

AMERICAN PUBLIC HEALTH ASSOCIATION

and

THE NATIONAL ACADEMY OF MEDICINE

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RESPONDING TO COVID-19: A SCIENCE-BASED APPROACH

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WEBINAR #11: REOPENING COLLEGES AND UNIVERSITIES
DURING COVID-19-KEEPING COMMUNITIES HEALTHY

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WEDNESDAY
JULY 8, 2020

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The webinar convened at 5:00 p.m. Eastern Daylight Time, Crystal Watson, Moderator, presiding.

PRESENT

CRYSTAL WATSON, DrPH, MPH, Senior Scholar, Johns Hopkins Center for Health Security, Assistant Professor, Department of Health and Engineering, Johns Hopkins Bloomberg School of Public Health, Moderator

AMINTA BREAUX, PhD, President, Bowie State University

JULIO FRENK, MD, PhD, President, University of Miami

ELOY ORTIZ OAKLEY, MBA, Chancellor, California Community Colleges

ROBERT ROBBINS, MD, President, University of Arizona

ALSO PRESENT

VICTOR J. DZAU, President, National Academy of
Medicine

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P-R-O-C-E-E-D-I-N-G-S

5:04 p.m.

MS. DESTEFANO: Good evening or good afternoon to those out west. This is Laura DeStefano from the National Academy of Medicine.

Welcome to Reopening Colleges and universities during COVID-19, keeping students and communities healthy, brought to you by the American Public Health Association and the National Academy of Medicine.

Today's webinar has been approved for 1.5 continuing education credits for CHES, CME, CNE and CPH.

None of the speakers have any relevant financial relationships to disclose.

Please note that if you want continuing education credits you should have registered with first and last name. Everyone who wants credit must have their own registration and watch today's event in its entirety.

All of the participants today will receive an email within a few days from cpd@confex.com with information on claiming credits. All online

evaluations must be submitted by August 12, 2020 to receive continuing education credit.

If you have questions or topics you'd like us to address today for future webinars, please enter them in the Q&A box or email us at apha@apha.org.

If you experience technical difficulties during the webinar, please enter your questions also in the Q&A. Please pay attention to the chat for announcements about how to troubleshoot.

This webinar will be recorded, and the recording and transcript will be available on covid19conversations.org. More information on this series and recordings of past webinars are also available at that link.

Now I would like to introduce Victor Dzau, President of the National Academy of Medicine, to provide some opening remarks.

DR. DZAU: Good evening, this is Victor Dzau. I'm the President of the National Academy of Medicine and welcome to the 11th webinar in the COVID-19 Conversation Series brought to you by the NAM and the APHA.

The purpose of this series is to explore the state of science on COVID-19. To inform policy makers, public health and health care professionals, scientists, business leaders and the public.

I'd like to thank my co-sponsor, APHA Executive Director, Georges Benjamin. As well as the co-chairs of our webinar series advisory group, Carlos Del Rio of Emory University and Nicki Lurie, the former Assistant Secretary for Preparedness and Response.

So, today's webinar addresses a very hot topic. Which is the reopening of schools and institutions of higher education in the setting of COVID-19 pandemic.

As you all know, this is the topic of the day when our U.S. President is ultimately pushing for reopening of schools, colleges and universities.

And in fact threatening to deport foreign students who are enrolled in universities which are providing only online teaching.

So I think we're in for an interesting conversation.

Today's webinar will focus on college

universities who will possibly be holding a webinar in the future on K-12.

So, the context. We all know that COVID-19 pandemic has reshaped the way we go about our lives. The same is true to the institution of higher education.

Over the last several months college and universities across the country had to quickly pivot to remote learning. And as we look to the fall, colleges and universities are faced with the challenges of how to move forward.

Many institutions have announced plans to continue remote learning, while others are planning for students to return to campus in the fall.

You know, this is completely untraveled territory. Like the rest of the economy, colleges and universities must balance the need to protect health and safety of the students and faculty while meeting the required mission and supporting students learning. But also to mitigate challenges, such as revenue costs and drops in enrollment.

So the purpose of today's webinar is

to hear from leaders in higher education about the details of rationale behind their plans to return students to colleges and universities in the fall.

I know all the speakers today. They're my good friends and colleagues. They all are committed to the mission, and also the safety of their students and faculty. So with no fault in listening from them.

So without further ado, I'd like to introduce our moderator, Crystal Watson. Dr. Watson is a senior scholar at Johns Hopkins Center for Health Security and the Assistant Professor at Hopkins Bloomberg School of Public Health.

She's a lead contributor from Hopkins to new resource called OpenSmartEDU. Which includes COVID-19 planning guides and self-assessment tools for higher education.

And is also convinced of this existing official guidelines, media reports, actions taken by colleges and universities. You can find these resources, Crystal, I'm sure you're glad I'm advertising for you, opensmartedu.org. So over to you, Crystal.

DR. WATSON: Thank you very much, Victor.

I really appreciate the opportunity. It's a real pleasure for me to moderate this discussion today.

We've already had some internal conversations among this group and it was very lively, so I think you're in for a treat.

The purpose of today's webinar is to hear from leaders in higher education about the details and rationale behind their plans to return students to colleges and universities this fall.

Our discussants today represent a diverse group of organizations, public, private, large and small. Institutions located in different parts of the United States.

We'll learn how their plans differ or how they're the same in terms of timing of students return and dismissal, strategies for testing, isolation and quarantine, balance of remote versus in-person education, among other strategies. And we'll have a robust conversation about what we do and do not know and what may change as we go forward.

If you could advance to the next slide.

Thank you.

So while we have learned a significant amount over the last six months about COVID-19 there is still a great deal of uncertainty, as Victor just mentioned. Uncertainty both about the risks from COVID as well as the measures to mitigate those risks.

And colleges and universities are really facing unprecedented challenges here balancing, as Victor said, health and safety of student, faculty and staff, new and significant responsibilities in leadership, management, planning and decision making around COVID, keeping the high quality of academic programs and other school activities while still adapting to this new environment, including much more online education.

Also maintaining financial viability with decreased revenue and new COVID-19 costs. Finally, adapting to the rapidly changing epidemiology around this pandemic and the geographic variability of the pandemic.

Next slide. So as was mentioned with my colleges at Johns Hopkins Center for Health Security, Tuscan Consulting and the Council for

Higher Education Accreditation, we recently released this tool kit to help institutions think through the risks that they face under COVID and the mitigation measures that can be considered when determining whether in-person activities should resume in the fall.

So the tool kit includes a risk assessment tool, a mitigation worksheet and a very comprehensive guidance document that addresses, not just the health and safety issues, but also academic quality, financial considerations and best practices for management and oversight.

