

Message

**From:** Alexander, Paul (HHS/ASPA) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]  
**Sent:** 9/8/2020 5:16:44 PM  
**To:** HHS Staff Sec (HHS/IOS) [REDACTED]; ASPA-Deputies [REDACTED]; OGC Covid-19 (HHS/OGC) [REDACTED]; Gianturco, Elizabeth (HHS/OGC) [REDACTED]; Cramer, Lindsay (NIH/NCI) [E] [REDACTED]; Pence, Laura (HHS/IOS) [REDACTED]; Brennan, Patrick (OS/ASPA) [REDACTED]; Ladak, Naayab (CDC/ONDIEH/NCBDDD) [REDACTED]; Brady, Will (HHS/IOS) [REDACTED]; Beckham, Tammy (HHS/OASH) [REDACTED]; Stannard, Paula (HHS/IOS) [REDACTED]  
**CC:** Agnew, Ann (HHS/IOS) [REDACTED]; Harrison, Brian (HHS/IOS) [REDACTED]; Bird, Catherine (OS/IOS) [REDACTED]; Stecker, Judy (OS/IOS) [REDACTED]; Mango, Paul (HHS/IOS) [REDACTED]; Puesan, Cesar (HHS/OS/IOS) [REDACTED]  
**Subject:** RE: For Review: Draft op-ed by Dr. Scott Atlas re: opening colleges/universities (revised) DUE HHS Staff Sec BY 3:00 PM TODAY 9/8  
**Attachments:** How To Open Universities + DS v9swa REVISED Paul Alexander Sept 8.doc

Hi, see my minor edits for your consideration. Very nicely done by Scott!

Dr. Paul E. Alexander, PhD  
Senior Advisor to the Assistant Secretary  
For COVID-19 Pandemic Policy  
Office of the Assistant Secretary of Public Affairs (ASPA)  
US Department of Health and Human Services (HHS)  
Washington, DC  
Tel: [REDACTED] (Office)  
Tel: [REDACTED] (Cellular)  
Email: [REDACTED]

**From:** HHS Staff Sec (HHS/IOS) [REDACTED]  
**Sent:** Tuesday, September 8, 2020 12:47 PM  
**To:** ASPA-Deputies [REDACTED]; OGC Covid-19 (HHS/OGC) [REDACTED]; Gianturco, Elizabeth (HHS/OGC) [REDACTED]; Cramer, Lindsay (NIH/NCI) [E] [REDACTED]; Pence, Laura (HHS/IOS) [REDACTED]; Brennan, Patrick (OS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) [REDACTED]; Ladak, Naayab (CDC/ONDIEH/NCBDDD) [REDACTED]; Brady, Will (HHS/IOS) [REDACTED]; Beckham, Tammy (HHS/OASH) [REDACTED]; Stannard, Paula (HHS/IOS) [REDACTED]  
**Cc:** Agnew, Ann (HHS/IOS) [REDACTED]; Harrison, Brian (HHS/IOS) [REDACTED]; Bird, Catherine (OS/IOS) [REDACTED]; Stecker, Judy (OS/IOS) [REDACTED]; Mango, Paul (HHS/IOS) [REDACTED]; HHS Staff Sec (HHS/IOS) [REDACTED]; Puesan, Cesar (HHS/OS/IOS) [REDACTED]  
**Subject:** FW: For Review: Draft op-ed by Dr. Scott Atlas re: opening colleges/universities (revised) DUE HHS Staff Sec BY 3:00 PM TODAY 9/8

Good afternoon,

Attached is a revised version of the op-ed that incorporates feedback from our previous circulation.

Please review and send any critical edits to HHS Staff Sec by 3:00pm today.

Thank you,  
HHS Staff Sec

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,  
Do Not Disclose Without Permission from Dep't of Health and Human Services

## America's Universities Should Stay Open

World class colleges and universities are among America's most treasured institutions. Higher education is a gateway to opportunity and integral to the economic development and future leadership of our society.

Unfortunately, several universities have recently announced their plans to shut down in response to new COVID-19 cases among students. This is the wrong decision – colleges and universities should stay open, even when they see an increase in cases.

We know that virtual learning is a poor substitute for the education and development that happens on campus. Students most at risk of falling behind from distance learning are from lower and middle income families. Minority students are 50 percent [ [HYPERLINK "https://www.insidehighered.com/admissions/article/2020/04/29/colleges-could-lose-20-percent-students-analysis-says"](https://www.insidehighered.com/admissions/article/2020/04/29/colleges-could-lose-20-percent-students-analysis-says) ] than others to return if colleges close campuses. We cannot afford a generation forever disadvantaged by decisions of higher education institutions to limit in-person classes. As President Trump has said repeatedly, the cure cannot be worse than the disease.

