMEZ. Thank you so much, Ms. Becote. We extend our deepest sympathies for your loss. Thank you.

Now we have Mr. Costa. You are now recognized for five minutes.

**STATEMENT OF JOHN A. COSTA, INTERNATIONAL PRESIDENT,  
AMALGAMATED TRANSIT UNION**

Mr. COSTA. Chairwoman Maloney, Ranking Member Jordan, thank you for the opportunity to testify on H.R. 6909, the Pandemic Heroes Compensation Act of 2020. The ATU strongly supports the critical legislation. Transit workers need a new program for those who are injured or impacted by the coronavirus, modeled after the September 11 Victim Compensation Fund.

The ATU is the largest transit union, with over 200,000 members, and it's been 12 weeks now that this pandemic has been out there and, unlike others, our members have not had the opportunity to stay home or work from home. We're the workers out there that are moving the economy, keeping the cities going, and, unfortunately, we are the workers that have been affected the most with the infections, which are, right now, over a thousand. At 12 weeks later, we still have over 1,000 confirmed corona cases, and, unfortunately, 53 of our members have passed. Our concerns are it's only going to get worse as it reopens, because it's obvious we're being overexposed.

The sacrifices my members are making out there every day to keep front lines moving, like we've done before in 9/11, in Sandy, in Katrina, we've been out there, we know what our jobs are. We know these jobs are hard. We sit there. Our members are assaulted, are spit at, are murdered. And now we're dealing with an invisible challenge out here, an enemy we can't see every day, and, unfortunately, it's going to get worse, I believe, before it gets better.

The lack of PPE. We've been dealing with many problems trying to get the PPE. We've just done a survey, as of now 12 weeks later, and in the midst of reopening, 50 percent of our agencies do not have the proper PPE.

The mishandling of this from the get-go with our government and our CDC telling us we did—CDC telling us we did not need masks, there were certain things we didn't need and later on changed, we, as the ATU, believe we can't count on our government, and we need to make the demands. So, we have made demands of back-door boarding. Overcrowding needs to stop. The recommendations, unfortunately, with the CDC has been ignored, and they've made changes, and, unfortunately, those changes, I believe, are going to put our members in harm's way.

So, I—I urge the committee to look at this. It's funny; you call us heroes—you're calling our members heroes, but when we get to

the table, we're zeroes. It's just—it's crazy here. We're in negotiations right now in some areas, and we see this happening.

So, I hope you remember our members out there, I hope you remember our fallen, and I hope you help us keep our members safe moving forward as we open cities that need to be opened and need us out there to bring our cities back.

Thank you very much.

Mr. GOMEZ. Thank you so much, Mr. Costa.

Now I'd like to recognize Mr. Perrone. You are recognized for five minutes.

**STATEMENT OF ANTHONY "MARC" PERRONE, INTERNATIONAL PRESIDENT, UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION**

Mr. PERRONE. Thank you. And I'd like to thank Chairwoman Maloney, as well as you, Vice Chair Gomez, and the ranking member in front of the committee today, Congressman Hice. I'd also like to thank all the other members of the committee for the opportunity to testify on the experiences that workers in grocery, meat packing, food processing, and healthcare have had to endure during this pandemic.

You know, my name is Marc Perrone. I'm the president of the UFCW International Union. The UFCW is America's largest retail and food union, representing 1.3 million hardworking men and women in the grocery stores, meat packing, food processing, healthcare, chemical plants, nonfood retail, and senior care facilities.

We have members that are Republican, Democrats, and Independents from every state in this Nation as well as every congressional district. All across this country, our healthcare, food processing, retail food workers are risking their health and safety to ensure that the American people are taken care of, our Nation's food supply is safe, grocery store shelves are full and stocked, and pharmacies are distributing medication.

These essential workers, as many of you have called them, deserve not only our gratitude, but they deserve adequate protections and provisions for their health and safety and financial security.

I'd like to highlight the words of one of our grocery clerks out of Ralph's in southern California in San Diego. She said: Every day, you fear that you might catch the virus at work. You fear that you might take that virus home to your family, and we are working longer hours under very stressful conditions. Our lives are on the line.

Let me stress to you how real this issue actually is. Our internal estimates have confirmed that 225 of our members have tragically died, and over 29,000 have been sick or exposed to COVID-19 since the beginning. Seventy of our packing house members and workers in the U.S. have died, with over 20,000 that have tested positive to COVID-19.

These profound risks that our members face is one of the reasons that we, the UFCW, supports the legislation to compensate the families of essential workers who die or are hospitalized as a result of COVID-19.

While financial compensation cannot bring back what's lost, it is the least that we must do in order to support the families who have worked so hard to keep us fed and to take care of us. More importantly, it's about recognizing that we will never protect America's food supply unless and until we protect America's food workers.

What's making things worse is that some of these essential workers must now endure the insult of having their hero pay—and some of us have called it hazard pay—taken away even as this pandemic continues. Listen to the words of a food worker in Lawrenceburg, Indiana: We put our lives on the line every single day, and I worry about taking the virus back home to my grandchildren and my husband. When Kroger took away the hero pay from us, it was like a slap in the face. The fact of the matter is our customers don't wear masks, and it's putting us in jeopardy every single day. So, as long as the spread of the virus hasn't stopped, neither should the protections of the hero pay that our families so desperately need.

In other words, this brave food worker exposed this: While some responsible employers like Cargill and Safeway have done what's right, there are others like Amazon and Walmart. Even some of our union employers like Kroger, have decided to put profits, quite honestly, over people. And while we can all hope that companies do what's right, the brutal reality is that many will not do that until you and our other elected leaders do more.

Now, I know that legislative issues at times can be framed in a very partisan way, but this is not about being a Republican or a Democrat. This is about protecting essential workers in retail food, food processing, healthcare, as well as protecting our food supply, and that's why that I'd ask you to consider the following: Ensuring that all working people who are sick, who are affected by quarantine orders, or who are responsible to take care of children, who are, in fact, away at home because schools have been closed, should have job protections and paid sick leave for a minimum of 14 days.

I'd also ask that we compel OSHA to issue enforceable rules specific to COVID-19—standards, if you will—and, to date, that has not happened. Our members, especially in healthcare and food processing, are feeling the consequences from that. Enforceable rules that slow line speeds mandate social distancing and prioritize workers and provide PPE free of charge.

Last, we must include strong antiretaliation protections to ensure that all workers are protected from being unfairly threatened or fired. For the sake of this country that I know that we all love, I urge the committee and Congress to work together to do what's right for these brave workers.

I thank you again for your time, and I would welcome any questions you may have. Thank you, sir.

Mr. GOMEZ. Thank you so much.

Now we have Ms. Castillo. You are recognized for five minutes.

**STATEMENT OF BONNIE CASTILLO, EXECUTIVE DIRECTOR,  
NATIONAL NURSES UNITED, CALIFORNIA NURSES ASSOCIATION,  
AND NATIONAL NURSES ORGANIZING COMMITTEE**

Ms. CASTILLO. Thank you. Good morning. And thank you, Chairwoman Maloney, Ranking Member Hice, and members of the committee, for inviting me to testify today.

National Nurses United is the largest union of registered nurses in the U.S. Our nurses are on the front lines of the COVID-19 response, risking their lives to care for patients throughout this horrific pandemic.

Across the country, nurses have been denied the protections they need to prevent exposure to COVID-19. As a result, tens of thousands of healthcare workers have been infected. As of June 5, NNU knows of at least 914 healthcare workers who have died and of which more than 134 have been registered nurses. These deaths could have been prevented if employers had protected their workers.

The moment that outbreak began, hospitals across the country started locking up their PPE, claiming that there would be future shortages. Nurses have had to fight hospital management to unlock and allow access to PPE supplies.

To protect against exposure to aerosol transmissible diseases, we must be given a respirator—at minimum, an N95—but instead, nurses have been forced to use surgical masks, cloth masks, or even their own bandanas and scarves. These do not provide protection against COVID-19, but the CDC has sanctioned their use through weakened guidance.

Hospitals have run out of gloves, coveralls, and gowns. In New York City, nurses were forced to wear garbage bags as makeshift PPE.

Even when nurses are given N95s, they are forced to reuse them, sometimes for days on end. N95s are manufactured for single use only. Nurses are at risk of exposure every time they reuse one. Hospitals have begun to use decontamination processes for these masks, even though there is no scientific evidence that these methods are safe and effective.

Many hospitals require nurses to continue to work after exposure. Some have required asymptomatic nurses to work after testing positive, putting patients and colleagues at risk. Many hospitals fail to communicate suspected or confirmed COVID cases, leaving countless workers unaware of potential exposure.

There are three main reasons why nurses have not been protected at work. First, there is no OSHA standard that enforces workplace protections in hospitals during a pandemic.

Second, Federal and state efforts to distribute PPE from stockpiles have been ineffective, and frontline workers have not seen the equipment supposedly delivered. We do not have a national medical supply chain that is coordinated, transparent, or efficient.

Third, there is simply not enough stock of respirators and other necessary PPE in the country, and the Trump administration has refused to increase PPE production in the volumes required.

These failures have created a deeply traumatic situation within hospitals across the country, and our nurses are dealing with that trauma every single day. Nurses live with the fear that they will become infected and pass it onto their families, friends, or patients.

Many nurses are isolating away from their families. Some are sleeping in their garages or cars. At times when families need comfort—at a time when families need to comfort each other, nurses are deprived of this support.

Nurses knew that the pandemic was on its way, way back in January. Why weren't the hospitals prepared? Why wasn't the administration or Congress prepared?

Now, as plans on reopening—now, as plans on reopening in the country are underway, our nurses face increased risk. We could see and are seeing a second wave of infections. It is critical that Congress immediately pass legislation that will protect nurses and other frontline workers.

NNU applauds Chairwoman Maloney for introducing H.R. 6909, which would provide compensation for workers who contract COVID-19 or for our families if we die from the disease.

I have personally led online heartbreaking vigils for registered nurses who have died, and I know that their families need our support. But we also need Congress to take action immediately to prevent those infections and deaths from happening in the first place.

NNU applauds the House for passing the HEROES Act. The bill includes a mandate that OSHA issue an emergency temporary standard for COVID-19, as well as provisions that would ensure the Defense Production Act is fully invoked to immediately increase the domestic production of respirators and other PPE. It is essential that these provisions are included in any compromise, negotiations—any compromise that is negotiated with the Senate.

Our country has failed to protect nurses during this pandemic. Without protections, more nurses will continue to die. On behalf of nurses across the country, I urge the members of this committee to ensure that we get the protections we need immediately.

Thank you.

Mr. GOMEZ. Thank you, Ms. Castillo.

Now we have Mr. Odom. You are recognized for five minutes.

**STATEMENT OF CLINT ODOM, SENIOR VICE PRESIDENT FOR  
POLICY AND ADVOCACY, EXECUTIVE DIRECTOR, WASH-  
INGTON BUREAU, NATIONAL URBAN LEAGUE**

Mr. ODOM. Thank you. And, Chairwoman Maloney and Ranking Member Jordan, thank you for allowing me to testify today on behalf of the National Urban League, one of the Nation's oldest civil rights organizations and direct services organizations.

My long-formed testimony has already been entered into the record, so I'd like to just say a few remarks.

I'd like to pay tribute today to the Africans and their descendants whose labor, without compensation, built the U.S. Capitol, made possible the Statue of Freedom that sits atop the Capitol dome, and made possible the rise of the United States as an economic superpower.

I'd also like to lift up Ms. Breonna Taylor, an essential worker, an EMT from Louisville, Kentucky, whose life was cut short, not by COVID, but by police officers serving a no-knock warrant in March.

African Americans are and have always been among the Nation's essential workers. African Americans and people of color are over-represented in the essential work force. Their labor feeds, cleans, and cares for us. Their labor delivers life-sustaining packages, stocks our grocery stores, transports goods and people necessary to bring this economy back from a self-induced coma.

Their labor both keeps us alive and gives us dignity at life's end. Their labor allows millions of nonessential workers to be productive while remaining safe at home, with only one in five African Americans and one in six Latinx people able to work from home.

Essential workers occupy frontline jobs and greatly increase their exposure to the virus, yet we don't pay essential workers anywhere near their worth. We don't provide them with work protection and benefits necessary to survive the pandemic. Without a cure or a vaccine, essential workers often must choose between living and making a living.

To date, 23,251 Black lives have been lost to COVID-19. By one estimate, 38 percent of African American workers are employed in essential industries. In places like New York City, however, 75 percent of essential workers are people of color, including 82 percent of cleaning services employees.

Black women in particular bear the brunt of the essential worker dilemma. Black women are overrepresented in low-wage jobs, such as nursing assistants, personal care, or home health aides. When compounded with government-mandated school closures and restrictions on movement and a lack of affordable access to childcare, the stress of running a household for Black women is exacerbated. In addition, half of the Black households in this country with children are headed by single women. Of these households, 38 percent live below the poverty line.

When exposed to the coronavirus, Blacks are hospitalized at 2.5 times the rate of Whites, and, nationally, African American deaths from COVID-19 are nearly two times greater than would be expected based on their share of the population. Blacks and Latinos are more likely to have preexisting health conditions, such as asthma, heart disease, and diabetes, that makes death from viral infection more likely.

With respect to pay, essential workers are paid less than non-essential workers. Essential workers in the food and agriculture industry, in particular, have the lowest median hourly wage at \$13.12.

African Americans and other workers of color work for employers many times that do not offer health insurance, as we've heard today. Uninsured COVID-19 medical expenses can decimate a family's finances. Testing alone out of network can cost as much as \$1,300, while the cost of hospitalization and treatment for more severe cases of COVID-19 can cost almost \$75,000 without insurance.

Although workers of color are overrepresented among essential workers, they suffer from the second blow of higher unemployment rate caused by the pandemic. The CBO explained as follows: Low-wage workers and low-income families have borne the brunt of the economic crisis, in part because the industries hardest hit by the pandemic and social distancing measures disproportionately employ low-wage workers. Furthermore, workers who are young, female, have less education, and are from certain racial or ethnic groups have seen disproportionately large job loss, end of quote.

So, you've heard from other witnesses today about the need for PPE, a good living wage, the need to pass—for Congress to pass the HEROES Act, and for this body to pass the important Heroes



Compensation Act, which the National Urban League is very pleased to endorse. These are all excellent ideas. The Pandemic Heroes Compensation Act only works, however, if essential workers contract COVID-19 while employed.

The economic data suggests that Black unemployment, hovering near 17 percent, will become more acute over time. Last week's May employment numbers do not suggest that the economy is moving out of the woods. Fiscal policy will be the main driver of economic growth in the early stages of recovery. We're still in a deep hole with 13.3 percent unemployment. Congress must take these concerns seriously and inject more fiscal stimulus—excuse me—stimulus into the economy.

Thank you, and I look forward to your questions.

