Thank you for allowing me to speak to you today. I am Dr. Lyndsey Lanagan-Leitzel, a Professor of Psychological Science at Eastern Connecticut State University. I am a cognitive psychologist. My field studies how people think, pay attention, and remember information. Mental health, notably worry and anxiety, has a significant impact on our ability to think clearly, and thus has a significant impact on student academic success.

The American College Health Association found that almost 26% of college students report anxiety (source: https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/5-tips-navigating-stress-and-anxiety-college). COVID-19 is still new, so only a handful of studies have made it through the scientific process of peer review and publication, but research by Dr. Huckins at Dartmouth shows that the outbreak made college students more anxious than previous years (source: https://www.jmir.org/2020/6/e20185/). Inside Higher Ed is reporting that a survey of incoming freshmen showed that “three out of four freshmen are very or somewhat worried they will contract coronavirus” and that students of color are much more likely to be very worried about it (34% compared to 21% of white, non-Hispanic students, source: https://www.insidehighered.com/admissions/article/2020/08/10/survey-40-percent-freshmen-may-not-enroll-any-four-year-college).

If anxiety, and worry in general, has a negative impact on our ability to learn, what can we do to help our students? COVID is an invisible threat, and the testing plans provided by the individual campuses and the Board of Regents are simply inadequate to alleviate those worries. At the Board of Regents meeting on July 29, Alice Pritchard reported that only 5 – 10% of residential students would be tested routinely after initial entry and that there are no plans to test commuters, faculty, or staff except for residence hall directors (source: Board of Regents meeting, July 29, 2020, available here: https://www.youtube.com/watch?v=AHLBxet8iRQ). At that same meeting, Dr. Deidre Gifford, Commissioner of the Department of Public Health, reported that “testing is not a strategy for containment of spread”. Meanwhile, the CDC estimates that 40% of people who are infected with the coronavirus do not have symptoms (source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html, “Current Best Estimate”). Without routine testing, our campuses run the risk of being exposure sites for many people.

It is notable that other universities in our state, including UConn, a mere eight miles away from my university, are providing no-cost testing to commuter students, faculty, and staff (sources: https://studenthealth.uconn.edu/updates-events/coronavirus/ and https://hr.uconn.edu/employee-covid-testing/). Purportedly, the reason we can’t have that in our university system is cost. Routine testing of everybody in our system, including commuters, faculty, and staff, would cost a lot of money. However, it is precisely these people who should be tested because of how many people they encounter every day. This focus on cost, at the expense of public health, communicates a very simple message: money is more important than the health of our people. The Board of Regents and our universities consistently tell us that there is no money. Is this not worth the investment? Our students, faculty, and staff are not second-class citizens. Thank you.