So we hope this is going to be a useful tool, not only for this initial decision of should we come back in the fall but also throughout the pandemic while it's with us.

Next slide. Today we're going to discuss some of the very difficult issues that leaders are dealing with for how to keep students, staff and faculty safe on campus.

In addition to the more detailed forming issues that I think we'll get into, I want to briefly highlight just some critical issues that I think

are very important to address. So, thinking about whether classrooms, dining areas, housing and other campus environments are safe enough to warrant bringing students back in person.

Are there public health capacities in place that can address and curve significant epidemics on campus. Have thresholds been considered about in-person activities, whether to rescind those or cancel them. And are they codified.

Are our policies and practices going to be protective of individuals that are at higher risk. And are they going to be applied equitably so that there are not groups that are disproportionately affected, either by COVID-19 itself or by the mitigation measures that we put in place.

And finally, how will noncompliance with these measures be addressed and what alternatives can we offer to people who can't or don't want to comply with the mitigation steps we put in place.

So, with that, I'd like to introduce our presenters today. First we have Aminta Breaux. She is President of Bowie State University, which

is a public Historically Black University with about 5,000 undergraduates located in suburban Maryland.

Among other awards and honors, Dr. Breaux was appointed to the President's Board of Advisors on Historically Black Colleges and Universities and the Governor's P-20 Leadership Council of Maryland.

Next we have Julio Frenk. He's the President of the University of Miami. Private research university with about 18,000 students located a few miles south of Miami, Florida.

Dr. Frenk is a physician and former minister of health of Mexico, who also holds academic appointments in public health sciences and health sector management and policy.

Next we have Eloy Ortiz Oakley who is Chancellor of California Community Colleges representing about 115 institutions across the State of California.

Among other awards and honors, Chancellor Oakley has delivered congressional testimony on the importance of minority serving institutions. And was recognized by President

Barack Obama as White House Champion of Change.

And last but not least we have Robert Robbins, who is President of the University of Arizona. A public university in Tucson, Arizona housing about 46,000 students.

Dr. Robbins is a cardiac surgeon who previously served as president and CEO of the Texas Medical Center in Houston. Chair of the Department of Cardiothoracic Surgery at Stanford University and founding director of the Stanford Cardiovascular Institute, among other professional appointments.

So with that we'll now turn to each of our panelists and turn to briefly describe their fall semester plans. And then we'll have a discussion among the Panel, followed by Q&A with the audience.

Dr. Breaux, over to you to get things started.

DR. BREAUX: Thank you and good evening.

It's good to be with you this evening and I want to begin by thanking the American Public Health Association and the National Academy of Medicine for hosting this very, very important event and

very timely event for this evening as our universities are preparing for great uncertainties as we intend to open our campuses in the fall semester and as we continue to face the impact of COVID-19.

It's an honor to be here with my esteemed fellow panelists and to provide some insight into the thinking and the planning efforts that are underway as we start off for this new academic year.

And still again not knowing what lies ahead. Each and every day brings new updates and changes.

And in these uncertain times I believe the best approach and the philosophy that we've used here at Bowie State University has been to, first and foremost, use the science to drive our decision making. But we couple the science and the information we're receiving almost daily, sometimes hourly, with being very data driven.

And then we also, at the root of our decision making, are the values that we hold very dear in making sure that we are balancing those three elements. The science, being informed by the science, being driven by the data and anchored

in our values which are accountability, integrity, inclusivity, innovation and excellence.

It was said earlier that you got some information of where we're located. Bowie State University is just outside of Washington, D.C. We are growing and thriving. And prior to COVID-19 we had seen a great increase in our enrollment growing by 13 percent over four years.

We have a total of 6,100 students. And we continue to move forward with our strategic plan.

Although, the word that is used today is accelerant.

COVID-19 has been an accelerant to our strategic plan. While we were transforming, our institution faced the changing environment for higher education.

Within a weeks' time our faculty transformed our in-person classroom learning to a fully remote learning environment. It is truly remarkable to see how quickly our universities have transformed during the impact and since the advent of COVID-19.

While we are thankful for efforts that are underway to help our universities address the

financial impact, the financial impact is huge for our universities. And we continue, we are a public university so in addition to facing the impact on our campus directly we also are looking ahead at significant impacts to our state in the State of Maryland.

So, our return to the campus starting in the fall, we have a full plan that is up on our website. I invite you to take a look at the, it's a summary of our plan. The full plan is about 90 pages long now and it's continuing to grow as we address the details of our plan.

The first slide that you see here highlights our plan. Which is a hybrid first year intensive model.

And what that means is, first and foremost we will be addressing safety first. Most of our learning will continue online, however.

As an HBCU in the first historically Black college and university in the State of Maryland, we're known for having close knit communities. Students are used to spending a great deal of time together in small classrooms and so we want to provide

a learning opportunity face-to-face for our first year students who really don't understand what it truly feels like to be on an HBCU campus. And especially here at Bowie State University.

So we've given top priority to our first year students. We've given them some on campus classroom learning.

And we will provide some opportunities for in-person learning in the classroom for upper class students and graduate students. But we expect most of our courses will still be delivered online with those exceptions.

We are converting our co-curricular experiences and social activities to mostly virtual opportunities. Social distancing will be in the classrooms. We have very small class sizes.

And so, we are continuing to adhere to social distancing. And again, that won't allow us to bring all of our students back to the campus at once.

We do plan to open on time, August 31st.

And transition to a fully remote learning opportunity, or learning after Thanksgiving. And

that is done intentionally so we are not running the risk of bringing the virus back to our campus.

So the campus will finish out the semester fully online. Our faculty are preparing now for all classes to be delivered online.

If the virus continues to spread, we want to make sure that we're not only prepared to provide our courses online, but we do so in a quality fashion.

And the next bullet point I want to highlight, with the social distancing that we're adhering to, it will require additional housing.

Off campus housing for our students because we plan to put just one student per room in our housing that's on campus, with the exception of our suite-style living. And that will require that we have additional housing off campus. And that will require additional transportation when students do need to come to campus from off campus housing.

The last bullet point there I want to highlight for everyone who's listening today. What this model, and every model requires, is a great

deal of communications to make sure that we're communicating to each of our stakeholders, our constituents. First and foremost, our students.

Next slide please. So, how are we going about this process. We have a phased-in approach that we've outlined.

We are currently in Phase 1, with a small group of employees returning to the campus. And we will continue to phase-in those individuals in units that need to come back to the campus.

It is our hope, it is our intent to keep a low-density population on the campus, even during the fall semester because, again, we want to adhere to social distancing and practicing safety protocols.