Mr. GOMEZ. Thank you so much for your testimony.

Now I'd like to recognize Mr. Roy. You're recognized for five minutes.

**STATEMENT OF AVIK S.A. ROY, PRESIDENT, THE FOUNDATION FOR RESEARCH ON EQUAL OPPORTUNITY**

Mr. ROY. Chairwoman Maloney, Vice Chair Gomez, Mr. Hice, and members of the committee, thanks for inviting me to speak with you today.

Chairwoman Maloney, I was a constituent of yours in the 2000's when I lived in Turtle Bay, and so I'm sorry we won't get to spend more time together today, and I wish you all the best with your health.

The Foundation for Research on Equal Opportunity, or FREOPP for short, is a nonpartisan think tank that focuses exclusively on ideas that can improve the lives of Americans on the bottom half of the economic ladder. On behalf of everyone in my organization, I want to thank all those who risk their health and safety for us every day.

I'm grateful for the opportunity to hear from the other witnesses here today. I want to focus my opening remarks on two aspects of today's topic.

The first is decisions by state governments that have endangered vulnerable seniors along with the first responders who care for them. The second is how to ensure that the tens of millions of Americans who have been thrown out of work are no longer left behind.

Of the 100,000-plus Americans who have died of COVID-19, the CDC counts 379 deaths among healthcare personnel and several hundred more in each of the occupational categories that we've discussed today. Each one of these deaths is tragic. An underappreciated part of the story is how many of these deaths occurred because of people who are sent to the hospital from nursing homes.

Point-six percent of the U.S. population lives in nursing homes or assisted living facilities, and yet 42 percent of all deaths from COVID-19 have occurred among residents of these facilities, 42 percent.

Some states recognized the threat early on. In Florida, hospitals pressured state officials to let them discharge COVID-infected patients into nursing homes, but Florida resisted. We drew a line—a hard line early on, said Mary Mayhew, who runs Florida's health

agency. I'm not going to send anyone back to a nursing home, she told hospital CEOs, who has the slightest risk of being positive. What we said constantly is let's not have two cases become 20, or five become 50. If you don't manage this individual as you return back, you'll have far more being transferred back to the hospital.

Contrast Florida's approach with New York's, where from March 25 through May 10, Governor Andrew Cuomo forced nursing homes to accept COVID-infected patients, despite strenuous objections from nursing home operators and caregivers. They don't have a right to object, Cuomo said on April 20. That is the rule and the regulation and they have to comply with that, he said.

New Jersey and Michigan are among the other states with major outbreaks that force nursing homes to accept infected patients from hospitals. California and Massachusetts initially imposed similar mandates but reversed themselves after complaints from nursing home advocates.

The other big policy mistake that we've made at multiple levels of government is the imposition of one-size-fits-all economic lockdowns. Hundreds and perhaps thousands of Americans have died in the recent months not due to the virus, but the economic disruption that followed. Not everyone is at risk or equal risk of severe illness or death from COVID-19. As we've discussed, residents of long-term care facilities are, by far, at the greatest risk, as are first responders.

Overall, individuals over 65 account for 81 percent of U.S. COVID fatalities. Those under 35, by contrast, only account for 0.8 percent of deaths. A more targeted policy aimed at protecting the most vulnerable could have saved millions of jobs and thousands of lives, and still can.

At FREOPP.org, we've put forward a detailed plan coauthored by both Republican and Democratic health policy experts that shows how we can safely reopen the workplaces and schools and bring Americans back to work.

Given the conversation that we've been having these days about racial disparities, it's essential to note also that the workers we have most left behind under economic lockdowns have been minority workers.

In late 2019, Black unemployment reached its lowest rate in history, 5.4 percent. Today, that rate is 16.8 percent. Hispanic unemployment reached a record low of 3.9 percent in late 2019. Now it's 17.6 percent.

In my written testimony, I detail how disparities between White and non-White unemployment rates have also reached their lowest levels in history prior to the pandemic. The economic lockdowns have brought those disparities back to levels last seen in the last Great Recession.

Put another way, racial and ethnic disparities in employment are worse when the economy is worse, and especially during the government-mandated shutdowns and the economy we are experiencing today.

These disparities are, in part, due to the fact that Blacks and Hispanics are more likely than Whites to be hourly wage earners, but Black-owned businesses have also been hit far harder than White-owned businesses. A recent paper published by the National

Bureau of Economic Research estimates that Black-owned businesses have experienced losses of 41 percent between February and April, versus 32 percent for Hispanic-owned businesses, and only 17 percent, relatively speaking, for White-owned companies.

There is much more to say on these topics, but let me stop there, and I look forward to our discussion today. Thank you very much.

Mr. GOMEZ. Thank you so much.

Now we're going on to the question and answer segment of our hearing. Ms. Maloney is not feeling well, so I will now recognize myself for five minutes for questions.

This coronavirus crisis has really reframed what we consider essential workers. In the past, we only really considered essential workers, in people's minds, nurses, doctors, frontline emergency firefighters, police officers. That's what we envisioned before. But during this crisis, we really did get a better sense that, in order to keep people fed, keep people hungry—I mean, fed, healthy, make sure that they're safe, all of a sudden, the idea of essential workers has changed, right, at least in the public's mind. The transit worker, the grocery store worker, the people in the fields, the people that make sure that your kids are taken care of and that you can go to work.

All of a sudden, the idea of essential workers has shifted, and that's what I think is something that we need to dig into more, that an essential worker is not just the people with the highest degrees, right? It's the people who are making sure that life can continue, even if you're locked down because of health reasons, because of a pandemic. That's why I really do appreciate everybody who's on the panel, everybody who's out on the front lines. It's been an amazing thing to watch.

So, I just want to say, first, thank you so much to all the essential workers, from the people in the fields to the people in the emergency rooms. You are making our life easier and better, and that's why I'm—since I've been—during this pandemic, I've had townhalls through virtual reality, just like we're doing right now. I had Facebook live townhalls with nurses from the United Nurse Association of California. It's a nurse's union that I worked for when I was—before I ever got elected—with SEIU United Service Workers West, to discuss their needs, what were the problems, what were they seeing?

A lot of it came down to basically PPEs, you know, that they weren't getting the right equipment that allowed them to do their job in a safe way so they wouldn't be worried that they're going to take back the virus to their loved ones at home and get them sick. I want to just say that they continue to impress all of us with their work.

Just for the record, I want to ask a few questions so that we can—I know the panelists have answered this question, but I want to do it in just in order.

Mr. Costa, are you aware of any essential transit workers who have passed away from COVID, yes or no?

Mr. COSTA. Yes. Yes.

Mr. GOMEZ. Mr. Perrone, are you aware of any essential food and commercial workers who have passed away from COVID, yes or no?

Mr. PERRONE. Yes. Yes.

Mr. GOMEZ. Ms. Castillo, are you aware of any essential nurses who have passed away from COVID?

Ms. CASTILLO. Yes.

Mr. GOMEZ. Yes. All your workers have been putting their lives on the line, and that's what I want people to recognize, is that people have lost their lives. Even if you do not know someone who has lost their life to COVID, there are essential workers who have. So—and that is impacting not only their families, but their coworkers, and it's leaving a hole in the fabric of their communities.

Mr. ODOM, how would you describe the economic burden on low-income workers and essential workers of color during this coronavirus pandemic?

Mr. ODOM. I would describe it as a multilayered disaster. Many families of color have one person who's supporting the household. We have, among communities of color, some of the lowest rates of multi-workers in the same household. So, when one household member goes down with COVID or is even under quarantine or just waiting for testing to come back, that person is not making money and that person can't support their family.

That's a double body blow in addition to the high rates of unemployment that we also see in this community. So, we are both forced to work and are also the first victims of layoffs when layoffs come, as they invariably have.

Mr. GOMEZ. Thank you, Mr. Odom.

Mr. Perrone, do food and commercial workers have death benefits?

Mr. PERRONE. No, we do not.

Mr. GOMEZ. Ms. Castillo, do nurses have death benefits if they get—they die from coronavirus?

Ms. CASTILLO. No.

Mr. GOMEZ. Mr. Costa, do the transit workers have death benefits if they die from coronavirus?

Mr. COSTA. Some do and some don't.

Mr. GOMEZ. So, that's why—the reasons why we need Chairwoman Maloney's Pandemic Heroes Compensation Act. It would create a fund to cover economic losses of essential workers who've become sick or passed away from coronavirus. These are just like somebody who puts their life on the line when they go into a fire or go into—into a military conflict and they lose their life; there are some death benefits for those individuals.

So, I'm in support, and I signed up as a cosponsor of the Pandemic Heroes Compensation Act, and I hope that we can pass that as soon as possible.

With that, I yield back. And now I'd like to recognize Mr. Hice for your questions. You may unmute yourself.

Mr. HICE. Thank you, Vice Chair. I appreciate that.

Mr. Roy, let me go to you. One of the parts of this whole discussion that, at least in my opinion, we're not talking enough about is the Communist Party of China. There's no question they intentionally concealed the severity of COVID-19, and while doing so, they stockpiled a lot of medical supplies, PPEs, and a host of things that would have, could have been extremely useful globally.

It's alarming to me; I'm looking at some stats that we came up with. They actually—during this time, they imported a lot of PPEs and different supplies. Surgical masks in China went up 278 percent; surgical gowns, up 72 percent; surgical gloves, up 32 percent, and all of these while they were hiding from the world what was taking place and just how severe this could have gone.

We even helped. I mean, we sent them some supplies too, and, obviously, a lot of these supplies could have been used to help many people who are on the front lines, and yet we did not know just how severe this thing was.

So, I guess my first question to you, Mr. Roy, would be, do you believe that we should act? Should we take some sort of action to ensure that China is held accountable for what they did?

Mr. ROY. Well, Mr. Hice, I mean, I agree with your assessment of China's culpability, but I don't—I don't know what the tools are. I certainly haven't spent enough time thinking about what the tools are that we have, the leverage we have to request compensation or other means, which I know plenty of people in Congress and the White House have been thinking about that topic, and I'm glad—I'm glad you are. I just don't—I don't have any specific recommendations for you off the top other than to the degree that if there is a way to do it, let's do it.

Mr. HICE. OK. What—what about on the—on the issue of how China now is—is involved in some espionage, actually, even to go after some of our treatments, trying to find our vaccine research. As we are—are being told, at least they're—they're targeting U.S. universities, pharmaceutical companies, other healthcare firms in an effort to try to get really secret, sensitive information that we have, research that we have done related to the virus. Are you—are you aware of that, of what—of what they're doing? And I guess beyond that, how harmful is that in our capacity to find vaccines?

Mr. ROY. Well, I have great confidence in the R&D infrastructure of the United States, both in terms of the university academic sector, as well as private pharmaceutical and biotechnology companies to develop effective treatments and vaccines eventually. One thing we've written a lot of about at FREOPP.org, our think tank, is that we cannot count on a vaccine being developed in the near term. We can certainly hope for the best, but the fastest vaccine for a novel virus developed in recent history was the Ebola virus vaccine, which took five years to develop. So, this idea that we're going to have a vaccine for SARS COVID 2 in 12 to 18 months? Look, let's all hope that that can happen. But we're—if we're going to bet our entire economy on that, I think that would be catastrophically mistaken.

We've got to figure out ways to reopen the economy and encourage R&D innovation at the same time, even if a vaccine doesn't immediately come forward, and then we have to protect our intellectual property if China tries to steal them.

Mr. HICE. Yes. I mean, that protection of our intellectual property is really where I'm going to. There are some companies that believe that we will be able to, in fact, get a vaccine hopefully early this next year. And it's pretty remarkable how rapidly our R&D in this country has moved forward to research, and to come up with some treatments that are—are looking to be extremely helpful with

this. But the protection of our intellectual property there is a—is a major issue for me, and I’m just deeply concerned with what the—the espionage campaign that the Chinese are bringing forth to steal that, and how that espionage campaign affects our ability to do—to effectively do research.

Mr. ROY. Well, what—the way the patent law works is, the patent clock begins from the time that you file your patent with the U.S. Patent and Trademark Office. So, if a biotechnology company or an academic university has developed some approach to developing a vaccine that they think is worthwhile, and they file the patent applications accordingly, by the time the Chinese get to it, the patents will already be on—on the timeline, on the clock, so to speak, in the U.S., and that will be important.

So, what’s—what’s important to say is that for any—any people in the biotech community who are—who are watching this hearing, if you’ve got IP, make sure you’re asserting it.

Mr. HICE. Thank you very much. I yield back.

Mr. GOMEZ. Thank you, Mr. Hice.

Now I’d like to—Ms. Norton is now recognized for your questions for five minutes. You may unmute yourself.

Ms. NORTON. I hope you can see—I hope you can see and hear me. It’s not unmuted. I’ve done it.

Mr. GOMEZ. You’re—you’re good. Oh. You’re—you’re muted again.

Ms. NORTON. Sorry. All right. I—I want to begin by thanking our chair for this very important hearing and to wish her the very best as she is quarantined, and I certainly want to express my condolences to Ms. Becote. In a real sense, this hearing is dedicated to her and her loss.

I do want to say because it was remarked that we should be meeting in here, in the Nation’s Capital. I do want everyone to know that there is a reason that I think the chair has chosen not to meet in the Nation’s Capital. If there are hot spots still, this is the hottest spot, the very last to open, and it’s only squeaked open a very little bit. With the mass demonstrations that have occurred here because of the death of George Floyd, I’m not sure when the Nation’s Capital will be open, so I’ll depend on the best judgment of the chair.

My question is for Mr. Costa. This region is the most public transportation-dependent region in the country. Now, I know I speak for other members who are increasingly dependent on public transportation. We have electric buses coming on, and with climate change, more and more regions of the country are turning to mass transit from one kind or another, not to mention climate change itself, which has made—has made climate—which has become central to a bill, and maybe one of the few bills that will pass this session. I am subcommittee chair of a—of the committee that has just written a new transportation and infrastructure bill which is likely to go to the floor this year.

So, my question is for Mr. Costa about public transportation, with the dependence of the country increasingly on public transportation. Not every region is set up to have trains of the kind we have in the Nation’s Capital, and so buses, increasingly electric buses, are becoming more important. So, I would like to know what

you're experiencing as the difference between the effects of the virus on—on bus and train drivers at the moment, Mr. Costa?

Mr. COSTA. The—the bus drivers are more exposed, of course. It's a smaller vehicle, and the air flow on it, the filtered system needs to be redone. We need to look at that, especially on the reopening because the air flow comes from the back, so we need to put a better filtered system in there.

As far as trains, we are concerned there, too, with the air flow. Like in New York, they have made some changes there with the filtered systems and UV systems they're putting in because, let's face it, even though they're in a compartment, when you open up that compartment and shut it with a lot of passengers on and the overcrowding, there's still a concern.

