

Opening Statement
Senator Susan Collins
“Combating Social Isolation and Loneliness During the COVID-19 Pandemic”
June 11, 2020

Good morning, everyone. COVID-19 has claimed the lives of more than 110,000 Americans, about 80 percent of whom were 65 or older. Older adults have been disproportionately affected by this health crisis, but they are not the only group. Last week, the CDC reported that black Americans make up 23 percent of COVID-related deaths in this country. That is despite representing only 13 percent of the U.S. population. In Maine, 20 percent of diagnosed COVID cases have been black Mainers, although they represent less than 2 percent of the population in our state.

COVID-19 has shed a light on long-standing health disparities in this country, and this Committee will hold a hearing next month to examine these racial disparities among older Americans and the health care that they receive.

Today’s hearing focuses on a danger that affects older adults of all races and ethnicities in this pandemic, and that is social isolation and prolonged loneliness.

In 2017, this Committee held the first Congressional hearing on the impact of social isolation and loneliness on older adults. We found that the silent epidemic has devastating physical and emotional health effects by increasing the risk of stroke, heart disease, depression, and dementia. One expert testified that prolonged isolation for seniors is comparable to smoking 15 cigarettes a day.

Since March, the CDC has instructed us all to stay at home and to social distance, with the exception of essential workers. For the past three months, the ability to visit loved ones in hospitals, nursing homes, and senior facilities has been severely restricted or banned in most states. While such measures may have been necessary, they have also intensified the isolation and loneliness that were already an everyday struggle for many older Americans. And there is surely nothing sadder than a beloved parent or grandparent dying alone or with just a compassionate health care provider rather than with family members by their side.

Before COVID, about a quarter of seniors reported being isolated, and 40 percent reported being lonely. A Tivity Health survey published last month indicates that since the pandemic began, the number of adults who feel isolated and lonely has tripled.

Maine is the oldest state by median age. It is aging the fastest, and it is among the most rural. One in six Mainers lives in a rural area, and about 30 percent of the seniors in our state live alone.

As the pandemic continues and the epidemic of loneliness and isolation worsens, we run the risk of an infectious disease causing a mental health crisis. Already, calls to Maine’s mental health support line have increased an estimated 40 percent since the beginning of the pandemic.

I have heard from countless Mainers about the pain of talking with a much-loved spouse, parent, or grandparent only by telephone, or through a computer screen, or waving through a nursing home window. While technology allows many families to stay connected, it is not the same as the human touch. I am asked again and again -- when will my grandparents be able to hug their grandkids?

In addition to the human costs I have just described, isolation and loneliness also have a fiscal cost. According to a 2017 paper published by AARP's Public Policy Institute, isolation among older adults increases federal spending by an estimated \$6.7 billion annually, as isolated people are often sicker and have to rely more heavily on skilled nursing care.

Since our initial hearing on this subject, we have taken steps to combat isolation. In March, the President signed into law the *Supporting Older Americans Act of 2020* that I authored with Ranking Member Casey and other members of this Committee. This law reauthorizes critical *Older Americans Act* services, such as nutrition, home care, health promotion, and caregiver support. In this year's reauthorization, we added grants specifically to combat social isolation and improve multigenerational collaboration.

With congregate meal sites closing in the pandemic, we have also taken action to bolster the Meals on Wheels program, which provides more than a meal, but social connectedness, too.

Through the CARES Act, I have worked to ensure that funding could be transferred from congregate meal sites to home-delivered meals, and to expand the definition of homebound so that older adults who are quarantined or observing social distancing could also receive meals. Overall, Congress has provided \$1.2 billion in relief for nutrition and other community programs as part of our COVID-19 response.

Recently, a Meals on Wheels driver in my hometown of Caribou, Maine, posted online about her volunteer experience. She noted that when she asked seniors on her route what they needed help with in this difficult time, many said that they were running low on toilet paper and were worried about going to store amidst the pandemic. Another member of the community saw that post and bought 96 rolls of toilet paper, which she donated and gave to the driver to distribute with the next meal delivery. The seniors on that route not only got a necessity, but also confirmation that someone cared about them. This story illustrates perfectly the social value of the program and of that strong sense of community.

We must continue to do more to support our seniors during this pandemic. Today, we will hear from a geriatrician, a public health researcher, and two Area Agency on Aging directors -- one serving a large rural area and the other an urban area. All of these individuals are on the front lines of reducing social isolation and loneliness among older adults. We will learn today about promising research, innovation, and technology that can make a big difference. It is imperative, now more than ever, that we find solutions.

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