Ours truly volunteered to be in the first group of phasing in. And it also gave me an opportunity to test out our protocols to see how they're working and to give feedback so that we can continue to improve.

Our protocol at this time entails everyone who arrives on a campus getting a safety kit where they're required to self-monitor for

symptoms. Taking their temperature.

We gave all of our employees masks to wear. We also are requiring, we gave them supplies for sanitizing gels. And there's been a great deal of sanitizing of the campus prior to the first phase coming into play.

There are many, many moving parts. I won't go over this entire phase, screen here. Again, the full plan is up on our website.

But what I want to share with you is a little bit more about our rationale before I turn the microphone back over.

We are a predominately African-American campus. Over 80 percent of our students are African-American. We are in Prince Georges County Maryland, which is a predominately African-American community with over 63 percent of our community of African-American, in African-American population.

So that requires that we think about how we're opening our campus a little differently as we've seen a significant impact and the disparities that have impacted our African-American community.

And so I've been asked the question, why are we considering this hybrid model, why don't we just continue virtually. And I truly believe that it is in the best interest of our students to open and provide a hybrid model.

So, adhering to safety first, as you heard me say earlier. But what we also know is one size doesn't fit all for our plans because we are facing different challenges.

Here in Maryland just last weekend, Maryland reported that we had the lowest single day positivity rate during the pandemic. And Prince Georges County, which had been lagging behind the rest of the state in phasing in the reopening, they are now, the county is now on par with the rest of the state in Phase 2.

Steps have been taken in this area to address safety and the disparities that merge during this pandemic. It's not perfect but we are on a good trajectory.

Also at BSU we're concerned about the academic risks for our students if they stay out too long and delay time to graduation. Especially

for those who do not perform well in the remote learning environment.

Our enrollment numbers in the sentiment among our students has shown that many want to return to campus and some do not have the environment conducive to supporting their learning at home.

So these are just some of the reasons that factored into our decision for this model that you see here. The first year hybrid model.

I'm going to stop here, just for the sake of time, and turn the microphone back over. And I will be glad to answer more questions as the program goes on. Thank you.

DR. WATSON: Thank you, Aminta, I really appreciate your comments.

Now I think we'll move on to our second speaker, Julio Frenk. You have five minutes.

DR. FRENK: Thank you. As a proud member of both the National Academy of Medicine and the American Public Health Association, I'm really delighted to join this group of literacy in higher education. It is very, very consequential and timely conversation.

You know, global public health is my field or professional expertise. So this is actually the fifth pandemic that I have been associated with in some position of decision making.

But I can see that this is unlike anything else. This is truly because of the breadth and depth of the unprecedented. It's been called a once in a century pandemic. And that's what we call it too.

And a point of fact, we are facing three interrelated crisis. Of course the public health crisis prompted by the pandemic, the ensuing economic crisis that's been triggered, and then of course in the wake of all of this, in the middle of all of this, due to the tragic loss of yet another Black life on the hands of law enforcement, a third social crisis as we revisit and reconsider fundamental issues of race relations and social justice.

And our whole plan and approach is based on the notion that universities play a key role.

These three crisis are interrelated. The universities play a key role in understanding and in devising the solutions to address all of those.

As research universities we are not just experiencing the crisis we are also generating the research and scholarship that's eventually going to allow us to address them.

So, throughout all of this our priority has been of course the priority, the safety and health of our students and faculty and staff, but it's also been the continuity of our mission. Because universities need to stay and continue to be vibrant places, continue to fulfill their absolutely essential social role.

Now, every pandemic, and particularly this that's so complex, is almost, by definition, characterized by uncertainty. This is the first time humans are encountering this particular pathogen. And so there is uncertainty.

And in the face of uncertainty the two key ingredients are, first, contingency planning and secondly, effective communication.

Contingency planning means using all the data to create scenarios, including worst case scenarios, and being ready for all of them. Having clear indications of what you do under each of those

scenarios.

And this is what we've been doing way back since January for every dimension of our mission.

Education research, and in our case, also we have a comprehensive academic health system.

At this point, contrary to Maryland, Florida is seeing a rapid rise in the number of infections. This is very likely linked to the fact to the relaxation of the lock down measures was done, I think, a little bit prematurely. And we're seeing the consequences of increased mobility.

And we've seen also a shift in the age distribution of cases to which younger people, younger people tend to be more mobile. And also, there is increase mobility during the summer months.

And so this poses particular challenges. However, at this point, our main scenario is one in which we are planning to open, on time, in person, also with the hybrid model that I will explain in a moment.

Again, with the idea that there are very specific needs that we feel among our students for whom sometimes campus is the safest option, and

also considering that I think we have the tools to actually do so, reopen in a safe way.

Let me show our, my first slide please.

The first of two slides. And that just procreates the four pillars of our strategy.

And again, ours is also available online with all kinds of detail. But let me just briefly address the four pillars. And you will see a lot of commonality among the plans of all the universities here and elsewhere.

First of all is the testing, extensive testing, tracing of, every time there is a positive case, tracing all the contacts, tracking of the virus and the way it's circulating, including here, environmental monitoring and random sampling of antibody testing, in addition to the diagnostic testing.

And we have added, though you will see most plans, we have added an additional development, just to keep with the T's. We call it tele-surveillance.

We have implemented a very robust tele-health platform so that every time we need

to isolate a positive case or his or her contacts, we can guarantee constant monitoring from health professionals.

The second is called protecting personal space. That includes the use of face covering, which will be mandatory.

And I think it's going to be key that we communicate clearly that this is not a political statement, this is a public health measure. And I believe we actually have an opportunity to provide an enormous example of civic education for our students.

The second piece of protecting personal space is the total redesign of every space to guarantee a safe distance. Then we have cleaning and disinfecting, hand hygiene, disinfection of surfaces.

And finally, vaccinating. Not against the coronavirus, because I don't think we will have the vaccine available yet in the fall, but against the vaccine that we do have, which is the influenza vaccine. And we will require it in the mandatory way that everyone gets their flu shots.

And then if I can have my final slide.

And there is a fifth pillar. And the fifth pillar is to use this opportunity to really drive the movement towards education innovation.

This, as was just said, is, the pandemic is an accelerator of change. And this is an opportunity, not just to figure out a way of a hybrid education but actually, based on the best evidence of the best pedagogical strategies, to achieve a strategic alignment between online platforms, in-person instruction and in-field, which is what we do whenever our students are, you're doing an internship or in a simulation environment.

And this is a great opportunity to drive the imperative of educational innovation. Because, before the pandemic, we were at the threshold of a true educational revolution and we need to use the opportunity to do so.