So, more and more of our exposure that we found, of course, is on a bus, but even the maintenance area early on with the cleaning of the buses. We had a lot of—we had some of our maintenance members pass away also, contracting the virus just by cleaning the buses, because of—because the—the poor leadership on the PPE that wasn't given or educated to our members.

Ms. NORTON. Mr. Costa, it looks like you're saying whatever decisions are made to reopen on a gradual—in a gradual way, that we ought to look first to transportation to see if the necessary steps have been taken there. I would like to say to the chair of the committee that I believe it would be useful to—to speak more specifically to our transportation operators, about which I have not heard a great deal as we talk about reopening. Because reopening, it seems to me, cannot occur unless our workers are able to get to work. And the testimony I've heard today from Mr. Costa does indicate that more needs to be done. Is that—is that the case, Mr. Costa?

Mr. COSTA. Yes. I—I am very concerned that I don't have to make any more phone calls going forward after 53 of my members have passed, coworkers and friends of mine, most recently one from north New Jersey, New Jersey Transit over the weekend. So, there is a big concern, and I just hope the industry and how they get to this is right.

The air flow is a big problem. We're going to have—you know, the CARES Act helped. We kept the service—we kept the service on the road which helped us with overcrowding. And now that we've opened up, we need to be cautious because we are—we did experience, I believe, the most that have—that have passed away so far is in the transportation area.

So yes, very, very—I'm very concerned with the reopening, and I hope everybody moves slowly and gets input from the transportation unions and operators at the table, not just make the determination as they—as many of the management people are sitting home, unlike us, on the road moving, moving the country.

Ms. NORTON. Thank you.

Mr. GOMEZ. Ms. Norton, your time has expired.

Mr. Gosar is now recognized—you're now recognized for questions. You're recognized for five minutes. You may unmute yourself.

Mr. GOSAR. Thank you, Mr. Chairman. Can you hear me?

[Inaudible] distance matters. Words matter. Something that doesn't seem to matter to the chairwoman is who is deemed essen-

tial. In your bill, Pandemic Heroes Compensation Act, you designate essential workers as those who can be tapped into the COVID-19 compensation fund. Who are these essential workers, you ask? Your bill designates essential workers as any individual employed, or a contractor working for a person, business, non-profit entity, or Federal, state, tribal, or territorial or local government that is determined during a response to the COVID-19 pandemic to be essential, based on state, local, tribal, or territorial orders, or declarations or their equivalent or Federal guidelines—guidance published by the Cyber and Infrastructure Security Agency, CISA, who performed this work outside their place of residence.

I'm not going to sit through every individual scenario that we could make an argument for someone who is deemed essential because, honestly, there would never be enough time. My point is, is that who are we able and to decide who is and who isn't essential? A job is essential by its very nature. Is it fair to say that someone who works a desk job isn't essential? Who could ask their children if they think food is essential, food that their parent's desk job provides? We should not be in the business of micromanaging the economy and determining who is more important. I believe those who work to provide a good life for their family and to help sustain the economy are essential, not some random list of non-profit employees that a government bureaucrat determined.

Now, just like the ranking member, why aren't we talking about China? Where is the legislation to hold them accountable? We are discussing legislation that will cost trillions more in taxpayer dollars by sending money to an unprecedented amount of people. Why not allow—why aren't we allowed to even question what is being force-fed down our throats? This is the same as the 9/11 compensation fund. Even though I support helping folks that were affected by that tragic event, not supporting every aspect of it was met with harsh criticism and dismissal.

Let's talk about the real problems in this bill, like forcing already struggling businesses to offer hazard pay. Are you trying to destroy small businesses? Honestly. Because you don't even seem to show the slightest bit of empathy for those who take chances to start a business. No real cap on how much special master can spend on. I've been fighting for years to get compensation to folks in parts of Arizona who were affected by nuclear regulation—radiation from nuclear missile testing, but I guess since it wasn't pumped by the news all day every day for three months, they don't deserve it.

Well, on March 19, 2020, more than 600 physicians signed a letter to President Trump stating that, quote, "millions of casualties of a continued shutdown will be hiding in plain sight, but they will be called alcoholism, homelessness, suicide, heart attack, stroke, or kidney failure. In youths it will be called financial instability, unemployment, despair, drug addiction, unplanned pregnancies, poverty, and abuse," end of quote.

What are some of the long-term impacts the economic shutdown will have on our country? I'd like to ask that—Mr. Avik Roy that very question. What are some long-term impacts the economic shutdown will have on our country?

Mr. ROY. Well, if we have a long-term shutdown, we know from a lot of past experience and evidence that there's a significant ef-



fect not just on the economy, but on mortality, illness, public health, deaths of despair, the number of people who—who either because they lose their job, lose high quality health insurance, or because they have lower access to care, or because of other things that are going on in their lives or their children. So, there's a—this is not merely a dichotomy between safety and public health on the one hand, and economics and money on the other. If tens of millions of people are unemployed for a sustainable period, there are public health costs for that too, and that is widely understood in the public health arena.

Mr. GOSAR. And—and going along those same lines, would not our veterans have the same type of outlook and the same type of problems?

Mr. ROY. Certainly, especially those who—well, I mean, for—for all the same reasons, yes. Short answer, yes.

Mr. GOSAR. Yes. And—and my last question to you is we found that the states and the public health aspects were behind the cue ball. There's a lot of misinformation, some things that common sense would actually front much more forward. Do you think it's time to make sure that we hold these many republics, these states, and their executives, accountable for some of the actions?

Mr. ROY. Dr. Gosar, yes. So, in my book, my written testimony, statement, my oral statement, I highlighted the issue of nursing homes, and how nursing homes created a lot of the risk for first responders that we've been discussing today.

Another thing that I should mention. We've mentioned a lot about public transit, particularly New York City. New York City Mayor Bill De Blasio waited until May 6, May 6, to disinfect the subways for the first time. And there's evidence, there's research out of MIT that suggests that—that the New York subways were a major vector of transmission. We know that the tri-state area around New York City is the single largest outbreak in the country and, indeed, the world.

Mr. GOMEZ. Thank you so much.

Mr. GOSAR. I yield back.

Mr. GOMEZ. Mr. Gosar, your time is up.

Mr. Lynch, you're now recognized for five minutes. You may unmute yourself.

Mr. LYNCH. Thank you, Chairman Gomez. I appreciate you and—and Chairwoman Maloney and the ranking member, Mr. Hice, for holding this hearing.

First of all, I'd like to express my condolences to Ms. Becote on the loss of your husband, Ed. I want to thank you for your willingness to—to appear at this virtual hearing and to—to bring it home in a—in a personal and—and profound way about what the loss of your husband means to you and your family.

I know that I have a—a lot of folks in my district that have had a similar experience losing a loved one, and I just want you to know that I'm—I'm with Chairman Gomez and Chairman Maloney as an original co-sponsor of her bill to provide some relief to families in your situation. But I do appreciate your courage in coming forward and taking your tragic situation and trying—trying to help others from—from suffering the same fate. So, we really do appreciate that.

I want to talk a little bit about essential workers and—and the hero pay that they have received. Some—some have fashioned it as a hero bonus, you know. I've had an awful time here in—in the Boston area with my nursing homes. I've had, you know, 20, 30, 40 residents of nursing homes pass away, and—and the—the situation is so precarious that many employees, because they are traditionally low paid, many of them are—are men and women of color. They're—they're low-benefit jobs. They weighed that balance and said I'm—I'm not going to put myself at risk, you know, my family at risk by going to work every single day.

For many of them, that hazard pay, that hero pay that was provided for by—provided for by their employer was the difference for them that—that, you know, some people—we lost about 17 employees at one big nursing home, and it just put more and more pressure on the others who were able to stay. That—that hazard pay wasn't recklessly handed out by faceless bureaucrats. That was actually the—the management of—of those businesses that said we need people to respond and to be on the job, even under these very difficult situations.

So, you know, in—in our state, and I know in many others, the Governors identified that we need to secure the supply chain for food. We need to secure the supply chain for—for healthcare, you know. I—I spent a whole lot of time that I shouldn't have been spending trying to get N-95 masks from China, and—and other countries, you know, to—to bring to my nurses and—and my healthcare workers at—at my coronavirus hospitals and my—you know, a bunch of my hospitals in this area. Not only that, but first responders, my police, fire, grocery workers. So, you know, this was really an all-hands-on-deck situation, and I think the idea that Mrs. Maloney has, she's the—the lead sponsor on her, you know, Heroes Pay initiative is very well-focused on people who are required and deemed essential by the President of the United States, and by the Governors of our—our states as well. We—we know the systems that had to be secured, and like Ed Becote, those people knew full well the consequences to our society, and to the most vulnerable within our—within our society, if they didn't show up for work. They—their response was heroic, and I see it every day, whether it's the nurses or my postal workers, or UPS or FedEx, you know.

The postal worker provides about 90 percent of the medicines and—and pharmaceuticals that are taken by our veterans. 90 percent of the—the drugs that go to our veterans are handled by letter carriers and postal clerks and—and mail handlers, and—and that's—so that's a critical, essential service. It's not hard to determine who's essential here, those people that are on the job every single day.

So I—I applaud Mrs. Maloney's initiative. I think we can work it out. I think we need to remember, and it's not hard to remember, you know, Ed Becote and—and his commitment. He sounds like a wonderful, wonderful man, and his—his service was heroic in Brooklyn. You know, I know there were a lot of—a lot of his brothers and sisters in the SEIU, 1199, that do that job every single day, and—and I think it's important for us to remember that, you know.

Mr. GOMEZ. Mr. Lynch, your time has expired.

Mr. LYNCH. I'm sorry. OK. I yield back. Thanks for your courtesy and your indulgence, Mr. Chairman. I appreciate that. Thank you.

Mr. GOMEZ. Of course. Of course.

Now, Mr. Higgins, you're recognized for five minutes for questions. You may now unmute yourself.

Mr. HIGGINS. Thank you, Mr. Chairman, and I thank our panelists for appearing virtually with us today.

I'd like to say at the outset that this 21st century technology that we're—that we're using today, or we're attempting to use, I think it's good that it's tested. However, I—I must say respectfully that I protest to the—to the venue. I believe that this type of technology should be used for congressional business only when the U.S. is under very serious attack. I've said before that America has been impacted by a virus. We have not been invaded by an army, so I respectfully urge my colleagues across the aisle to encourage Madam Speaker Pelosi and the majority leadership to end proxy voting, and remote committee hearings. The Senate is operating in person. The White House is operating in person. And yet, the People's House, the House of Representatives, remains incredibly restricted as we've seen by our efforts today, forced to use technologies that I believe is best reserved for, perhaps never, but certainly for much more extreme national emergencies.

Ms. Castillo, if I may talk to you for a bit, ma'am. I have a—a very high admiration for nurses and doctors, frontline medical professionals, and you gave a moving testimony regarding PPE and the lack of access to proper PPE. I thank you for clarifying the difference, ma'am, between effectiveness of an N-95 respirator used for an hour, versus a surgical mask used all day or longer.

I'd like to have my staff reach out to you at a later date so perhaps you could work with us on some projects that we have regarding PPE in the future.

So, I ask you, ma'am, regarding PPE, have you in your—in your career, Ms. Castillo, have you ever seen such a massive demand for PPE at one time for medical professionals across the world?

Ms. CASTILLO. Well, this is the first pandemic, and it's a global pandemic, so the—no, I have not seen it this extraordinary need.

Mr. HIGGINS. No.

Ms. CASTILLO. The numbers are massive. That being said, we anticipated that we would have—that this pandemic would have—I mean, we had plenty of warning, and so, in January—

Mr. HIGGINS. Let me ask you about that, if you don't mind, in the interest of time, and I greatly respect your testimony, as I do your profession. And let me say that—that nurses and frontline medical professionals should have access to all the PPE they need: gowns, respirators, face shields, gloves, everything they need to get their job done. Your—your testimony has—has clarified what I believe to be true as well and many of my colleagues on both sides of the aisle. We concur that as a Nation, we will come out of this—this initial phase of this pandemic, with a stronger infrastructure and a greater distribution of PPE. And I do think it's notable that—that China as a nation and their—their government leadership purposefully delayed the release of important data and—and hoarded—began gathering and hoarding PPE from across the world

at a time when they were restricting our true knowledge of what was going on.

So, I would like to be able to work directly with you, ma'am, my staff, if—if you'd be willing, as we address the future needs for PPE. Thank you again for being here, and all the panelists.

Dr. Roy, if—if I could ask you for a moment, sir. I'm particularly concerned, if you would address the challenge to seniors in America because of the economic impact. There's nothing healthy about repossession or unemployment, foreclosures, eviction. Stress and depression are known killers, and loneliness is to be counted amongst that factor. Our elders across the country depend upon family interaction on a regular basis. Please, in my remaining few seconds, respond if you would, Dr. Roy, about how you feel about what we can do to protect our seniors from this and how they've been impacted.

Mr. ROY. Well, thank you, sir, and I would say that, you know, as I have alluded to in my opening remarks and my written testimony, we needed to, and still need to focus our attention, our energies on reducing the spread of COVID-19 among seniors, particularly vulnerable seniors in congregate facilities like nursing homes and assisted living facilities.

If we do that, if we're testing everybody in those facilities, everyone who works in those facilities, making sure the staff in those facilities aren't going from one place to another place to another place and seeding those other nursing homes. We have to rescind these mandates at the state level that force nursing homes to accept COVID-infected patients.

There's a lot we can do on that particular policy area, and if we do that, we can restrict and—and suppress the spread of COVID-19 in the elderly population, because otherwise, they're going—their economic activity and their social lives, their emotional lives, their family lives are going to be suppressed for a much longer period of time than everybody else's.

Mr. HIGGINS. Yes, sir. Thank you. And Mr. Chairman, thank you for your indulgence. I yield.

Mr. GOMEZ. Thank you so much, Mr. Higgins.

Mr. Connolly, you're now recognized for five minutes for questions. You may now unmute yourself.

Mr. CONNOLLY. Thank you, Mr. Gomez. And if Carolyn is still on the—on this hearing, we wish you all the best, Carolyn, and hopefully, the results come back not positive.

I would like to begin on a personal note. I heard Mr. Hice and Mr. Higgins criticize the decision to hold this hearing pursuant to the rule change in the House virtually. And like them, this is not ideal. I would prefer to be back at the Capitol and doing business as usual with my full complement of staff in the office. But let me say to my friends on the other side of the aisle, please stop making this a political talking point.

This is about life and death. This is about people at risk. I lost a good friend of 40 years to COVID-19 two weeks ago. Two of my staff were diagnosed with it. I've got friends throughout Northern Virginia who have had to go to the hospital or stay at home and quarantine because they've been exposed.

The chairman of this committee is in quarantine because she's been exposed and is awaiting the results of a test and is not feeling well. Please. Can we at once come together and admit that we're doing the prudent thing to prevent people from getting sick, to prevent Members of Congress from becoming vectors of this illness, of this virus? That's the motivation. And to subscribe baser motivations to me does a disservice to all of us, and I wish we would cease and desist on that line of argument and that political talking point.