Science tells us that young adults have an extremely low risk of serious illness or death from COVID-19. [ [HYPERLINK "https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm"](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm) ] data shows that of 164,280 deaths, only 0.2% of death have been in those under 25 years old. For those 18 to 29 years old, that risk is 10 times less than for people 40 to 49, 30 times less than for those 50 to 64, 90 times less than for those 65 to 74, 220 times less than for those 75 to 84, and 630 times less than for those 85 and older. John Ioannidis, renowned Stanford University epidemiologist, recently [ [HYPERLINK "https://fee.org/articles/modelers-were-astronomically-wrong-in-covid-19-predictions-says-leading-epidemiologist-and-the-world-is-paying-the-price/"](https://fee.org/articles/modelers-were-astronomically-wrong-in-covid-19-predictions-says-leading-epidemiologist-and-the-world-is-paying-the-price/) ] what the entire world's data and science consistently demonstrate: the risk for children and young adults dying from Covid-19 is "almost zero."

CDC data confirms that [ [HYPERLINK "https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html"](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html) ] for those 18 to 29 are very small compared to older age groups: one-fourth the rates of people 50 to 64, one-fifth of those 65 to 74, one-eighth of those 75 to 84, and one-thirteenth of those over 85. At its peak week, hospitalization [ [HYPERLINK "https://gis.cdc.gov/grasp/COVIDNet/COVID19\\_3.html"](https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html) ] for those 18 to 29 equaled 4.9 per 100,000 population, compared to the peak of 66.7 of those 85 or older.



Tragically, the negative impacts from closing schools are being ignored, and the damage to college students and our society will be severe if we do not change course. Not only will we fail to educate our next generation of leaders, but we will hinder their entry into the workforce.

We are already seeing the negative effects of students not attending school. At least one adverse mental health symptom was reported by almost three-fourths of those aged 18 to 24 at the end of June. Shockingly, serious thoughts of suicide were entertained by 25 percent of that age group in the previous 30 days.

Closing schools for in-person learning is not the right thing to do. And these decisions are harmful to students, their families, and the entire country.

Schools should publish plans based on their unique circumstances that diligently protect high-risk populations on campus, including students, teachers, administrators, and staff. Overall, though, universities are relatively low-risk, [ [HYPERLINK "https://nces.ed.gov/programs/coe/indicator\\_csb.asp"](https://nces.ed.gov/programs/coe/indicator_csb.asp) ] – 90 percent of full-time students in public degree-granting colleges are under 25, and 98 percent are under 34; that's similar to private universities, where 87 percent and 95 percent respectively match those demographics. And most university faculty are not at significant risk, two-thirds of whom are under 55 years old, and only [ [HYPERLINK "https://www.cupahr.org/wp-content/uploads/CUPA-HR-Brief-Aging-Faculty.pdf"](https://www.cupahr.org/wp-content/uploads/CUPA-HR-Brief-Aging-Faculty.pdf) ] are older than 65.

We fully anticipate that cases will arise in young people as they have more social interactions, but that should not be a cause for panic if people adhere to CDC mitigation measures to protect the vulnerable. Indeed, the sensationalistic phrase “school outbreaks” itself is misleading – these are typically “cases” detected by testing, not clinically significant illnesses.

In fact, if students test positive and are sent back home, we will actually create greater risk. Homes are higher-risk settings than schools and are more likely to include older family members. The data consistently show that [ [HYPERLINK "https://www.medrxiv.org/content/10.1101/2020.04.04.20053058v1"](https://www.medrxiv.org/content/10.1101/2020.04.04.20053058v1) ] are where most cases emerge from and spread, verified by data throughout the world.

When students are sick, they should stay away from class, as they do with other illnesses. Instead of panicking about cases with either no symptoms or mild symptoms that will generally resolve, schools should implement mitigation measures to diligently protect high-risk students and faculty; maintain limits on indoor groups; hold large group activities outside; and treat the symptomatic patients. University leadership, faculty, staff, and students should follow CDC's newest [ [HYPERLINK "https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html"](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html) ] on testing and school protocols, as well as continue to monitor local hospital capacity and protect the at-risk populations on campus and in the community. These measures, including testing, are aimed at protecting the

vulnerable, preventing the spread into high-risk environments, and keeping students in the low-risk campus environment, not at detecting spread among low-risk students.

The strategic focus of President Trump is exactly as the science demands and is based on common sense that everyone understands. Our universities, the best in the world, should think through their policies and use their resources to stay open - it's critical to our nation, it's safer, and it will achieve the most important goal of all, educating our young people, the nation's most precious resource.

*Scott W. Atlas, MD is Special Advisor to the President, a member of the White House Coronavirus Task Force, and a senior fellow at Stanford University's Hoover Institution.*

Produced to House Select Subcommittee on Coronavirus Crisis Pursuant to Oversight Request,  
Do Not Disclose Without Permission from Dep't of Health and Human Services