Let me close by saying, again, I think I heard voices calling for giving up on the idea of online instruction. I think it's too early to give up. And I think we actually have a broader societal duty to fulfill as institutions of higher

education.

Both keeping our students and staff and faculty safe, but at the same time providing the most enlightened pathway to the creation of opportunities for all. Thank you very much and I look forward to a robust discussion.

DR. WATSON: Thank you, very much Julio.

Next we will have Eloy Ortiz Oakley for five minutes of remarks.

MR. OAKLEY: All right. Thank you, Dr. Watson. And it's a pleasure to be with everyone this afternoon or evening, depending on where in the world you are.

I happen to be in the afternoon. It's a pleasure to be here. This is a topic that is certainly driving almost every conversation we're having in California.

Not just in the California Community Colleges, but with our partners in the University of California, the California State University, and all of our private, independent institutions. In the California Community Colleges, we're 115 brick-and-mortar institutions that are struggling

through this. We're a big state.

And the pandemic is being experienced differently in different places in the state. So while we are one state, we are also looking at this very much on a local basis, working with our local public health officials.

So If I can go to the first slide please.

I won't repeat a lot of what's already been said by my two colleagues who have already talked. Much of what we're discussing is very similar. The one thing I do want to emphasize as I get into the slides, is there is one aspect that really drives our discussion and decision making.

And that is, this issue of equity. As was mentioned, this three-pronged crisis, is having disproportionate impacts on our most under-resourced communities. And the California Community Colleges, like all community colleges across the nation, are always positioned in those most under-resourced communities, serving the most under-resourced individuals.

So we are actively involved in these conversations about impacts on health to our

community. About the impacts of systemic racism. About the economic crisis that's now gripping our state as this pandemic evolves. So we are community colleges, we're called community colleges for a reason.

We're in the middle of these communities.

And we're working hard to help our community move forward. So this is certainly a point of pride for us, but also something that really complicates about how we think about reopening.

So there's certainly lots in the slides that I'm about to go through. But we are certainly first and foremost, considering the health and safety of our faculty, of our staff, and certainly of our students.

In many parts of California, there is a spike in the number of positive tests. There is a spike in hospitalizations. So that's obviously concerning too many of us. And we want to -- while we all had hoped that we could be reopening by the fall in a very methodical way, we're also preparing for the realistic possibility that we will continue to work remotely as much as possible.

And that we will only have minimum amount of staff on each campus. And that we will be primarily online or at some remote learning platform. We are redoubling our efforts to support our faculty and our staff to be well-trained and well-prepared to engage in high quality online and remote learning.

We're using this opportunity as President Frenk said, to think about how we accelerate the innovations that we were already talking about.

We thought we had several years to work on these innovations. Now we find ourselves in the middle of what we thought the future would look like.

So we're having to accelerate the use and the professional development around the use of technologies to better engage our students. Because that at the end of the day is really what we're focused on.

How do we remain engaged with our students in an environment where many of them are struggling?

Before this pandemic, we had taken a survey.

We had some of the worst housing insecurity in any system of higher education. We had some of the worst food insecurity of any system

of higher education.

So these issues had become even more pronounced in our student population. So we're having to do many things to try and keep our students engaged and able to continue with their education.

So as I'm sure everybody else is discussing, we're going to continue to work from home as much as possible. We're going to have staggered shifts. We're going to limit the amount of students on campus. Primarily those programs that support the essential infrastructure workforce, so things like allied health programs, career education programs that require some sort of hands on component in a physical distancing environment.

Courses that don't need to be in person we're going to keep remote or online as much as possible. And again, we're going to try to work with our public health officials to mitigate interaction as much as possible.

To continue to do everything we can to identify students, faculty and staff with underlying health conditions to ensure that they are staying

home. And that we're doing everything possible so they have the ability to continue.

If I can -- but we're going to do all of the things that so many employers are looking at. How do we modify the physical space to try to prevent the spread of the virus? How do we plan for the potential exposures to students and employees? How do we isolate?

And again, we have a wide variation of situations. We have rural campuses that have student housing. We need strategies for those students that are in housing. As well as we have lots of our campus in very urban environments.

So we will be working hand in glove with our local health officials to do all the things that were previously mentioned to mitigate exposure. And when exposed, how to prevent the spread.

Finally, you know, we are planning while early on in March and April and May, many of us were thinking, hoping that by fall we would begin to realize some normalcy. We have really begun to change the dialog around what normal looks like.

We have to embrace where we are, and

ensure that we don't use this crisis as an excuse to allow one more generation of students to fall further behind. We have a very deliberate initiative to close the equity gaps that exist in our system. We are doubling down on that.

We're doubling down on this conversation about race and ethnicity. We're using this as an opportunity to really dig into the issues that have plagued our system for decades.

We see no better time than now when so much is focused on, and really exposing the challenges that communities of color and low income communities face. So we're using this as an opportunity. And planning for this to be a long term situation, not a short term blip in the instruction that we're supporting for our students.

So again, much of what you'll hear from our panelists we're doing as well. We're working closely with our Governor. We're working closely with our system partners to try and deal with this in concert across all of our educational institutions.

But you know, some days you wake up and

you see fresh releases from ICE. And you get thrown another curve ball. But we will continue to push back. Support our international students. We feel very strongly that states and local institutions know best how to serve their students.

And so we will continue to push back when necessary, and ensure that we have the ability to support our students in the way that we feel provides them a safe and effective learning environment. And I'll stop there.

DR. WATSON: Thank you very much for that overview, Eloy. Finally we'll go to Robert Robbins for five minutes of remarks.

DR. ROBBINS: Thank you, Dr. Watson. And I appreciate the invitation to participate in this very important webinar today.

I think I'll echo many of the same things that the other speakers who came before me highlighted. I think this is an incredibly difficult and important topic as we're now less than six weeks away from our proposed reentry into our campus life for the fall term on August the 24th.

Back in March when we were on spring break, we made the decision to tell our nearly 45,000 students not to come back to campus. We certainly had about 600 students that needed to be on campus.

We kept the campus fully operational.

We are a proud Hispanic-serving and Native-serving institution. An AAU institution with a land-grant mission, with a very diverse group of students, faculty and staff in beautiful Tucson, Arizona.

And we have the, like Dr. Frenk, have been an academic medical center. But not one but two medical schools, one in Tucson and one in Phoenix.

So in addition to making the difficult decision to go in a remote format to finish out our term, I was very proud of all the work that our staff, our faculty, and our students did to get us through the fall term.

But in early March we began to plan for what would reentry look like. My next call after the Provost and I made the decision to go to the digital format and remote learning and teaching, I called the Dean of one of our medical schools, and asked him to prepare to expand our testing

capabilities.