Mr. Perrone? Mr. Perrone?

Mr. PERRONE. Yes, sir.

Mr. CONNOLLY. Oh. Thank you. Thank you for being here, and let me ask you a question. It may be a little bit leading, but you—it really struck me what you said about the fact that you—you know, frontline workers in grocery stores are—feel threatened when customers come in refusing to wear a mask, because those customers put them at risk and other customers at risk. And all of a sudden, it becomes a more menacing environment.

I know it's a political question, but one of the reasons it seems to me that that is going on in large numbers is because the President of the United States has himself decided that he will not wear a mask. And he's done it in a way that comes across as almost defiant, and seems to send a signal to a large group of his followers that wearing a mask is a political statement, and not wearing a mask is also a political statement, and the health consequences kind of get forgotten, or diminished as a priority. Do you believe, Mr. Perrone, that the President of the United States not wearing a mask deliberately contributes to the situation your members find themselves in with respect to non-compliant customers?

Mr. PERRONE. Congressman, let me say the following: I think that it would be more helpful that in situations where he was in the public arena, like when he went to the—the Ford plant, that he would wear a mask just like everybody else would. I think that would be more helpful. I—I am hesitant to—

Mr. CONNOLLY. If I can interrupt you, Mr. Perrone. I think it's a little more than it would be helpful. It's actually a requirement in the Ford plant. For example, when he recently went to Maine to a swab-producing facility, because he didn't wear a mask, they had to destroy the swabs he was reviewing because of potential contamination. So, that's more than it would be helpful. That's actually a violation of floor rules, and in the case of the Maine factory, actually requiring the destruction of the PPE he was there to look at.

Mr. PERRONE. Well, Congressman, here is what I meant by being helpful. It would be helpful as it relates to the—the population so they don't necessarily think that it is political because it's not. This is science-based, this is not politically based, and—and it doesn't have anything to do with politics. Look, in my—my members, quite honestly, are tired of the blame game, whether or not it's the blame game about having a hearing like this, or whether or not it's a blame game about who's responsible for the problem.

Look, we have a virus in this country that—that is affecting people in a very negative way. There's no question about it. It's affecting them economically; it's affecting them as it relates to their health; it's—it's certainly affecting certain people as it relates to

the number of deaths that we've seen, over 100,000, you know. And where I'm coming from at this point in time, to represent my members, is we need Congress and all our leaders in this country to act together to fix the problem that we basically have, or at least—

Mr. GOMEZ. Mr. Connolly, your time has expired. Now—

Mr. CONNOLLY. Thank you, Mr. Gomez.

Mr. GOMEZ. Thank you for your—your questions.

Mr. Massie, you are now recognized for five minutes for questions. You may now unmute yourself.

Mr. MASSIE. Thank you, Mr. Chairman. Appreciate you holding this hearing.

I believe that Congress should show up and do our jobs. If the nurses are showing up for work, and the grocery store workers and the truckers are driving and the farmers are working, I believe we should be there working. Of course, I appreciate that we're doing this hearing online and remotely. It's much better than not having any hearings at all, but we know we could do a better job if we were in person. I do think it would be reasonable to tell our staff that they could stay at home, but we should—we should, I believe, be leading the charge here.

I am concerned about the workers at—at the meat processing facilities, and whether they are getting the appropriate PPE, and whether the policies have changed there, and then also, what the effect is on productivity. So, I would like to ask Mr. Perrone just to speak generally maybe for about a minute. Do you believe that we're getting the right equipment, the PPE, to the workers at the meat processing facilities? I've heard from the USDA early on. They told me everything was fine, and I wasn't buying it then. I believe that these issues are going to be long term. Slowing down the lines or—or increasing the spacing may be a reasonable concession to preventing spread in these factories.

Can you also tell us, what do you think it is, Mr. Perrone, about the factory conditions that make them one of the most likely places for somebody to have COVID, or to get COVID outside of a nursing home?

Mr. PERRONE. I think that one of the reasons is much like President Costa mentioned earlier as it relates to the volume of air in the facility because they are in a, you know, processing plant, and there has to be a high volume air conditioning system in that facility in order to make sure it stays cool enough in there to process the meat. In addition to that, it's the humidity in the air at the same time that doesn't allow the virus or the particles, because they're aerosol to evaporate very quickly and ultimately eliminate the problem.

Now, you asked me about whether or not there's enough PPE in—in the facilities. Look. Because the conditions are so difficult, and we had to do layered PPE that we had conversations with—with our—you know, our management teams, layered PPE, meaning shields around the workers, face shields and masks, because if they just went in there with an NP-95 mask that—that Bonnie Castillo talked about, the problem is the—the humidity inside the facility would ultimately attach itself to the mask, and it would be like those workers were being waterboarded.

So, is there equipment that would be better in order to better protect them? Yes, you could—you could go to an A-100 respirator that might have the respirator pack on the back much like you see in some of these biological labs that we've seen. That may be better. Then you could actually bring people closer together if you were concerned about the productivity, because you do have to have spacing if you don't have that higher level of PPE.

So, here is what's going on now. Do I think productivity has been cut down? Yes, I do. I think we're probably anywhere from 75 to 80 percent of our full productivity. Our kill floors are operating around the same level as they were, before, but not the processing locations because of the close proximity that you have to be and next to the person next to you. I don't know if that's what you were looking for.

Mr. MASSIE. Yes, and I appreciate that.

Mr. PERRONE. That is—that is what's going on in those plants.

Mr. MASSIE. That's an interesting perspective on the masks, that the—even the N-95 isn't—may not be sufficient in those conditions. I hadn't considered that before. I am a proponent of any time that we wear a mask, as long—as soon as we get the manufacturing pipeline solved, people should be wearing N-95 masks instead of homemade masks, because I think it's doubtful—the science is doubtful on whether a homemade mask is really going to prevent the wearer from getting the virus, and it may not even be very effective in preventing those exposed to the wearer from getting the virus. So, I'm a proponent of science-based and—and using the masks that are appropriate.

Let me just ask Mr. Roy a question very quickly. Mr. Roy, I'm looking at your testimony here, and it really strikes me that a few states have had a really high incidence of COVID within nursing homes per 10,000 long-term care residents. Can you explain why that might be, Mr. Roy?

Mr. ROY. Yes. Well—hi, Mr. Massie. It's—there are a number of factors, and we're actually actively researching this. In some previous testimony I gave to the House Coronavirus Select Committee last week, I went into some of our analyses, our preliminary analyses. We tried to find correlations between nursing home fatality rates and other indicators, such as a high percentage of Medicaid patients in nursing homes, or a high percentage of African Americans.

At the state level, at least, we didn't find those correlations. We may find more data once—now that the CDC is collecting data by facility, we can do a more granular assessment, so I expect to have some analyses next week on that topic.

But broadly speaking, what you see is that there's a—the two factors that stand out intuitively. One is where the pandemic has been worse, but that's also related to the way a lot of those northeastern states, in particular, forced nursing homes and assisted living facilities to accept COVID-infected patients being discharged from hospitals. So, those appear to be the biggest drivers, but that analysis is still ongoing.

Mr. MASSIE. OK. My time has expired.

Thank you for indulging me, Mr. Chairman.

Mr. GOMEZ. Of course, Mr. Massie.

Now we have Ms. Wasserman Schultz. You are recognized for five minutes for questions. You may now unmute yourself.

Ms. WASSERMAN SCHULTZ. OK. Thank you so much. Let's make sure my head is in the shot here.

Over the last several months, I've heard from essential workers who have struggled to get the PPE that they're—that they need to do their jobs safely. I've heard from nurses who are using home-made masks as they continue to treat patients, delivery workers without cleaning supplies to sanitize their vehicles, security workers who are on the job despite shortages of gloves and protective eyewear.

For me, those stories illustrate both the bravery and selflessness of the American work force, and also, the Trump administration's failure of leadership in a time of crisis.

The Trump administration's lack of a coherent Federal response to this pandemic, including failure to fully invoke the Defense Production Act to produce PPE put a countless number of people at risk and cost public lives. I chair the Military Construction and Veterans Affairs Appropriations Subcommittee, and I focused on whether the VA has an adequate supply of PPE, and is directing their facilities to distribute sufficient amounts of PPE to keep their work force and veterans safe.

Congress provided the VA almost \$20 billion in the CARES Act, and with that money, we expect the VA to provide PPE for every person working in and entering veterans' health administration facilities. But just yesterday, the top health official at the VA admitted that they may not have enough supplies to withstand a second wave of the virus.

So, my first question is of Ms. Castillo: You lead an organization that represents 155,000 nurses, including nurses that work at VA facilities. How would you describe their access to PPE for your members that are working at VA? Also, would you say the experience of your work—your members, who are working at the VA facilities, is similar to your membership more generally?

Ms. CASTILLO. Well, so in the VA system, their PPE has been woefully inadequate. When we talk about PPE, I'm talking about head-to-toe PPE. So, in addition to the respirators, you need the head coverings, the shields, the coveralls, the booties. All of that has been insufficient. And yes, it does mirror the private and public sector, the other hospital systems as well. We're seeing that throughout, including in the P—in the VA, where we've actually had to utilize donations to get supplies to our nurses, and we have done that because we literally have had to fight for every—you know, tooth and nail for every bit of PPE for our nurses.

Ms. WASSERMAN SCHULTZ. Yes. I've heard that throughout, and I just recently—Dr. Stone actually announced, he went through the numbers, and my own staff has gotten the numbers. And if we have a second wave, if you're already struggling to—to keep up with—with the PPE you need, and then we have a second wave, there's going to be a very significant problem with keeping our workers safe.

So, the Defense Production Act, what do you think about the President's refusal to fully implement the Defense Production Act?



Ms. CASTILLO. It's cost lives. We actually need to fully invoke the production—the Production Act, and we can. I mean, one thing that I want to say is we're dealing with a virus that is novel, and we're learning more and more about it each day. The PPE is not novel. We know what protects us, what will protect frontline workers, and what will protect patients, and we know how to make it. And so we—we need to have domestic production and we need enough production.

Ms. WASSERMAN SCHULTZ. Absolutely. It's grossly irresponsible not to have done that already. Thank you so much.

Ms. BECOTE, when—when we think about the shortages of vital supplies for healthcare workers, sometimes we tend to only think of doctors and nurses. But, you know, there are so many hospital employees that are not doctors or nurses. They're patient transporters, custodians, medical technicians, and they keep the hospital functioning. They—you know, and I'm talking about people like your husband, Edward. I'm so sorry for your loss. Can you describe his access to PPE when he went to work? And do you think that inadequate access to PPE played a role in his infection?

Ms. BECOTE. I'm sorry. Sorry. I couldn't make out what you said.

Ms. WASSERMAN SCHULTZ. You couldn't hear any of what I said?

Ms. BECOTE. Just part of it. I'm sorry.

Ms. WASSERMAN SCHULTZ. OK. My—my question is because your husband, Edward, was not a doctor or a nurse like they usually think of—Mr. Chairman, if you wouldn't mind adding a little bit, a few seconds to my time so I can re-ask my question. I'd appreciate it.

Mr. GOMEZ. Please ask your question.

Ms. WASSERMAN SCHULTZ. Thank you so much.

So, what I referred to was that doctors and nurses are usually who are thought of as frontline healthcare workers, but people like your husband, you know, who provide support to those—those frontline healthcare workers also are a critical component of the overall delivery of care. Can you describe your husband's access to PPE when he went to work, and do you think that inadequate access to PPE might have played a role in his infection?

Ms. BECOTE. Yes. I think when it first started, he wasn't equipped. I think they were giving it to the doctors and the nurses first. As the virus started to progress, then I think people were taking it more seriously. They gave it—they finally gave it to him, but I think by that time, he was already exposed. But I do think if he had the PPE, he would have stood a chance of not contracting it.

Ms. WASSERMAN SCHULTZ. Thank you. Thank you, and again, I'm so sorry for your—for your loss, and thank you for, you know, his commitment to caring for people.

Mr. Chairman, this is just unconscionable that we have left so many people without protection that they need, and so many lives have been lost as a result. I appreciate your indulgence. My time's expired. I yield back.

Mr. GOMEZ. Thank you.

Now, Mr. Grothman, you're recognized for five minutes for questions. You may now unmute yourself.

Mr. GROTHMAN. OK. Can you hear me now?

Mr. GOMEZ. Yes.

Mr. GROTHMAN. Good.

OK. First of all, for Mr. Costa, I'd like to thank you for the anecdote. I was not aware that the subways in New York were not being cleaned. I just apologize for the failure of the government out there. Between that and the nursing home thing, it's just—it's just stunning that people got stuck with such lemons out there, so I apologize for that.

Second, I'd like to talk to Ms. Castillo. One of the problems I have in the state of Wisconsin—I love nurses. I love to talk to nurses. I think sometimes you find out a lot more from nurses than doctors as far as what's going on in our—our healthcare system.

One of the problems we have here is there was a fantastic overestimate of the number of people who were going to wind up hospitalized, and as a result, two things happened:

First of all, a lot of non-essential medical things, which I would consider essential, things like putting in a new stem, repairing a valve were not done, so perhaps people are dying, and there's some evidence the reason for the uptick in death rate in this country is things not being done that should be done—that should be done.

And second, we've had to lay off healthcare workers instead of nurses. I know that's going on in Wisconsin. Is that something that's going on nationwide? And what can we do to get these—if it's true, what can we do to get these hospital administrators to bring back the nurses to work and open up these hospitals?

Ms. CASTILLO. Well, I know as a nurse, we always want to—it's better to be prepared and to prevent. So we—we know what we should have been doing in anticipation of this pandemic, and those that did, certainly, you know, we applaud that. That being said, we do see some hospitals take advantage of this particular moment. Instead of focusing on ensuring that they have adequate protections for workers, they're looking at things like furloughs, making nurses—cutting down their hours and/or closing essential services like labor and delivery. In Santa Clara County, there's a hospital that literally closed down labor and delivery, and so, there was a layoff of nurses.

You know, there're certainly mothers who are still needing to deliver, and now they have nowhere to go. They have to go many, many miles.

So, you know, we're—we are fighting back on this as well, because—

Mr. GROTHMAN. People aren't getting mammograms, they're not getting colonoscopies, they're not getting screenings other screenings for cancer because the hospitals way overestimated the number of people who are going to be there. Now, I can understand the hospital doing that in March. But, you know, as time went on, it's become very apparent that the so-called experts in Washington, you know, overestimated things, and I just wondered if you are doing what you can to weigh in.

