

March 23, 2021

Dear Superintendent Duffy, Associate Superintendent Wold, School Board Trustees, and President Marissa Glidden, President Sonja Neely-Johnson, Executive Directors Sue Kahn & Nona Cohen-Bowman, President Kim Chamberlain, Representatives Jeanette Bradfield, Shaune Vaughn, and Veronica Diaz:

We write as WCCUSD parents and as medical, public health and mental health professionals; epidemiologists; and scientists to ask **that you open WCCUSD schools this spring to full-time in-person instruction for all students**. Many of us have served on the front lines of the pandemic. We have seen its toll first-hand, and thanks to a world-wide effort, we now know how and where the coronavirus is spread, how to protect against it, and how to mitigate risk.

Early in the pandemic, public health officials and governments were forced to make assumptions about the coronavirus based on observation and the behavior of other pathogens such as flu. Shutdowns, including school closures, were the best policy at the time and we commend the Bay Area and its school districts for making difficult decisions based on the available evidence. However, we now have the benefit of more than a year of peer-reviewed research to better inform our decisions. **Scientific studies, epidemiology, and public health guidance have demonstrated that schools can be opened safely, and that the continued absence of in-person teaching and learning is harming children and families.**

Why is opening now safe?

A robust [body of evidence](#) indicates that with proper protective measures in place, schools are neither a source of infection for individual students, teachers or staff (except in rare circumstances) nor a driver of community spread.¹ Studies have analyzed diverse school environments, including large, public, and socio-economically diverse districts, with the same results. Schools can open and stay open safely, including in areas with much higher levels of community spread than we have in WCCUSD.²³⁴

¹ Ismail SA, Saliba V, Lopez Bernal J, Ramsay ME, Ladhani SN. SARS-CoV-2 infection and transmission in educational settings: a prospective, cross-sectional analysis of infection clusters and outbreaks in England. *Lancet Infect Dis*. 2020;S1473-3099(20)30882-3. Published online ahead of print 2020 December 8. doi:10.1016/S1473-3099(20)30882-3

² Zimmerman KO, Akinboyo IC, Brookhart A, et al. Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools. *Pediatrics*. 2021;e2020048090. Published online ahead of print 2021 January 8. doi:10.1542/peds.2020-048090

³ Hershow RB et al. Low SARS-CoV-2 Transmission in Elementary Schools – Salt Lake County, Utah, December 3, 2020–January 31, 2021. *MMWR Morb Mortal Wkly Rep*. 2021; March 19, 2021.

⁴ Varma JK, Thamkittikasem J, Whittemore K, et al. COVID-19 infections among students and staff in New York City public schools. *Pediatrics*. 2021; doi: 10.1542/peds.2021- 050605

Early on in the pandemic, school outbreaks in Israel led to concern about schools as vectors for spread. However, reviews demonstrated that disregard of safety protocols caused those outbreaks (schools had suspended masking due to a heat wave).⁵ Since then, studies have documented schools worldwide and nationwide operating safely: an analysis of the source of COVID-19 infections among youth in Mississippi showed that attendance at school was not associated with having a positive COVID-19 test.⁶

Additionally, recent studies have convincingly shown that we can open schools safely with simple measures. Schools are succeeding by implementing universal masking, hand-washing and sanitizing, spacing students 3-6 feet apart⁷, and improving ventilation within their existing sites with air filters and air flow.⁸ Successful and safe reopenings have been achieved **without** 6 feet of distancing, regular COVID testing for students and staff, major changes to school infrastructure, universal vaccination, or low levels of community spread. Making such measures a condition for return to school [does more harm than good](#), since they are not necessary for safe operation and may not be achievable under local circumstances, due to factors such as classroom configurations and voluntary vaccination.

In light of this recent evidence, the [CDC](#) and the [California Department of Public Health](#) now recommend a 3-foot distance between students. Universal masking is also one of our most powerful strategies to limit transmission of respiratory viruses, including COVID. It is simple, low-cost, and most students have been eager to comply. [Minimal rates of transmission](#) in childcare centers that have remained open during the pandemic have supported the efficacy of mask guidelines even for the youngest children, who have adapted successfully to wearing masks as part of their school experience.