Realizing we would be at the end of the supply chain, and probably not going to be able to get sufficient numbers of test kits. We began to make our own test kits. And have continued to do so for PCR testing.

And we also devised an antibody test that is very accurate with a high degree of specificity to the COVID-19 virus. And have offered those tests to all 60,000 members of our University of Arizona community.

We've also been able to work with the 22 sovereign nations in our state to be able to get test kits out. Particularly to our students and the members of the Navajo Nation, who you all know have been hard hit by this pandemic.

I would echo what the previous speaker said. That our most vulnerable and marginalized populations have been affected most by this. We had students that were in our Native nations who for instance could not equitably get access to high speed internet or Wi-Fi to be able to take their courses online in a Zoom or Skype format.

So we're planning for the fall to reopen.

Back in March, Arizona had a low instance of COVID-19. And as you all know, if you are following the statistics, and Dr. Watson, Johns Hopkins has helped us all to know exactly where the cases are.

Arizona and Tucson in particular are currently heavy hot spots for this unfortunate pandemic.

So the mindset of how we would reenter in the fall has changed dramatically. We obviously follow the epidemiology daily.

Our Provost put together a task force to come up with guideline policies and procedures that would guide our reentry. I would say today we plan to come back with limited in person contact.

Our dorms will be open. We've chosen to go to singles and doubles in our dorms. We normally house about 9,000 of our 45,000 students in our residential dorms. That will be reduced to just over 6,000 for the fall. And we've seen a great interest in our students wanting to come back to campus.

But we've employed a test, trace, and treat modality to try to assure guidelines to make

it as safe as we possibly can. Making very clear to everyone, and I'm stating the obvious here, we cannot make it 100 percent safe.

There are going to be infections regardless of the modality. We have workers that have to come on campus. And we just have to ensure that we've got the mitigation measures in place to make it as safe as possible.

We have about 800 labs that have very high NSF funding. It's very interesting that most of the Universities that have medical schools have a large number of NIH funds and smaller relative NSF funds.

We're exactly the opposite. Even though we have two medical schools, we have a lot of NSF funding. Over 800 active labs. And we've been able to keep 200 of those labs functioning throughout this pandemic.

We started in the summer to reintroduce personnel back into our laboratories. And have about half of our laboratories functioning now. And have ideas to bring back both graduate and undergraduate students to campus. Athletics is

a big part of what we do, just like President Frenk who is in the ACC, we're a proud member of the PAC-12 Conference.

I have a call with my PAC-12 colleagues on Friday to continue to discuss what's going to happen with athletics. You probably all saw that the Ivies suspended all athletics for the fall today.

And my prediction is that will be the first domino that will fall. And then we'll see other announcements to that coming soon.

I just wanted to get a little more tactical. And if I could have my first slide, I just wanted to share with participants, the next slide please. Just so that we, that you can have some things. And of course, this will be recorded, so you can go back to it.

But we were very fortunate to have Dr. Richard Carmona, who is the 17th Surgeon General of the United States. And has been a distinguished professor at the University of Arizona for more than three decades, to agree to come in and to help lead our reentry plan.

He brought something that I had heard

about, but never had participated in, which is bringing in and standing up an incident command system for this very complex plan to reenter for the campus.

Also, the Provost, Liesl Folks, had a planning working group. And she and Dr. Carmona's incident command system has been working seamlessly to incorporate our plans for reentry into the fall.

All of the things that the previous speakers were mentioning, including sticking to strict public health hygiene measures, frequent hand washing, face covering, and of course adequate physical discipline, distancing.

Could I have the next slide please?
I would just remind you on the previous slide, Dr. Carmona and I do a live briefing on YouTube and Facebook Live every Thursday 10:00 a.m. Pacific time, 1:00 p.m. Eastern time, if you ever want to go back and look at the topics that we're discussing.

Finally I just wanted to give you an algorithm. And I won't go through this whole slide.

You can, after this webinar, you can go back and study this. And of course, you can contact us at

any time if you have questions. But because I realized early on that you can't contact trace if you don't know who's positive.

That testing will be very, very important for all of us. Not only at our universities, but for our country. And obviously we've got a lot of work to do in that regard.

But I just wanted to include this slide to show you that we've used antigen testing. And I think antigen testing is going to be very key for surveillance as a screening modality.

It can be done as a point of care testing to get an immediate result. Obviously the sensitivity and specificity of the antigen testing is nowhere near the accuracy of the PCR testing, which we will use as a default for diagnostic testing.

We're exploring different methods. I don't know how many people have had the deep nasopharyngeal sampling. If you've had it once, you don't want it again. So we think that anterior nares and even buccal testing is going to be the way to go in the future. And we hope to have that available by the fall term.

But I think the antibody testing is also going to be important. We're offering that to all of our students. It will be more important not so much in day to day management of how to know if someone was positive that day. But it will be a good tool to set the incidence of the disease in the community.

As others have said, we work closely with our public health officials and our county health department and our state health services to monitor what's going on day to day.

I will tell you, that our ICUs, our hospitals are full in Tucson in the state of Arizona. So it is definitely changing our approach.

We've got about six weeks left. I'm hoping that people will follow the rules. Practice good public hygiene, public health hygiene. Wash your hands, cover your face, keep good physical distancing. And if you don't need to be out, stay at home away from people.

So with that, I think because of in the interest of time, I'll yield back to Dr. Watson. And get into the discussion phase. We had a

pre-meeting about a week ago. We should have recorded that, because I really enjoyed the discussions that we had.

And I look forward to the questions today.

And thank you again for allowing me to be part of this discussion.

DR. WATSON: Thank you very much, Robert.

I appreciate that introduction. And I think we'll kind of rip off of what you were just talking mostly about, which is testing. And make that the first question for our group here. I'd like to hear from everyone else how important they feel testing is.

That's been a pillar of your strategy to return in the fall.

And how it will vary across different groups? Are you testing everyone who's going to be on campus as they arrive? Are you testing periodically throughout the year, or just as someone shows symptoms? And Aminta, maybe we could start with you on that.

DR. BENJAMIN: Yeah, I think you're muted.

DR. BREAUX: Is that good?

DR. WATSON: There you are.

DR. BREAUX: All right. Sorry about that. I was saying that with regards to testing, we will be requiring every student that is returning to the campus, to be tested with the PCR testing.

We will provide some testing here on the campus for local students. If they would like to come to the campus to have that done, we're partnering with one of our sister institutions within the University System of Maryland to set up testing here on the campus.

But those who are outside of this area, we're -- we will be requiring that they seek testing in their home area. Again, it will be required for all students coming back. We will make it optional for employees. And our survey has told us that most of our employees will, they will be going through testing on their own.