Ms. CASTILLO. Yes. In—in our mind, if we would have had adequate amounts of PPE, so in other words, that hospitals were required to have sufficient supplies as stock, for example, for, like, a year, then, you know, we wouldn't have had—we would have been able to treat all of our patients. So, in other words, you know—

Mr. GROTHMAN. I'll tell you. And you can tell me if this is true nationwide. I think in Wisconsin, the problem is not a lack of PPE, the problem is they were shutting down whole wings in anticipation of this deluge of patients that never showed up and laid off people.

Ms. CASTILLO. My understanding is the shortage of PPE is nationwide, and that's from hearing from nurses where we surveyed nurses across the Nation and have responses from nurses in 50 states.

Mr. GROTHMAN. OK.

Ms. CASTILLO. They were being actually asked to use masks.

Mr. GROTHMAN. Dr. Roy.

Mr. ROY. Yes, sir.

Mr. GROTHMAN. One of the things that concerns me here is Congress has already spent far, far, far too much money on this, and we are driving the next generation very deeply into debt. In other words, it's kind of an odd thing. Usually you want the next generation to be wealthier than your generation. We're kind of going the opposite way. We're running up the credit card and making sure the next generation is broke.

I certainly have a lot of people in my district who are financially harmed because of the COVID, and they wish they had their jobs. They don't have their jobs. They wish their businesses were keeping above water. Instead, they're maybe going through bankruptcy and wipe out their life savings. I wonder if you could comment on the degree to which we already are throwing money at so many different people. On the other hand, the people that are eventually going to have to pay it back, they may be going under bankruptcy because of the situation.

Mr. ROY. This is an incredibly big problem that we write about a lot in our FREOPP.org paper on reopening the economy. It's a double whammy, right. The economic destruction from—from a long lockdown, the fiscal spending—it's a triple whammy. The fiscal spending that Congress is putting forward in order to compensate for the economic lockdown; and then the fact that the average small business has less than a month of cash on hand. For urban business, for minority-owned businesses, it's more like two weeks of cash on hand.

So, lots of those businesses have already shut down permanently, and every week that goes by, more and more of those smaller businesses are going under permanently, which means that as we wait, recover the economy, maybe some of those jobs will come back, but we'll have a much more consolidated economy with a few very large corporations running our economy rather than a more diverse and distributed economy that we all care about. Thank you.

Mr. GOMEZ. Your time has expired. Mr. Grothman, thank you for your questions.

Mr. Sarbanes, you are now recognized for five minutes for questions. You may now unmute yourself.

Mr. SARBANES. Thank you very much, Mr. Chairman. I appreciate the opportunity, and I thank the committee for pulling together this very, very important hearing on our frontline workers. As we've come to understand, there's this whole unseen work force out there that doesn't normally get the attention it deserves, but

it needs circumstances. Of course, they are in focus, and I think one of the big challenges for us as policymakers in this hearing and will help us in this challenge is to start thinking about, how do we continue to see this work force on the other side of the pandemic? We are learning lessons now that we need to carry with us.

Now, when we get back to whatever the new normal is, is that going to be a new normal that has the kinds of wages and benefits and workplace protections for this work force that so many Americans have uncovered and come to know over the last two or three months? Are we going to continue to see that work force on the other side? And I hope that hearings like this help us sort of fortify our commitment to that, so I want to thank you for the hearing.

I also wanted to especially thank Ms. Becote for her testimony. We certainly send our condolences to you, and we thank you for your courage in—in sharing your story. It's very compelling, and I think it will make a tremendous difference as we consider these issues going forward.

I did want to specifically address some questions to Mr. Costa. I want to thank you for your advocacy on behalf of transit workers across the country, the ATU, it's a very effective organization, and for speaking up for those concerns. I'm proud that your international headquarters is located in Maryland's Third District, which I represent.

The—the frontline workers that you represent are a little bit different from other frontline workers in the sense that they are the folks that transport a lot of those other workers. So, in a sense, you intersect with this conversation two ways, and I want to thank you for—for what your members do every single day.

We know that there's been a lot of layoffs as a result of the pandemic, and we know that, for example, in Washington, DC, the ridership is down 95 percent on the Metro. They're losing \$50 million per month during the pandemic.

Across the country, we know bus drivers and the rail workers are being laid off. Could you speak to that a little bit, what the—the economic impact is on your work force? We talked about a lot of the safety issues, but if you can talk about just these layoffs and cutbacks, I would appreciate it.

Mr. COSTA. Yes. Thank you for the kind words. Yes, we are—we are—our headquarters in your district, but thank you.

As far as—the CARES Act helped a lot, keeping—keeping the buses running, and I believe, as I said before, keeping the overcrowding from happening. Our membership is down about 10 percent we've lost to furloughs or layoffs at this time, due to the pandemic. And, matter of fact, this area has not—as states are opening up, we are seeing overcrowding starting to happen where people are getting on the bus which I—I voiced my concerns about that. But about 10 percent have—have left.

The private sector is hurting us more. It seems like they didn't take advantage or—or they're—or actually, they're taking advantage the wrong way. They're not doing the right thing with the CARES Act money, and they're trying to basically utilize that money to put in their pocket or offset the cost for profits instead of doing like many of the public sectors did where they brought the—they listened to us, and we educated them on what that bill

meant by keeping the buses and the workers at work to keep the economy going and keep—and keep it stronger.

Mr. SARBANES. I'm sure that—I'm sure that you are very apprehensive about what's coming as we get closer to July 1, which is the day by which most states and most municipalities have to balance their budget across the country.

As you know, the HEROES Act is trying to bring significant assistance to state and local governments in terms of their budgets. Clearly that will have an impact, a ripple effect on your workers, so I assume that you are strongly in support of the HEROES Act and bringing that assistance to bear.

Mr. COSTA. The budget crisis for the authorities is there. They're going to need help. And, once again, I hope our Representatives and our Congress and Senate does the right thing for the American jobs that are here and focuses on operating assistance to keep the agencies afloat until we get out of this crisis and bring the cities back.

So, yes, in the HEROES Act, as I said before, very few of our members have good insurance policies, and this would help offset the 53 members that I have, not to mention the TWU in New York, which is over a hundred members that have passed to the COVID virus, would help their families and keep—remember our fallen heroes that kept the lines going, and keeping our nurses and doctors in there to help, you know, our country and our families stay alive.

Mr. GOMEZ. Mr. Sarbanes—

Mr. SARBANES. Thank you very much.

Mr. GOMEZ [continuing]. Your time has expired. Thank you, Mr. Sarbanes.

Mr. Comer, you're now recognized for five minutes for questions. You may now unmute yourself.

Mr. COMER. Well, thank you very much, Mr. Chairman, and I appreciate you having this hearing on supporting essential workers. I think there's clearly bipartisan support to support the essential workers that have been mentioned thus far, the healthcare front-line workers. Obviously, the people that are involved in processing food, we've seen outbreaks at different processing plants that have significantly disrupted the food chain, and we can't have that, so we all support that.

But one group of essential workers that's been in the news a lot in the last few days that really haven't been mentioned during this hearing are law enforcement personnel. We're very blessed in America to have some of the best and brightest who work in law enforcement, and it troubles me deeply to see on the news movements in some of the cities and even references by some of our colleagues in Congress to defund the police.

Of all the things that I've heard in my 3-1/2 years in Congress that I disagree with, that I think isn't very good policy, I think that the movement to defund the police is probably the dumbest thing that I've ever heard of. And it's—it bothers me deeply because we have to have law enforcement. Especially in times where, you know, there's a lot of anxiety, there's a lot of disagreement, we need to maintain law and order, and our law enforcement personnel put their lives on the line every day.

So, I want to go on the record, and I hope that every one of my colleagues in Congress will go on the record to say that we strongly support our men and women in law enforcement, and I certainly, certainly never want to defund the police. So, I wanted to get that out there.

Next, Mr. Chairman, I've been blessed the last two days in my congressional district. I've visited factories that are making PPE. These are businesses—one was an existing business that expanded their supply—their product line. Another is a new business that was formed that went into an abandoned garment factory, and they're making PPE, and I think that's great.

I think that what we saw happen with China, where they obviously misled the world about the coronavirus, and then they hoarded their PPE to use for themselves at the expense of American hospitals, American nursing home facilities, and American healthcare workers.

So, we—I believe there's bipartisan support in Congress to ensure that that PPE is manufactured in the United States. So, we've got companies in Kentucky and all across the South and the United States that are willing and able and currently producing and manufacturing PPE—caps, gowns, masks, gloves, things like that—but they're still competing against Chinese companies. There are still different government agencies that are awarding contracts to companies that are manufacturing this PPE in China.

I would like to extend an invitation to my colleagues across the aisle, my Democrat colleagues, to come together, and I would love to work with the majority party to see that we can do everything in our ability to see that this PPE is manufactured in the United States of America, and we don't have to ever depend on China, especially considering all the wrongdoing that they have displayed because of the COVID outbreak. I don't ever want to depend on China for that essential PPE again, and I think that that's something that needs to be discussed in this hearing talking about essential workers.

My question that I want to ask is to Dr. Roy, and it pertains to the—you know, there were proposals in the last bill we voted on, that I voted against, but it passed the House, would extend the unemployment an additional \$600 a week passed its current expiration date of July 31. The Congressional Budget Office recently examined this proposal and found that roughly five of six recipients would receive benefits that exceeded the weekly amount that they were earning from employment prior to the COVID-19.

My question to you is, how did the additional unemployment benefit shift the incentive from going back to work to staying at home?

Mr. ROY. Well, Mr. Comer, as you know, we've heard from many, many, many businesses that have said they basically can't hire workers, they can't reopen their restaurant or their retail store or their auto mechanic shop because their workers are getting paid much more to stay home than to work. And you can't blame the workers for making that choice—

Mr. COMER. Right.

Mr. ROY [continuing]. Because the disparities are so great. So, that's—that program was clearly designed very poorly, and it is my

fervent hope that we listen to those proprietors and employers as we try to get the economy going again.

Mr. COMER. And I agree with that.

Mr. Chairman, I have an op-ed that was posted by The Wall Street Journal that I would like to submit to the record explaining exactly what Dr. Roy just said and the negative impact that it's having on the states that are truly trying to reopen and a lot of the businesses, especially in the restaurant industry, that are struggling to stay in existence.

Mr. GOMEZ. Thank you, Mr. Comer. I'm going to object to it right now, because we do have a process of—I reserve the right to object, but I do not intend to object, in order to minimize the disruptions and to be fair to everybody.

We requested that any exhibits be circulated in advance via the Oversight clerk's email in the hearing notice. If you have not sent the item yet, we ask that you do so now. We want to ensure that we have seen the copies of all materials before they go into the hearing record.

So, I'm going to hold off on agreeing until after we ensure that we've received and seen the documents. I thank the member for the request. The member may be assured that his request will be dispensed with before the end of the hearing. So, if you can email it, we'll take a look at it.

Mr. COMER. All right.

Mr. GOMEZ. Thank you, sir. And now your time is expired.

Ms. Lawrence, you are recognized for five minutes for questions. You may now unmute yourself.

Mrs. LAWRENCE. Hello. Thank you so much for having this hearing.

Since the beginning of this pandemic, communities of color have been disproportionately impacted by large numbers of hospitalizations and deaths. I represent a majority minority district comprised of 18 cities, including Detroit, Southfield, Pontiac, as one—also as one of the hotspots not only in Michigan, but in the country. The African American community, minority community, has been devastated by COVID-19.

Communities of color, as Mr. Odom stated, make up a large percentage of workers who are employed in essential industries. These essential workers are on the front line at hospitals, grocery stores, food processing facilities, and transportation services.

My question I would like to direct to Mr. Odom. Are there any solutions you would recommend that the Federal Government take and put in place to limit the disparate impact that the coronavirus has had on minority essential workers?

Mr. ODOM. Thank you for the question. They're really quite simple. When there's a fire, we go to the fire. When there's an emergency, we go to the emergency. In the COVID space, we need to know—we need to make sure that we are prioritizing things like testing. We can't put our head in the sand or just have randomized testing. We've got to go to where we know the infection is, so that we can identify those folks, quarantine them, hospitalize them, get things going. That's one thing on the health front.

We've also got to be able to implement the very rigorous tracing regime as well, both by human means and technological means. So,

we've got to be able to sort of find out where the disease is. This is all in the bucket of finding out where the disease is.

Our economies have been devastated by the—what I call the self-induced coma that the pandemic has put us in. We've got to be able to support our businesses. Our businesses are the lifeblood, and they're the biggest employers in our communities. We had a very uneven rollout—that's a charitable description—of the Paycheck Protection Program. We've had an opportunity now to go back and try to fix that to make sure that minority depository institutions and CFIs are participating, and it looks like, in the second round, the average size of the loan is going down, and we think that means that maybe those funds are flowing to where they need to be.

So, on the health front, let's go to where the disease is. On the business front, let's support these businesses. We've had something—rejection rates of something like only 1 out of 10, 2 out of 10 people of color who applied for PPE even got the loan. So, we've got to do better in that regard.

Mrs. LAWRENCE. Mr. Odom, I thank you for that.

I want to take this moment as we're struggling in America right now with our race relations and the history of discrimination in our country that so many things have been exposed during this COVID epidemic that we have lived through. First of all, healthcare disparities. Second, the small business disparity for small and minority businesses, the lack of access to capital that we actually legislated for, the unintended consequence was that it would not go to these minority and small businesses.

And then, last, I wanted to talk about the PPEs. The essential workers, it is unbelievable that they were made to go to work. I mean, it was required. You're essential, so you show up every day, and then the audacity of some of these corporations not to provide PPEs, to the fact that the Federal Government had to give funding to ensure that our workers were getting the money.

And to everyone who lost their life during this pandemic, I just wanted to take this moment and say that—my humble condolences to everyone. In the Black community, we were devastated with so much grief, and people are wondering why there's such an outpouring. It has been layer upon layer upon layer.

My last question, since I have the time, I want to ask about the PPE requirement. Do you estimate that the PPE requirement will be intact for the remainder of 2020? And, if so, what recommendations do you have for Congress to help companies and their members with this expense?

I want you to know that I have introduced the PPE Tax Credit Act, and what it is, it will give up to \$25,000 tax credit for small businesses and nonprofits to provide the personal protective equipment. So, I'm looking for anyone that can give me a comment on how—do you have any recommendations for Congress on how we meet this PPE requirement as we reopen?

Mr. GOMEZ. Ms. Lawrence, your time has expired, but they can answer the question.

Mr. ODOM. I think it's been said before that the Defense Production Act is a real key here. It has not been used very aggressively. It's only been used very sparingly. We've got to be able to get our



production capability up to meet the need, and we can't really do it just based on the grace of these companies. We've got to pay them to do the work, but we've got to use that tool in the toolkit, just like we did for food processing employees, right? We need our food and we need our protection. Both are equally wise areas to use the Defense Production Act.

Mr. GOMEZ. Thank you.

Thank you, Ms. Lawrence.

Mr. Perrone would like to also answer that question, Ms. Lawrence.

Mr. PERRONE. Yes. I agree with Mr. Odom as well. We definitely need to add PPE to the Defense Production Act. It became very apparent to us that what was happening is that PPE was going to the highest bidder. I do believe that we needed to provide PPE to our healthcare workers and our first responders first; however, because of that, it was being very difficult to be obtained.

I know that I've got one large major corporation that is discussing eliminating masks and providing masks for its workers, where they've got over 400,000 workers. If it's happening at a major corporation that—a Fortune 500 company, I guarantee you it's happening in smaller companies that we just got through talking about.

So, thank you, Mr. Chairman

Mr. GOMEZ. Thank you.

Any other panelists want to make a—answer the question before I move on to the next.

Mr. COSTA. Yes, I'd like to say something.

Mr. GOMEZ. Great.

Mr. COSTA. This is John Costa. And, yes, I think it was shameful that our government dropped the ball and did not—this President did not enact the Defense Production Act for all in this country that went on the front lines, for the nurses and the doctors, and I believe we could have saved many, many more lives. When this happened, we—communities, we did our own—we took care of our own, and what should have happened here, we should have taken care of our own. We need to go forward and take care of our own and make sure we produce it here and put people to work here to protect ourselves.

Shameful, this President, this administration let so many people die on the fact of not having the protection that was needed and then later on said we needed it.

Mr. GOMEZ. Thank you, Mr. Costa.

Any other panelists? No?

Thank you so much for—Ms. Lawrence, for your questions.

Now we have Mr. Gibbs. You are recognized for five minutes for questions. You may now unmute yourself.

Mr. GIBBS. Thank you, Mr. Chairman.

First of all, I want to thank the essential workers for all their efforts and the challenges they went through, and hopefully this gets over and get back to normal.

I also want to give my condolences to Ms. Becote for her loss, and I want you to know

[inaudible] let those things happen again.

I want to just mention quickly, Project Air Bridge, the administration that did the air bridge to get the PPE over here from Asia and elsewhere around the world, and also the Paycheck Protection Program. I think it's—you know, it's pretty much unanimous and the question—we just passed the Flexibility Act for that that saved a lot of jobs and a lot of businesses, and that's been a very good program.

I think, Mr. Chairman, at some point, we need to have a hearing about the role of China and their hoarding of PPEs and their—and also now there are reports

[inaudible] of hackers with the Communist Party of China that target our universities and pharmaceutical companies and probably—difficult in the development of a vaccine.

During this hearing, I've had the honor—I saw there's three communities over this summer that

[inaudible] for vaccines, so that's a move forward there.

I do want to talk about, Ms. Castillo, in her written testimony, she talks about reusing single-use PPE as a dangerous practice and, you know, increased exposures to nurses and so on. But then she also goes on to say that decontamination of disposable respirators has not been shown to be as safe or effective and can degrade the respirator, they suspect.

As some of you may know, a company here in Ohio, the Battelle, they were asked during the Obama Administration in 2014 to work on, when there was the shortage of masks for Ebola, and they did two years of research, and it was peer reviewed by independent scientists and technology confirmed and published it was safe and effective for N95 masks to be decontaminated.

Battelle, just a little background, it's the world's largest independent nonprofit research and development organization that has been tackling hard challenges for over 90 years using science and technology. Well respected. They engaged in this, and it's been tested numerous by independent areas, CDC, Massachusetts General Hospital. Duke tests show 50 decontamination cycles without degradation of the masks, and so on.

So, I just wanted to say that I don't agree with Ms. Castillo's statement that decontamination of disposable respirators has not been proven to be safe. Also, FEMA has done—awarded the contracts and believed it was safe.

And, Mr. Chairman, I do have—I want to submit for the record—it's been circulated—from FEMA on behalf of Battelle. I circulated a document showing—illustrating the decontamination method using the proven vaporized hydrogen peroxide process to kill bacteria of SARS-CoV-2 on masks, and I just want to make that clear[SA1].

So, I don't know, Ms. Castillo, if you wanted to respond. I'll give you a chance to respond.

Mr. GOMEZ. Mr. Gibbs, thank you for following the rules. Without objection, so ordered, submitting your documents for the record.

Mr. GIBBS. Go ahead, Ms. Castillo.

Ms. CASTILLO. Yes. So, there has not been scientific evidence enough to ensure that decontamination process are safe or effective. In fact, when we've received the masks back after this decontamination process, including Battelle, often the straps are loos-

ened. The mask itself is deformed. So, the integrity of the material has been disrupted. Nurses are also complaining of headaches and smelling sort of a chemical smell.

So, our concern is that, one, this is an unethical practice to use our healthcare work force and nurses and healthcare workers as sort of guinea pigs to experiment, essentially, with these masks. We—you know, as I have said before, what we need to do is fully invoke the Defense Production Act to manufacture the adequate amounts of PPE that we all need, certainly the frontline workers and all workers. And we need this for all—for all of us—for the protection of all of us.

Mr. GIBBS. Well, I think there's no doubt a new mask is obviously better, but I think when we had the shortages and the crisis going on here in the last couple of months, that this was an alternative. Obviously, maybe there are some issues, but we have to question the research that was done that said that.

So, I'm out of time, so I yield back, Mr. Chairman. Thank you.

Mr. GOMEZ. Mr. Gibbs, thank you so much.

Ms. Speier, you're now recognized for five minutes for questions. You may now unmute yourself.

Ms. SPEIER. Mr. Chairman, thank you.

Let me also extend to our chairwoman my deepest good wishes for hopefully a negative test result and a very speedy recovery.

And to Ms. Becote, I too was a widow, so I know exactly what you're going through, and you have my deepest sympathy and a huge hug. I hope that we can provide you some relief.

Like our chairwoman, I have introduced legislation to compensate those who have passed from this virus and those who have been sickened by it as essential workers. H.R. 6955 is the Essential Worker Pandemic Compensation Act. It is a companion to the chair's bill in that it provides kind of immediate benefits that are tax free, that are not going to require those who are impacted to seek or obtain legal representation.

It is patterned after the police—the Public Safety Officers' Benefit and Education Assistance Act, and it provides those who have succumbed to the virus as essential workers a lump sum of \$365,000 and the educational benefits to their spouse and children of a four-year education, and for those who have become sickened by it, an amount that is equal to half that.

So, it's a—I consulted with Ken Feinberg, who has been the expert on the 9/11 compensation program. His focus is to keep it simple and make sure that those who have lower incomes are not treated differently. This particular bill treats everyone the same. So, I want to thank both Mr. Costa and Mr. Perrone for endorsing the legislation.

And I'd like to say to Mr. Perrone, your comment by your essential worker who said that the recalling of the heroes pay was a slap in the face, this is an effort to give them a kiss on the cheek. So, I hope that we are committed both as Republicans and Democrats to forge forward a plan that is going to treat people equally, that it will be tax free, that we will not encumber them by requiring them to have legal representation as well.

To Ms. Castillo, I am deeply concerned about our ability moving forward to have the proper PPE in place. I've been told that FEMA

plans to ramp up its supply of both gowns and N95s only to the extent that we continue to reuse those two PPEs, and I can't imagine that that is going to be appropriate over the long term, and we have no manufacturing whatsoever of rubber gloves.

So, for a country that could put planes and ships into manufacturing in short order during World War II by using the Defense Production Act, and we're still trying to find a means by which we're going to manufacture gloves, which we don't do, or swabs, which, until very recently, we haven't done, to me, makes no sense. And I'm concerned that we don't have an idea of how much PPE we will need for essential workers in the next wave.

So, Ms. Castillo, my question to you is, has your organization tried to come up with a figure to reflect what it would be for nurses?

Ms. CASTILLO. Well, what we know—and we couldn't agree with you more. We know that reused will result in more infections and nurses and frontline workers falling ill and then out of the work force. So, you know, we know that even what is being produced right now, to the extent that it is, that we haven't felt it on the front lines. Even the HHS, their estimate is 52 billion. It is—you know, and we don't see that. We haven't seen that kind of production happening anywhere.

But we—what we do know is that with—you know, really what we need is for Congress to act to fully invoke the Defense Production Act to produce adequate amounts of PPE.

So, you know, we are—as I said before, we, you know, are insisting that we have what we need, the N95s, in our hospitals, in the facilities, and are literally just fighting tooth and nail, and, in some cases, bringing them from home. They're not exactly the grade of a mask that we would prefer, but we're actually having to rely on donations.

And in this country, we know that we can do better and we have to do better. This is about the future, and we have to be learning from this experience, but we're not out of this pandemic. This pandemic is ongoing, and with reopening, we know that we—we expect to see further surges, and we—and so this is—there's no better time than now to actually start production of PPE, respirators, along with all the other PPE—the other—as I mentioned before, the head-to-toe coverings are so essential as well.

Mr. GOMEZ. Ms. Speier, your time has expired.

Ms. SPEIER. Thank you. I yield back.

Mr. GOMEZ. Thank you so much.

Now, Mr. Roy, you are recognized for five minutes for questions. You may now unmute yourself.

Mr. ROY OF TEXAS. Well, I appreciate that. And by Mr. Roy, I assume you mean the gentleman from Texas on the committee as opposed to our witness, Mr. Roy, my fellow Austinite, who I'm delighted to have here as a witness. I've been confused multiple times today already. I've been stopped. Wait. I'm on now. But glad to join you all. Appreciate it.

My friend, Avik or Mr. Roy, I appreciate you joining here. I actually have a few questions for you. I appreciate all the work you've been doing. FREOPP's been doing an exceptional job, I think, in

getting a lot of the important data and information that needs to be known by the American people about what's going on.

Just correct me if I'm wrong in my general terms—you used specific numbers—that, if I'm correct, that if you discount for New Jersey and New York, who've obviously been very badly impacted by the virus, that over 50 percent of the people who have been—who have unfortunately passed away are folks that have been in assisted living facilities or nursing homes. Is that a fair or roughly accurate statement, Mr. Roy?

Mr. ROY. It's more than roughly accurate. It's based on the reporting of the data that we have. It's very accurate. About more than half the deaths outside of New York State have occurred in nursing homes or assisted living facilities.

I share your confusion, by the way, when your name is called in Congress.

Mr. ROY OF TEXAS. Amen. Well, you know, is it also true—so, roughly, 42 percent, right, even when you account for New Jersey and New York, and I think 80 percent of the deaths have occurred in folks who are 65 or older. Is that correct?

Mr. ROY. That's correct, and all those details are in our written testimony.

Mr. ROY OF TEXAS. And the point—the reason I'm pointing that out, right—I think I also saw a report that you all did that—and I don't want anybody to accuse me of drawing an analogy between the flu and the virus, but there is an important data point in comparing children, basically people age zero to 18 that, for the most part, if I saw your all's data correctly from memory, that the dangerousness of the flu, it was about three or four times more dangerous for kids age 0 to 18. Is that—am I roughly remembering that correctly?

Mr. ROY. The order of magnitude is greater. So, the article you're referring to, which is on our website, FREOPP.org, is called “Estimating the Risk of Death From COVID-19 Versus Influenza By Age,” and that report compares the relative risk of dying from influenza or COVID based on your age, assuming that 150,000 people eventually die of COVID-19 this year. What it shows is that if you're aged 5 to 14, you're seven times more likely to die of influenza than COVID-19. If you're aged 1 to 4, you're 20 times more likely to die of flu than COVID-19. Or reverse, you're one-twentieth as likely to die of COVID-19. So, the risk is very, very low of severe illness and death for children.

Mr. ROY OF TEXAS. So, I raise that because it's very important as we study this to figure out what we do as a society, right? I happen to be of the belief that it is tragically bad that we as a society have clamped down on our economy and society so much that we are denying people their livelihood and ability to go to work, and the ability to not have the second order impacts of cancer screenings and suicide rates going up, and the impact that you're having with respect to opioid addiction, or whatever it is you're having because of your inability to go get healthcare and mental healthcare because we've reacted so much—and that for people 65 and under, obviously for our children, when we close down schools, where the data would suggest that that makes no sense rationally to close down our schools. My concern is that we look at this the

right way to zero in on the actual problem, which is when people are sick in tight quarters, meat-packing plants, et cetera, or if you're in a nursing home or assisted living facility, that's where the vast majority of the true dangers occur from hospitalizations and in terms of people who have unfortunately passed away.

And it's really critically important that we get it right, because, if I remember correctly, I saw a data point just yesterday that 41 percent of Black-owned businesses have closed over the last three months as a result of the virus and reaction to virus, and that's horrible. And we've got to do a good job of getting our businesses back up and running.

This is why I was proud to get our—the PPP Flexibility Act with my good friend, Dean Phillips, from Minnesota, a bipartisan bill, because we need these businesses to be able to get back up and running, but understanding the data is critical to that.

Mr. Roy, could you comment on those points, particularly from the FREOPP standpoint?

Mr. ROY. Yes. So, we discussed the Black-owned businesses data in our—and the minority owned business data in our testimony. The one thing—I'll put it this way, Mr. Roy, very simply, which is, when it comes to COVID, if you're focused on everything and everyone, you're focused on nothing and no one.

Mr. ROY OF TEXAS. Yes.

Mr. ROY. And that is why our first responders have been put in danger, because instead of focusing on the at-risk populations, like people living in long-term care facilities, we were focused on harassing people when they got together with their relatives or they attended the funeral of their parents.

I mean, this level of micromanagement where you couldn't go to the Home Depot, the gardening department, but you could go to the Home Depot, I don't know, lawn mower department, I mean, that's where we've lost our—we took our eyes off the ball, and that's what has endangered our first responders.

Mr. GOMEZ. Mr. Roy, your time—

Mr. ROY OF TEXAS. Mr. Chairman, do I have one more question or no?

Mr. GOMEZ. No. Your time has expired, Mr. Roy.

Mr. ROY OF TEXAS. OK. Thank you, Mr. Chairman.

Mr. GOMEZ. Thank you, sir.

Now, Ms. Plaskett, you are recognized for five minutes for questions. You may now unmute yourself.

Ms. PLASKETT. Good afternoon. Thank you to all the testifiers. And thank you, Mr. Chairman. You look good in that seat. Thank you for all the work that you all do. I wanted to ask some questions regarding communities dependent on essential workers to function.

Throughout this pandemic, many of us—I'm sure all of us here have had the privilege of isolating at home, safe and in the comfort of our families. Social distancing and staying at home have allowed us to bend the curve of the infection, relieve hospitals of potential overflow, and give our healthcare workers a greater chance of success when fighting this virus and treating patients.

We've been able to do this because individuals work in grocery stores and they continue to stock. Our grocery stores continue to be stocked with food. Our transit systems continue to function. Our

healthcare workers take care of us when we fall ill. For all of these folks, staying at home simply is not an option.

Mr. Perrone, can you briefly describe the role that your workers have had in maintaining food supplies?