We have a number of sites that have, additional sites that have been set up locally. And so what we want to do is to have a baseline to begin collecting data, knowing who's coming back to the campus. And again, to the extent possible,

set a baseline. Because what we feel is, the data is going to be so important for improving upon what we're doing.

So if we could at least start with having an understanding of who's on the campus. From there, we'll be going through symptom monitoring every day. We will have an app to help with the symptom monitoring every day of our students, so that we're able to collect this rich data. Because we're at the very early stages of the pandemic.

And the information, the data we're collecting now, we believe is going to be so essential for improving upon our protocols and our policies and our procedures. So that's our model for starting up for the year.

DR. WATSON: Interesting. And does anyone else have a different model that they're taking a different approach?

DR. FRENK: We are -- I think we need to include the full array, as you've heard. Both the diagnostic testing. In an ideal world, you would have everyone being tested at regular intervals. Because we know that the problem here

is that this virus is asymptomatic transmission.

Now that ideal is not feasible right now with the technology we have. It's costly. There are human resource and region limitations. So what I think you will find is widespread agreement that everyone needs to subject itself to symptomatic self-assessment monitoring.

And based on symptoms, everyone who has symptoms, needs to go through testing. Everyone who tests positive, then you need to test all the contacts.

The big question right now of debate, is whether you also test everyone who is asymptomatic.

And as you know, the CDC guidelines cast some doubt about the utility of that. That's been the source of a lot of debate.

The solution we're adopting at this point, is to make it mandatory for all the residential students, given the additional risks of living together. And then with employees and faculty, also try to get them to be tested using the regular channels.

But for residential students, it will

be mandatory. And in fact, what we're doing is actually we're shipping the kits to the students and requiring that they happen not later than five days before they're expected on campus.

I think we need to also take into account the antibody testing, which we are doing on samples to measure the, as Dr. Robbins, Professor Robbins was saying, the prevalence.

And hopefully we will have the antigen testing as a basic screening tool. I'm looking forward to those developments. Because that would really change if we have a point of care screening test, that would change the conversation in a major way.

DR. WATSON: Well I'm interested if there is any one of our panelists who are planning to use antibody testing for more than just surveillance, to understand prevalence on campus. Is there anyone who's doing that?

DR. BREAUX: No. We are not.

DR. ROBBINS: No. We're not either, Dr. Watson. And I think that, you know, it will be important for a couple of reasons as President Frenk

just mentioned, about the instance in the community.

But also as vaccines are potentially are developed, it may be helpful to identify people who could give serum, plasma for treating patients in ICUs for instance.

And then to answer the question, how long do these antibodies stay around? I think that's an interesting question. If you go back and you look at SARS and you look at MERS, there has been some degree of productivity and immunity. But we just don't know that for COVID-19.

The final point I'd want to make about this is, as the other speakers have said, this is very expensive. In order to test everybody every day like some of these professional sports leagues are doing, it's enormously expensive.

I think that the antigen testing, you could probably get down to maybe \$25 a test. PCR maybe under \$50. But when you're talking about thousands and thousands of students, it becomes prohibitively expensive. And as President Frenk said, the utility of doing surveillance testing is unproven.

But we think that it's going to be important because of the asymptomatic spread. So we've got an algorithm where we will randomly test using the antigen as a screen. And any positive, then we would confirm with a diagnostic PCR. Then contract trace. And then isolate in an isolation dorm that we've set up for these purposes.

Anyone with symptoms, we would go straight to PCR testing.

DR. WATSON: I would love to talk more about testing, but we're running short on time. So I think I'll switch topics now.

Eloy, you brought up the White House announcement of potentially limiting F1 visas for students. And so I'd like to hear more from you and from the group about how you're thinking about supporting your international students through this pandemic.

MR. OAKLEY: Right. So you know, I wish I could say I'm surprised every time we get another challenging directive from the White House. But I suppose I'm not anymore. Whether it's DACA students or some other student on campus.

So we have been in constant communication with our Attorney General. All three systems have been, the three public systems.

We are working together to work with the Attorney General to prepare to file a suit either directly as California institutions, or to join some of the, you know, the current several other lawsuits that are currently in motion in other states.

And you know, this comes down to the lawyers where they want to file. And so that is our first step. I mean we feel that this is, you know, nonsensical. We don't buy the issue that was raised by ICE.

So immediately we have reached out to our international students. We have tried to provide them, you know, real information. Help them understand what our response is going to be.

Let them know that, you know, where they can go to answer questions and get updates as to how this transpires.

Obviously we also have to let them know that if this does stick, this is how we may need to respond. And that we are coming up with different

solutions to help them stay either in the country, because it's been mentioned.

You know, some of these students have no way to get back home. And this has just created a huge burden on these students as has been the case with other groups of students in the past.

So our first reaction is to fight back. To make the case why we don't feel this is an appropriate response.

And then also reach out and work with our international students. And help them get clear information about what is happening, what is going to happen, and how we will respond.

DR. WATSON: Does anyone want to add to that? Otherwise, I will pose another question.

DR. BREAUX: I'll just add. You know, the communications, staying in touch with our students is key. And through all of this, you know, allaying the fears and concerns. There's so much fear because of the unknown as it is with this virus.

And as the other speakers have mentioned with regard to the other crisis that we're facing in this country with social injustices and targeted

groups, and the other.

And so this is inciting even greater anxiety among our students who are already going through so much as we close out the academic year online, in an environment that no one had expected we would do.

And so I would just suggest that what's so critical is communications. And staying in touch with your students. Finding out what their concerns are, especially for this population of international students.

And it's very disappointing and very unsettling when our universities are under the umbrella of accrediting organizations who have recognized that we're in the new normal. We're doing things in different ways. And Bowie State University is one of those that was not given the -- does not have a designation for online remote learning.

We were ramping up, you heard me say earlier we were, you know, getting to that. And changing to become, have much more online. But through this process for universities like BSU,

our accreditors that have a special designation, because these are unprecedented times.

So we are all being flexible. We are all adjusting. And so what we need to stay focused on is the anxiety that's being created. It's for this international population, but for so many of our students.

And I mentioned earlier in my remarks about, you know, our students want to come back to the campus, because many of them are facing mental challenges, emotional well-being, being at home. And so this is something that just needs a great deal of attention. I do think we need to come together and help the public in general understand what our students are facing today.

And this adds further anxiety and stress to their already unsettled experience. So I go back to our values of staying focused on why we're here, and the value we provide to our students and to the larger community.

And so I hope that this can get settled very soon so that our students who are contributing so much. Our international students give a great

deal to the enrichment of our campus communities.

I hope that this gets settled very, very soon.