Mr. PERRONE. Yes, Congresswoman. They have, of course, been there stocking the shelves, dealing with customers coming in and out. There has been, in fact, some disruption to the food—in the food supply, not because we are short in food, but because our system is set up on an efficiency basis, first in, first out, and because everybody was at home, it changed how the system functioned.

So, whether or not we're talking about some of the packing houses or whether or not we're talking about the retail food stores, those workers did, in fact, keep the food supply coming. And, quite honestly, I think it led to more stability in our society because of it, because if we had seen massive shortages, I do think that people would have responded very differently to what took place, just my opinion.

Ms. PLASKETT. That's absolutely—I mean, I agree with you about—I can't even imagine the fear and the concern that would happen in this country if people believed that they weren't able to get food. So, thank you for that.

Mr. Costa, can you explain—your organization represents our Nation's transit workers. How would a sudden halt in all public transportation impact the ability to fight the virus on the front lines?

Mr. COSTA. A halt of the—can you repeat that, please?

Ms. PLASKETT. If we—if you didn't have your workers to go out on the front lines as they do, in public transportation, can you tell us some of the ways that you believe that would have impacted our ability to fight the virus in this country?

Mr. COSTA. Well, you know, many of our riders don't make a lot of money, and many of them are the janitors that clean the hospitals. Many of them need to go to grocery stores. Many of them need to go to dialysis and to hospitals for treatment as far as the—you know, the paratransit and mobility service we have. So, if we were to completely shut down, people would die.

Ms. PLASKETT. Thank you. Thank you. And thank you to your workers for everything that they do.

Ms. Castillo, would you agree that the Nation's death toll would be far higher without nurses performing the lion's share of patient care?

Ms. CASTILLO. Yes. Absolutely. That's correct.

Ms. PLASKETT. And the nurses must also work closely with patient transporters, like Mrs. Becote's late husband Edward. How essential are people like Edward in helping hospitals function properly and efficiently?

Ms. CASTILLO. Absolutely essential. We work as a team. In the hospital, in the clinics, there is a team, and that team consists of nurses, doctors, obviously assistants, you know, supplies. We—you know, pharmaceutical techs. We have a whole team that comes to the hospital every single day. And as you mentioned, they don't have a choice. They're not given the choice to shelter at home and take care of their families. Their schedules have remained the same, and including the utilization of public transportation every

single day, for some, have to utilize that public transportation to get to work.

Ms. PLASKETT. Thank you.

Mr. Perrone, I actually also sit on the Agriculture Committee.

Mr. GOMEZ. Congresswoman, your time has expired.

Ms. PLASKETT. Oh, has it?

Mr. GOMEZ. Yes. Time flies when you're having fun. Sorry.

Ms. PLASKETT. Sorry. Thank you.

And thank you to all of the testifiers, and thanks for the work that you're doing.

Mr. GOMEZ. Thanks, Ms. Plaskett.

Ms. Miller, you're now recognized for five minutes for questions. You may now unmute yourself.

Mrs. MILLER. Thank you, Vice Chairman Gomez.

And, Chairman Maloney, I hope you are healthy. We want you to be healthy.

And thank you for Ranking Member Hice.

And I want to thank all of you witnesses for being here today.

I especially want to express my deepest sympathy to Ms. Becote. The loss that you are experiencing is heartbreaking, and my prayers are for you and your family during this trying time. You're very brave to be here today.

Our frontline workers have been the heroes of this public health emergency, and for that, our country is eternally grateful. Our doctors and nurses have provided care for our sickest patients and sought cares for the coronavirus.

Those in our grocery stores and delivery services have ensured that everyone can get their food and goods in a safe manner. We have also seen those in manufacturing work around the clock to make sure that medical equipment and the PPEs are there to provide not only for America, but for other people around the world.

During this pandemic, we have seen American workers and businesses rise to the occasion and to create new and innovative solutions. One company in my district, Braskem, had more than 40 employees agree to live at the plant for a month to make materials for respiratory masks. They worked around the clock, and they deserve our deepest respect.

Now that we have effectively flattened the curve, we must look forward to safely reopening our economy and returning to normalcy. In West Virginia, we've already started. I want us to continue on the great economic success that we have seen prior to this pandemic and put America back to work.

Ms. Castillo, I appreciate all the hard work that our nurses have taken on during this pandemic. You are the heart and soul of our medical society. I understand that the nurses would rather have made—would rather have new N95 masks instead of just the decontaminated masks. I think everybody can agree that the best mask is a new mask.

However, we continue to have a shortage of the new N95 masks as we work to ramp up our own production. As you are aware, that after the Ebola outbreak in 2014, the FDA partnered with a trusted nonprofit organization to conduct research for just such a circumstance, a national pandemic, where there was a shortage of N95 masks.



The research that was conducted over multiple years was peer reviewed and published. It was this foresight by the FDA that allowed for the proven safe decontamination of these N95 masks until the domestic supply chain can catch up with the demand for these masks in these unprecedented times. The research was published in 2016. Decontamination has made it so that healthcare workers don't have to wear scarves or bandanas or other home-made items instead of wearing the clean N95 masks.

Would you agree that until we have an adequate supply of new PPE, that these decontamination units do provide the best interim solution to protect our healthcare workers?

Ms. CASTILLO. No. No. We are experiencing many problems with these masks, including, as I said before, where the integrity of the mask and the tight—it doesn't even conform or you don't get that tight seal. And we know without that tight seal, that you don't have protection. Then we are also experiencing the headaches.

So, we don't believe that it is safe or effective. And we have looked at some of those studies that they've done and have seen that in some of these studies, they've just done it on like a flat piece of—rather than a sort of three-dimensional piece mask, for instance, specifically on the masks.

Also, with the Stanford study, this study tested the dry heat and hot water vapor on E. coli and not on COVID-19. And, also, there was a Duke study recently, and that was to evaluate the—did not evaluate the layers within the N95 filter. So, you know, we have found that it's insufficient. And we know—

Mrs. MILLER. OK. So, that—and what that means—

Ms. CASTILLO [continuing]. Production. And so if we actually did invoked fully the Defense Production Act, then we'd be—

Mrs. MILLER. I need to take my time back, and I hope you can give those reports so that we can correct the problem.

Ms. CASTILLO. Yes.

Mrs. MILLER. Dr. Roy—

Ms. CASTILLO. I can provide those studies.

Mrs. MILLER [continuing]. Around the Nation, we have seen many states opening up and getting the economies back online and putting people back to work. What are some of the successes that you have seen with the reopening? Are we seeing local economies recover without a sharp spike in cases?

Mr. ROY. Yes, Ms. Miller, that's correct. We have not seen a sharp spike in cases. And I would point in particular to Florida, which never really fully locked down; instead, locked down in south Florida, targeted nursing homes, like we've talked and talked about. I think of all the states—and we can praise and criticize various states—Florida has done the best job of targeting the high-risk populations, but having a light touch with the normal parts of the economy.

Mr. GOMEZ. Ms. Miller, your time is—

Mrs. MILLER. Don't forget West Virginia. Thank you very much. I yield back.

Mr. GOMEZ. Thank you, Ms. Miller.

Now, Ms. Pressley, you are recognized for five minutes for questions. You may now unmute yourself.

Ms. PRESSLEY. Thank you, Mr. Chair.

You know, while the term “essential worker” is a new term for some, it is important to remember that the workers we are talking about today have always been essential, although we have usually treated them as if they are disposable.

But I also just want to just say that they are essential not only for the important utility role that they play in society, this is not only about their labor; this is about their very lives, and they matter. They have always been the backbone for their families, for our communities, and our economy, but for too long, these same workers have not had the basic rights and protections that they deserve.

The COVID-19 pandemic has unveiled many of these deeply entrenched inequities, and we’re witnessing firsthand the deadly consequences in real time. Long before COVID ever hit, many families did not have savings to cover a \$400 emergency expense, and this pandemic has pushed those already struggling, already on the margins, even further. Many of these economic inequities have been exacerbated by staggering wages; unequal access to critical benefits, like paid family leave and sick days; necessary protections key to preserving public health and the economic stability of families.

Before this unprecedented global public health crisis, only 19 percent of workers had access to paid family leave and sick day protections. Many of the workers lacking these protections were among the same workers pleading for PPE and other equipment to protect themselves and their families from the virus.

Many of the hardest hit communities in the Commonwealth of Massachusetts, in the Seventh, which I represent, vibrant and diverse communities like Chelsea, where 60 percent of residents are Latinx and almost half are immigrants. Even as positive cases have declined, Chelsea continues to be the biggest hotspot in Massachusetts.

So, as the Commonwealth and other states are beginning the process of reopening, we must center our essential workers who so often reside in these hardest hit communities. These workers and communities continue to bear the brunt of this pandemic and will be disproportionately impacted if we see a potential second wave.

Ms. Becote, you know, sympathy is not enough. Thanks for your husband’s contributions and the role that he played in your family are not enough. The only thing that is the just thing in this moment is for us to pass this legislation. Your family’s story is a story of thousands of families feeling the loss of a precious loved one robbed by this virus. It is why we have to change course in our policymaking and finally center our most vulnerable as we begin to lay the groundwork for recovery.

So, thank you so much for taking time away from your family in the midst of your own grief to be here today, to advocate, to save lives, and for ensuring that all our essential workers have the support, PPE, hazard pay, emergency pay, family leave and sick days, so that they can remain safe and healthy.

Mr. Odom, this crisis again has unveiled many of the deeply entrenched inequities. The United States is one of the most industrialized nations without a national paid family leave and sick day policy. How has this contributed to the economic challenges facing essential workers who are disproportionately people of color and women? Only one in five Black women can afford to work from

home. Only one in five Latinas can afford to work from home. So, how is this playing out?

Mr. ODOM. Well, it's creating a crisis, Congresswoman. First of all, let me thank you for your leadership on insisting that the CDC prioritize and identify the demographic of people who have been tested. This is a huge equity issue. We will not get our arms around this problem until we know where the disease is.

Ms. PRESSLEY. Thank you.

Mr. ODOM. It's not a matter just to say anybody who wants a test can get it. We need to go into the communities where we know it exists. We need to identify it and we need to root it out.

Ms. PRESSLEY. Thank you.

Mr. ODOM. With regard to family leave, this is a problem that I identified in my opening remarks, especially women of color, who are really on the front lines of this disease. Not only are they having to go into work, in many instances, but they're also having to deal with the fact that their children may be at home during school-mandated closures.

Ms. PRESSLEY. Right.

Mr. ODOM. Right? They are disproportionately leading their households. So, the income that they make or don't make is the entire economic livelihood of that family.

So, leave is an indispensable part of this equation, and we need to do more. I called for, in my opening testimony, for more fiscal stimulus. Leave is definitely in that category of fiscal stimulus. And on the point—

Ms. PRESSLEY. Thank you.

Mr. ODOM. And on the point that you made about the human cost and the human toll of this, which has not been discussed at nearly the length it needs to, there was a peer-reviewed study that was published in Nature earlier this week. It talked about the effects of the stay-at-home orders.

Nearly 5 million people, confirmed cases, avoided coronavirus because of these stay-at-home measures. Some 60 million Americans averted the coronavirus because of these measures. You can take aim and criticize the decision to open early, to not come back soon enough, but what cannot be denied is that there are millions of Americans today who do not have the coronavirus because frontline workers went out there to work to give those of us who are non-essential workers the ability to stay at home and work and be safe.

Ms. PRESSLEY. That's right. That's right. Thank you, Mr. Odom.

Mr. Perrone, your union—

Mr. GOMEZ. Ms. Pressley, your time has expired.

Ms. PRESSLEY. Oh, is that my time? OK.

Mr. GOMEZ. Yes.

Ms. PRESSLEY. OK. Thank you.

Mr. GOMEZ. Time flies by in these things. Great job. Thank you so much.

Mr. Green, you are now recognized for five minutes for questions. You may now unmute yourself.

Mr. GREEN. Thank you, Vice Chairman Gomez, Ranking Member Hice.

I want to thank all the workers on the front lines, particularly our healthcare workers. As an ER physician, my heart is with you

and your family. I know this is a very trying time, but at least for the medical personnel, I know the challenge, and while it's what we signed up for, that doesn't lessen the challenge.

Ms. Becote, I want to thank you for being here today and extend my deepest sympathies for your loss.

And, of course, we are wishing our Madam Chair a return to great health as soon as possible.

I'd like to thank our nurse witness who today confirmed the recent article in the New England Journal of Medicine, which said surgical masks provide limited and no additional protection in the nonhealthcare setting. And in consideration of this and the fact that the Senate's been working for weeks with not a single infection, we can go back to work here in person. We know that our work will be better. The product we provide the country will be better.

I want to begin by saying it is disingenuous to say that you're for workers and then not reopen the economy or drag your feet in reopening. I wish my colleagues across the aisle would see as essential the workers of this country, whose taxes will pay for the \$4-to \$8 trillion this is going to cost us. We need to be working.

The headline in The Wall Street Journal yesterday was, and I quote, Coronavirus Obliterated Best African American Job Market on Record, end quote. Reopening the economy is the single best thing we can do to improve outcomes for all Americans, including and especially minorities.

We just had a Coronavirus Select Subcommittee hearing last week on COVID-19 racial disparities. As a physician, I mentioned many reasons why Black Americans have been especially hit hard. But Black unemployment has risen particularly because of the government-imposed shutdown, and those jobs will be harder and harder to regain the longer the shutdown lasts.

Many states have successfully begun to reopen. In my home state of Tennessee, many restaurants, retail stores, gyms have all been opened, under social distancing guidelines, for weeks now. In fact, today, I flew through Charlotte, North Carolina's airport. The place was packed, shoulder to shoulder in places, and all was well. Americans are ready to go.

Last week, I visited Gutter Bound Distillery, a family run small business in Hurricane Mills, Tennessee, that just recently resumed normal operations, but they didn't exactly sit the pandemic out. They altered normal operations to make hand sanitizer, free of charge, for their neighbors and first responders.

To defeat this virus, we have to let them reopen and lead the way toward recovery across the Nation. There are many things this committee can do right now to help reverse the damage caused by the shutdown, and here are three suggestions.

First, we should permanently repeal the roughly 400 regulations that have been suspended during the crisis. I cosponsored Congressman Roy's Coronavirus Regulatory Repeal Act that would do just that. If these regulations weren't needed during the crisis, then why do we need them at all? We must give our Nation's businesses the freedom and flexibility they need to bounce back.

Second, we should examine the Federal Government's many outdated and bureaucratic healthcare laws and rules. As all of my col-

leagues here know, our rural hospitals are struggling, and this pandemic has only exacerbated their challenge.

Last week, I visited a hospital in Waverly to discuss these challenges. If we don't cut the red tape and let these hospitals serve their communities, we will see dire long-term consequences. Certificates of need should not impose revenue stream limitations on critical access hospitals.

And, finally, we must confront Beijing and hold them accountable for the spread of the virus in the first place. The Chinese Communist Party hid the severity of the coronavirus, crushed whistleblowers, denied offers of U.S. aid, allowed the coronavirus to spread, and covertly hoarded PPE. The leadership of China is taking China from a friend of America to an adversary of America, and we need to hold the CCP accountable.

For starters, the House should vote on my bill, House Resolution 6903, the Bring American Companies Home Act. This bill incentivizes American companies to move back and covers 100 percent of their moving costs.

In medicine, we have a rule: First, do no harm. Keeping the economy closed continues to harm millions of Americans. It's time to not just reopen the economy, but to take proactive steps to reverse the damage. This is where our Oversight Committee can lead, and I ask Madam Chair and all the members, let's lead on that. Let's get Americans back to work, open up our businesses, and save jobs and lives.

Thank you. I yield back.

Mr. GOMEZ. Thank you so much.

First, I just want to acknowledge that Ms. Becote had to leave. I just want to thank her for her testimony. If members have a question, they can submit it for the record for Ms. Becote.

Ms. Tlaib, you're now recognized for five minutes for questions. You may now unmute yourself.

Ms. TLAIB. Thank you so much. And thank you so much to the panelists for being here.

I want to always center on people in my district and those directly impacted. So, I want to share this photo of Jason Hargrove, a Detroit bus driver. He posted a video on his Facebook, where he expressed his frustrations about the unsafe conditions on the bus, including passengers coughing. He posted that video of himself wearing the mask, as you saw, on his bus with the captions: I can't stay home. I'm on the road for you.

Just 11 days after posting his video, this 50-year-old father of six died of complications of COVID-19. Mr. Hargrove's story highlights the dangers that our trained employees are facing and other frontline workers, as you all have been hearing.

So, I want to ask you, Mr. Costa, when I hear Mr. Hargrove's story, the first thing I want to do is start protecting people right away and try to adjust that, but when you hear some of my colleagues and some of the rhetoric coming out about opening up the economy, what do you hear? First, what is the first thing you're thinking about when people ignore Mr. Hargrove's story and so many transit workers on the ground, when you hear people we have to open up the economy? Can you answer that question?

Mr. COSTA. Yes. I think of Hargrove, he's a hero. He brought the transportation workers on the front in this pandemic to light about how our government failed us and did not protect us. And that's my fear: how many more Hargroves are we going to be faced with if we open up without them being prepared?

I mean, I'm listening to somebody tell me one thing, but I'm understanding that, you know, as these states are opening up and nobody is using PPE—I don't know. I watch the news too and I read the news, and it seems like there's more people getting sick. And it is, right now—I'm from Jersey, and I'm in Maryland right now. It's 90 degrees. All week, it's been—you know, it's not like February anymore.

But, you know, we need to move slowly, and we have to be very cautious, because our operators, as I said earlier, over a thousand are still infected, that we know of. Many are quarantined. If they're on the buses, they're spreading it to our front line or our grocery store workers that are on these buses, our frontline doctors and nurses that are on these buses. Are we doing the right thing?

Ms. TLAI. That's right. Thank you, Mr. Costa. I really appreciate it. I—you know, there's so much—actually, more uncertainty now, I feel, around COVID than ever before.

Mr. Perrone, I want to turn to you. You know, according to your organization, at least 68 grocery workers have died from coronavirus, and over 10,000 have been infected as of May 20 of 2020. You know, I know Kroger's here in Michigan fought—they fought so hard just for basic masks, and they were able to get that and \$2 hazard pay. Are you familiar, Mr. Perrone, that many of your workers on the ground here in Michigan were actually threatened after, you know, some changes and regarding reopening the economy, that Kroger's was actually attempting to repeal the \$2 but also retroactively do it, asking the essential workers, the grocery workers, for that money back? Are you aware of that?

Mr. PERRONE. I'm very much aware of it, and quite frankly, we went postal about it, and Kroger reversed their position. Just so that you understand, presently right now, I reported earlier today that we had 225 members who had passed. As of yesterday, it's now 227. We'll get numbers again tomorrow.

In retail food, we've had 80 that have passed away, just in retail food, and we've had, you know, over 5—5,800 that have been exposed, 3,700 that have had positive diagnoses.

So, let me say the following as it relates to, you know, PPE. In fact, somebody mentioned it a little bit earlier about cloth masks versus NP-95 masks or N-95 masks. It is critical if—if you're going to be protected that you have the mask, the N-95 mask. You may protect somebody else if you have a cloth mask on, but you're not going to be protected if you don't have an N—an N-95. So, we think that we need to recognize, and it is my understanding that some of the major corporations in this country—

Ms. TLAI. OK.

Mr. PERRONE [continuing]. They're going to do away with masks—

Ms. TLAI. That's right.

Mr. PERRONE [continuing]. That are at that level. So, I am very concerned.

Ms. TLAIB. No. Thank you. And just for the record, yes, Kroger has repealed it. They called it Heroes Pay, and for some reason, a month later, our—our neighbors that work in the grocery stores all of a sudden weren't heroes anymore. So I—I know you fought hard and you repealed it, but I want it on the congressional Record that Kroger's Company attempted to retroactively remove the Heroes Pay to folks that actually put their lives under risk to get groceries on people's table. Thank you so much.

Mr. GOMEZ. Ms. Tlaib, thank you so much for your questions.

Ms. Keller—Mr. Keller, you have five minutes for questions. You may now unmute yourself.

Mr. Keller, we can't—we're having technical difficulties. We can't see you or hear you. I can see you now, but can't hear you. You must be in the SCIF. Let's do this, Mr. Keller. Ms. Porter. We're going to go to Ms. Porter, and then we'll come back to you, Mr. Keller.

So, Ms. Porter. Ms. Porter, you are now recognized for five minutes for questions. You may now unmute yourself. Thank you.

Ms. PORTER. Thank you very much.

Ms. Castillo, I want to thank you for your work to keep our patients safe and healthy in California in particular, and please let your members know how much I appreciate the risk that you all are taking every day to care for our families.

The gentleman from Ohio where Battelle is based, Mr. Gibbs, discussed Battelle in his questioning, and I wanted to followup on that. Starting with your statement, Ms. Castillo, you mentioned that NNU, National Nurses United, has been collecting information on workplace protections testing and COVID-19 infections among nurses. What kinds of PPE do nurses need to do their jobs every day?

Ms. CASTILLO. PPE—as I had mentioned before, PPE starts with head to toe coverings, and so, it's important to understand that we don't want one square inch or piece of clothing exposed. So, that in addition to the respirators which the N-95 is minimum, there are higher levels of protection, respirators, the N-100's. The PAPRs, in particular, are very effective. But also we need the—the head coverings, the shields, the coveralls, the gloves.

Ms. PORTER. Ms. Castillo, are you having to reuse that PPE?

Ms. CASTILLO. We are having—yes. In some—in some cases, we are.

Ms. PORTER. What kind of risk does it create when we reuse PPE?

Ms. CASTILLO. So, we are especially being asked to reuse the N-95s, and anyone that has tried to put an N-95 on will recognize that it has—you have to be very careful in terms of what is called “donning,” or putting it on or “doffing,” taking it off, so that you don't touch the outside or that the outside doesn't touch any other surface. So, in doing—in reuse, anytime you are putting it on or taking it off in between uses, you have a risk of exposure, and that exposure can be transmitted to subsequent patients.

Ms. PORTER. So, I wanted to ask you. NNU, as I understand it, has done some studies on how often these N-95s are being decontaminated, so-called decontamination. How often is that happening?

Ms. CASTILLO. Well, we have—we do know that there are employers that are using this method. Some have abandoned it, because they found that it is not effective and that it is actually resulting in deformed and—and deficient masks, but those that—it's clear that some are continuing to do that. What we found in our studies is that we—we did a survey of nurses across the Nation and found that close to 30 percent, 28 percent of those respondents were—were asked to reuse a decontaminated mask.

Ms. PORTER. So, I've heard these concerns before—

Ms. CASTILLO. Yes.

Ms. PORTER [continuing]. And thank you for raising them. On May 26, I wrote to the FDA Commissioner, to Stephen Hahn. I sent this letter.

Mr. Chairman, I move to put this letter into the record. It's been sent to the committee pursuant to the rules previously.

Mr. GOMEZ. Ms. Porter, thank you for following the rules. Without objection, so ordered.

Ms. PORTER. So, in that letter to the FDA Commissioner, I was alarmed about what we were hearing from nurses about the Battelle system. And as of April 12, there were 426 California hospitals using Battelle's so-called decontamination system, including 32 hospitals in Orange County.

Millions of taxpayer dollars and the lives of an untold number of our healthcare workers are at risk if this decontamination doesn't perform as expected. So Ms. Castillo, what motivation might the administration have for allowing this Battelle system to decontaminate masks, and more masks than it can safely handle?

Ms. CASTILLO. Right. It was a huge award that was awarded to Battelle, a \$415 million no-bid contract. And the—you know, what we have seen is decisions are being made based on inadequate planning and supplies. And instead of planning to ensure that we are able to get the supplies, the PPE, they're utilizing this method which is unproven and won't protect. And this is not uncommon for us to see the fact that they subscribe to these—

Ms. PORTER. Ms. Castillo, I just want to ask you one last question—

Ms. CASTILLO. Sure.

Ms. PORTER [continuing]. Before my time expires.

Ms. CASTILLO. Sure.

Ms. PORTER. What is the best solution here to get you and your fellow nurses new N-95 masks and to stop reuse?

Ms. CASTILLO. We need to invoke the Defense Production Act, and we need to start immediately producing, domestically, PPE, adequate amounts of respirators and gloves and gowns, all of the PPE that we need now and for the future.

Mr. GOMEZ. Ms. Porter, your time has expired. Thank you.

Mr. Keller, you're now recognized for five minutes for questions. You may now unmute yourself.

Mr. KELLER. Thank you, Mr. Chairman. We'll try take two on this one. Again, I want to—I want to thank everybody for attending today's meeting. I would first like to start by expressing the gratitude to our frontline healthcare workers, hospital staff, EMS, firefighters, police, and other first responders, our grocers, truck drivers, custodians, factory workers, farmers, ranchers and many oth-



ers who have been showing up to work and keeping our essential activities going. Their efforts during this unprecedented emergency have been nothing short of heroic.

Thanks to these workers and businesses, as well as the leadership of President Trump, our supply chain has endured this pandemic, we flattened the curve, and every American who needed a ventilator has gotten one. At the same time, I'm disappointed that the Speaker has not asked the House to return to Washington to conduct its business. If American workers are showing up to work, their elected Members of Congress should do the same.

Moving forward, it is clear that the best form of economic stimulus is a job. The Paycheck Protection Program appears to be functioning as intended, and helping our businesses and workers weather this pandemic. In order to build on the promising May jobs report that was just unveiled, we need to reopen economies and get more people back to work.

Well, Governor Tom Wolf has unilaterally kept many Pennsylvania businesses closed, forcing some to go out of business permanently. We have proven in parts of Pennsylvania, that the parts that are open, that this can be done swiftly and safely by trusting our communities to follow proper hygienic and social distancing guidelines.

Having said all that, I do have a question for Dr. Roy. Dr. Roy, again, and all the panelists, thank you for participating. Dr. Roy, with your expertise, you know, looking at the Bureau of Labor Statistics' recent May jobs report, it found that the U.S. nonfarm payroll employment increased by 2.5 million jobs last month, many of which include jobs in manufacturing, leisure, and hospitality. I think almost half of them, or somewhere around half were in hospitality and food service. If we continue to safely reopen our economy, can we expect to see more promising job numbers going forward?

Mr. ROY. I hope so, and I hope and expect so, yes, sir.

Mr. KELLER. I would also think that, you know, as we've been talking about what groups of individuals have been hit hardest by this, the fact that the hospitality industry, or industry has seen most of this, that we would see more people getting back to work, maybe, than—than need the jobs, you know, and have been unable to work for so long.

Mr. ROY. Mr. Keller, in my written testimony, and I talked about this in my opening statement as well, the data is quite strong on this point, that minority workers who are disproportionately hourly wage workers, the disparity between white and nonwhite employment has been widened substantially because of the lockdowns, and if we want to narrow those disparities, we should reopen the economy. Safely, of course.

Mr. KELLER. And—and getting—getting business to reopen is only part of the challenge. There are countless students whose education will be interrupted by this pandemic, many of whom reside in rural areas like northeastern and north central Pennsylvania, and may not have easy access to online learning. What are some strategies we can use to keep these students engaged and moving forward, improving their skill sets and joining the work force?

Mr. ROY. Mr. Keller, I'm so glad you brought that up. That is something I wanted to address in my testimony, but it was already getting too long. It's an extremely important point, not just for the children whose education—and disproportionately minority children, by the way, whose education has been suspended or retarded because of the lockdowns, but also their parents. If you're a single mom and you're a pharmacist, and you want to go to work, you might not be able to because going to work means leaving your child unattended at home, and so, it's incredibly economically important. There are a lot of children who depend on the school lunch program at low income schools for nutrition.

There are all sorts of aspects to what public schools, in particular, are doing to help low income communities go forward and— and meet the—the closure of schools is not justified by what we know about COVID-19. The disease does not affect children. It can affect elderly janitor staff, people who work at schools. Maybe you could test them, maybe give them paid leave, but children can go to school safely. And if we monitor the efforts of population that are teaching and caring for those children in schools, we can do that. We're seeing that in Europe. We're seeing that in Texas and Florida. Schools that are reopening are doing okay.

Mr. KELLER. Thank you. I appreciate that, and I yield back, Mr. Chairman.

Mr. GOMEZ. Thank you so much. Really appreciate it. I see no other speakers.

Before we adjourn, I'd like to recognize myself to submit for the record two additional statements from groups who represent countless essential workers across our Nation. Both of these documents have been distributed to members and staff in advance of today's hearing. Without objection, I would like to enter into the record the following documents: A written statement by Derrick Johnson, President and CEO of the NAACP, regarding today's hearing, and expressing support for Chairwoman Maloney's Pandemic Heroes Compensation Act. Without objection, so ordered.

Mr. GOMEZ. In addition, a statement for the record by the American Federation of Government Employees regarding today's hearing. Without objection, so ordered.

Mr. GOMEZ. I would also like to thank our witnesses for testifying today: Ms. Becote, Ms. Castillo, Mr. Perrone, Mr. Costa, Mr. Odom, and Mr. Roy. Thank you for testifying today. I know that this is an issue that we all care about across the country. Essential workers are not Democrats or Republicans or independents, they're Americans, first and foremost, and I believe that there can be a common will to find solutions to these problems. Although our solutions might not be the same on both sides of the aisle, I know that there is a common commitment.

Without objection, all members will have five legislative days within which to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response. I'd ask our witnesses to please respond as promptly as you are able.

This hearing is now adjourned.

[Whereupon, at 3:26 p.m., the committee was adjourned.]