DR. WATSON: I hope so too. It's incredibly difficult. To follow up on that, I'd like to talk for a second.

There have been some op-eds recently talking about kind of raising concerns about how students' ability and willingness to comply with the COVID-19 requirements that are being put in place at colleges and universities.

What are your views on now, what are your expectations of the students? And how do you think they'll respond to this challenge?

Julio, maybe you could start with that, or Robert, you raised our hand.

DR. ROBBINS: No. I'll let Julio go.

DR. WATSON: Okay.

DR. FRENK: Why thank you. But you know, this is the, this is the key. I mean we do know that we can actually contain this current surge in cases if everyone uses a face cover.

And I prefer the term face cover than mask, because it's less charged. It's been very

unfortunate that this topic has been politicized. We need to take that out of the equation. And we need to use the opportunity that, you know, as Aminta was just saying, the key here is good communication.

This is an opportunity to explain to our students that the reason you are required to use the face cover, is it certainly protects yourself.

But most of all, it protects others. And so it only works if everyone adopts this measure. And it infuses an element of reciprocity. I protect you. You protect me.

And we need to explain and inspire our students to understand that this is an opportunity to sort of find the best version of themselves. To do something not for themselves, but for the others.

I know that, you know, this generation is portrayed as a hedonistic, very self-centered generation. I don't believe that. And I think if we channel this appropriately, this pandemic can be a huge opportunity.

And something that we desperately need, which is more civil learning. Enough division,

let's use this public health intervention to catalyze a movement where we are taking care of each other.

And we're elevating the care of the community of which we are a part. We will also be protected as individuals. But we contribute to the safety of everybody else. Now the challenge is of course, this age group has a very low risk.

Now the risk is not zero for getting sick or even dying. But it is lower than everybody else. However, they are coexisting even on campus with staff and faculty, which may be in higher risk groups. They're also going to their families.

So this is a chance to really elevate a conversation on our civic duties. I think that was very much needed before the pandemic. And as has been said, the pandemic can be an accelerator of some of this positive trends.

I want our students to be able to tell their grandchildren one day that they -- not that they were the unlucky generation that had their education disrupted.

But that they actually had this incredible, once in a lifetime opportunity to rise

and handle this crisis in a way that they will feel proud of and their grandchildren will be proud of.

And I think we can do this with adequate communication, education, and then a very clear message, this is mandatory and you will face consequences if you violate that, because you will put everybody else at risk.

So it's got to be the two, firmness, discipline, firmness. And at the same time, some inspirational education and making sure that everyone signs a pledge, as many universities are introducing.

And attestation, everyone goes to compulsory education on this. But I also think we need to inspire and see if this can become really the teachable moment of this generation.

DR. ROBBINS: Yeah. I should have never yielded my time to Julio, because now I have to follow him. And I can't do better than what he did. He's the world expert here.

But I do think that on the slide that you'll see in my two slides, Dr. Rosales, who is one of our deans in our great public health college,

she got onto this very, very early to say, we must engage with the students.

We must mobilize them as ambassadors to evangelize this message that Julio so eloquently just stated.

We are lucky to have one of the top student EMT groups in the country. We have over 50 undergrad students who are certified EMTs and provide service to their peers across the university campus.

We've got nursing, medical, pharmacy, public health students, and students who, as Julio said, are going to seize this moment as a once in a lifetime opportunity to be part of something bigger than themselves.

And be part of a solution to help, to get the word out about just basics. Wash your hands.

Cover your face. Appropriately distance. And if you don't need to be in large crowds, stay away from people. We could get so far in mitigating this spread of this infection if we just do those basic three things.

MR. OAKLEY: Yeah. And if I could just add something really quick. You know, it's been

my experience because our students are so close to the communities that are hardest hit, they're the ones coming out doing amazing work, helping the community.

You know, the problem is the older adults, not our students. And if we can get the older adults to be supportive and actually be helpful, that would send an even greater reinforcing message to our students.

But by and large, it's our students that have come out and provided food, provided support for the homeless in their community. Provided help to those who are quarantined.

And so I have great faith in our students. And I think that they'll do the right thing. Sure, there will be a few that resist. But by and large, I think it's the older adults that tend to be the biggest challenge on our campuses.

DR. BREAUX: I would echo that. And as a former Vice President for student affairs, I have to give a plug for our student affairs and the behavioral scientists on our campus.

I think they can offer a great deal in

this respect in doing social norming. Helping students peer to peer. Changing the culture and the thinking around how we're approaching this. Because education and awareness is going to get us, you know, part of the way there.

But asking and reshaping the thinking around wearing the face coverings. It's going to take quite a bit, because there is mixed messages that have been out there about how helpful it is. And we've evolved from early on you were hearing that, well maybe they worked or they didn't work. But we know now, it's going to make a huge difference.

So I -- what we're working on, on the campus, is changing, reshaping the behavior and the thinking to make it more exciting and more of the in way to think about social, what we're supposed to practice, handwashing, to wearing face coverings.

Let's make the face coverings, you know attractive. We're a competitive group across our college campuses. Maybe we start a competition of who has the best looking face covering. Here on the campus, we're used to being a very hugging community. We hug a lot around here.

And so we're thinking about how is this going to play out in the fall? Our student affairs folks are working on a new tradition. Instead of hugging, I'm not going to say too much about it here. But it involves a little bit of a dance. Instead of you hugging someone, you do something different.

So let's shape, I think it's about reframing this from this is a problem. And it's something you have to do, rather than what we're trying to do is shape the thinking about this is something, and along with what was said earlier, about making sure that, you know, people are included, our students are included in this behavior.

And they see value in it. And we're shaping their thinking that it is the way to go.

But we have to give them accurate information and communication. But rather than saying, you know, this is something you have to do, let's make it exciting. Let's make it something they want to do.

And this is a generation that does want to be helpful. They have given in so many civic

hours and community service hours. They want to know, and this is what we're hearing from our students, they want to know what they can do.

And I'm very pleased to say, when we were looking at housing issues, one of the -- we surveyed all of our students to ask them about whether they were coming back on campus or not.

And we got one response from a student to say: I would like to be on the campus. But I know that there's a greater need for students coming out of state. So I'll give up my space. And I can commute from the distance where I am. They put that in the survey.

These are the students who are on our campus. They do care about one another. So let's tap into that and make it exciting so that they feel that they're being a part of this process and making an impact to stem the spread of the virus.

Social norming is, you know, from the behavioral scientist, my background is in counseling psychology.

DR. WATSON: Well thank you, everyone for comments on that topic. I have, I am feeling

pretty good right at the moment. And I have a lot of hope for not only the fall, but the future of our country, which is not a frequent feeling these days. So thank you for that discussion.

We are a little bit short on time. So I think I'll transition over now to some questions from our audience. And I wanted to start with one question that has also been a topic in the news. About faculty members and staff who maybe more vulnerable to severe disease from this virus.

And wanting to know what steps you all are taking to protect faculty and staff who are in these high risk categories? And so maybe Robert, could I start with you on that one?

DR. ROBBINS: Yeah. I think this is really important. So the approach we have taken is that to strongly encourage anyone, whether it be faculty, staff, or students.

If you have, are in a high risk category, we strongly encourage you, don't come anywhere near campus. Those are people who are being actively treated for cancer, who are being immunosuppressed for an organ transplant or rheumatoid arthritis,

or whatever. And age is one of the CDC and World Health Organization categories.

But in addition, if you have vulnerable members of your family that you come in contact with, we would also encourage you not to come back to campus. It starts to become a really large part of the population.

And finally, there are groups of individuals who may be healthy, but they're just afraid of coming back to campus and being infected with this virus, because they've seen what happens.

Most people get through this without any severe hospitalization or being in the ICU or on a ventilator, but are not willing to risk themselves.

So we've got a protocol that they work with their supervisors to work out if they don't want to come back face to face. They can work out an arrangement and teach their courses or do their job remotely.

And I think we're all going to see, there's going to be much more remote activity in the future across all sectors. Not just the

university.

And then finally, if you can't get a satisfactory resolution with your supervisor, then you can go to our disabilities resource center and work out a plan whereby you could do your work from home.

The final thing I would say about this, there are jobs that require you to come to work every day. You know, the one that I always use, of course, because if you have a hammer, everything looks like a nail.

I don't know how to do a heart transplant remotely. So you have to show up and actually do that job. If you are at high risk, if you have comorbidities, or if you just choose not to do it, there are mechanisms in the university that you can take a leave of absence from the university.

Do something else. And then come back to your position when you feel that it's safe. Meaning when we have a safe, effective, manufactured, distributed, and administrated vaccine. So that's how we're dealing with it.

DR. WATSON: Wonderful. I think I'll

move on to another question. And I'd like to try and get two more in before we run out of time here.

So the next question really is about how our institutions partnering or working with hospitals and public health departments in your communities. Whether the hospital system is affiliated with the university or not.

Let's see, I think Eloy, do you have something that you'd like to say on this topic?

MR. OAKLEY: Sure. Well because of the size of our state, this is a critical piece to the Governor's reopening plan. And there's no way that the California Department of Public Health can actively support all 115 of our colleges throughout California. So we're working very closely with local public health.

You know, the capacity to do testing, contract tracing, all that's required, varies across counties and cities. So really, it becomes a matter of how do we best support the community in those areas?

So all of our colleges are actively engaged directly or on committees within counties

or cities, working with the local public health officials. Actively working hand in hand and how we reopen, who comes back on campus.

And of course as has been said, we're trying to keep as many people off the campus as possible. This the problem with, you know, charging forward to quickly reopen.

There's so much that we don't know. And with all due respect to my colleagues in the medical field here on this webinar, there's a lot that we still don't know.

And so things change all the time. There's a lot of confusing messages. So we're really relying on local public health to help with that communication, to filter the communication, and to help us understand how to best reopen in the context of what's happening with the virus locally.

DR. WATSON: Thank you. And Aminta, I wanted to get one more question in for you specifically. But others, feel free to join in as well.

But you mentioned mental health services. And I'd like to hear a little bit more

about what your university is doing to increase mental health services for students and faculty who are dealing with this anxiety and feelings of isolation, and especially if they're not able to come to campus as well.

DR. BREAUX: Well, very early on in the emergence of the virus and the spread of the virus, when we went to our remote learning, and we did it, we, you know, transitioned around spring break, back in March.

Our counseling center, they also transitioned to tele-health services. And they continue to provide services virtually to their clients, to our students, throughout this time period.

And that has been of tremendous support to our students. Additionally, because of our population that is deeply rooted in the community, especially with our faith-based connections throughout this area, we have strong connections with the churches, faith-based organizations throughout this region.

And they have been a wonderful help to

our students. And we have representation on the Board of Visitors here at the university. And those individuals, those organizations have been a very, very strong support network for our students.

For employees, we work closely with our Employee Assistance Program to provide additional supports. And in addition, we have a group here, the -- called the Women's Forum that has provided virtual support networks for our employees, faculty, staff, and alumni to participate in programs as a support.

As so many of our employees, we were hearing from them about the challenges of working, going to tele-work. Being at home. You've seen the news where you have your child walking up behind you when you're doing these types of programs. And we've had workers at home, faculty, trying to teach courses while they're balancing home life.

And so this has definitely provided greater stressors for our faculty, staff, and students. And so we're providing all of these opportunities to support our campus population during this time.

And we started that back in, around the March time period, just as immediately after went into the transition to remote learning and tele-work.

DR. WATSON: Robert, did you want to add to that?

DR. ROBBINS: Yes. Just too amplify one small part of what President Breaux just said. And to echo what Dr. Dzau said, sort of programming for the next webinar.

We are very, very concerned about K-12 education in our community. Because so many of our faculty and staff have children at home. They're running around trying to teach courses, do Zoom meetings with dogs and babies, and trying to home school, and help their children with their Zoom meetings.

And if the K-12 systems don't open, which many of the schools are now talking about more online for K-12, that's going to be a major guiding factor for us as we decide how we reenter the campus in the fall. So I look forward to tuning in to the next webinar as an audience member about K-12.

DR. WATSON: So do I. Thank you very

much. So I think I'm afraid that that's all the time that we have today. I just want to reflect very briefly on this conversation and say that it was really a pleasure to talk with you all and get your very candid participation here.

It's really clear to me that the issues are not straightforward. And there are many of them. We could have talked, I think, for many more hours about this. But your commitment both to education, to health and safety, and to your people is very extraordinary.

So thank you very much for your commitment and for joining me here today. That concludes our webinar for this evening. The next webinar will take place on Wednesday, July 29 at 5:00 p.m. Eastern time. Everyone who registered for today's webinar will receive an invitation to the next webinar.

This webinar has been recorded. And the recording, a transcript and slide presentations that you've seen, will be available on COVID-19conversations.org. Thank you all to -- for joining us. Thank you to our panelists. And thank you very much to APHA and National Academy

of Medicine for sponsoring the webinar series.

And thanks to our listeners. Best wishes to you all. Stay safe and healthy. Take care.

DR. FRENK: All right. Bye bye.

DR. BREAUX: Thank you.

DR. ROBBINS: Bye.

(Whereupon, the above-entitled matter went off the record at 6:31 p.m.)