An important factor to note: the studies cited here were all completed prior to vaccination efforts. Conditions are now even safer and continuing to improve thanks to our region and county's [prioritization of teachers and educational staff for vaccines](#). Additionally, children do not tend to

⁵ Stein-Zamir C, Abramson N, Shoob H, et al. A large COVID-19 outbreak in a high school 10 days after schools' reopening, Israel, May 2020. *Euro Surveill.* 2020;25(29):2001352. doi:10.2807/1560-7917.ES.2020.25.29.2001352

⁶ Hobbs CV, Martin LM, Kim SS, et al. Factors Associated with Positive SARS-CoV-2 Test Results in Outpatient Health Facilities and Emergency Departments Among Children and Adolescents Aged <18 Years — Mississippi, September–November 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(50):1925-1929. Published 2020 December 18. doi:10.15585/mmwr.mm6950e3

⁷ Brandal LT, Ofitserova TS, Meijerink H, et al. Minimal transmission of SARS-CoV-2 from paediatric COVID-19 cases in primary schools, Norway, August to November 2020. *Euro Surveill.* 2021;26(1):2002011. doi:10.2807/1560-7917.ES.2020.26.1.2002011

⁸ Zimmerman KO, Akinboyo IC, Brookhart A, et al. Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools. *Pediatrics.* 2021;e2020048090. Published online ahead of print 2021 January 8. doi:10.1542/peds.2020-048090

pass the virus to one another or to staff in school settings.⁹ When there have been COVID-19 outbreaks in schools, the index cases, or first cases in an outbreak, have been school staff¹⁰, and teacher vaccinations will reduce this spread. [Recent research also shows](#) that vaccines not only diminish symptomatic disease, but also substantially reduce asymptomatic transmission, so even if a teacher's family is unvaccinated, the chance that a vaccinated teacher could bring COVID-19 home to family or transmit it to a student is reassuringly low.

Schools that implement appropriate protective measures are some of the safest places that our children can be during the pandemic. This is true not only for affluent or small schools. (In fact, public schools in a large study in North Carolina had lower COVID-19 transmission rates than did private schools.)¹¹ All schools can follow the science to open safely.

Why must we open now?

A welcome infusion of public funds for school safety has allowed our district schools to make important sanitation and ventilation upgrades, readying our campuses to open with proper safeguards in place. Districts have reopened nationwide, including large urban districts in Chicago and New York City, and local districts such as Marin and Napa.

Our region has been patient and thoughtful about reopening. Now vaccines for teachers and staff are available and we have more evidence with each passing day that schools can be opened safely. Most local districts (including Berkeley, Oakland, and San Francisco) have announced plans to reopen in April. The CDC, California Department of Health, federal, and state governments all support reopening. Clearly, the time has come.

This letter is motivated by our hopes for the well-being of our children and communities. Abundant evidence has shown that distance learning and the absence of the support of in-person school is damaging to many children and their families, and particularly to under resourced students. Any death of a child from COVID-19 is terrible, but fortunately [such deaths are extremely uncommon in children](#), much more rare than deaths from the flu or, sadly, from suicide. Severe disease and Multisystem Inflammatory Syndrome in Children are also rare. Currently, more students are suffering from the mental health impacts of school closures than from COVID-19 itself.

⁹ Yung CF, Kam KQ, Nadua KD, et al. Novel coronavirus 2019 transmission risk in educational settings. *Clin Infect Dis*. 2020;ciaa794. Published online ahead of print 2020 June 25. doi:10.1093/cid/ciaa794

¹⁰ Ismail SA, Saliba V, Lopez Bernal J, Ramsay ME, Ladhani SN. SARS-CoV-2 infection and transmission in educational settings: a prospective, cross-sectional analysis of infection clusters and outbreaks in England. *Lancet Infect Dis*. 2020;S1473-3099(20)30882-3. Published online ahead of print 2020 December 8. doi:10.1016/S1473-3099(20)30882-3

¹¹ Zimmerman KO, Akinboyo IC, Brookhart A, et al. Incidence and secondary transmission of SARS-CoV-2 infections in schools. *Pediatrics*. 2021; doi: 10.1542/peds.2020- 048090

The physicians' oath tells us to "do no harm." Therefore, we cannot stand by while local and national hospitals and clinics report increased depression, anxiety, and suicidal risk among children and teens. According to the CDC, emergency room visits due to mental health increased by 24% in children 5-11 years old and 31% in those 12-17 years old from January to October of 2020¹². [UCSF Benioff Children's Hospital reports](#) 66% more suicidal youth in the ER, as well as a 75% rise in children hospitalized for mental health reasons. In a [Gallup poll](#) taken in May 2020, 30% of parents said their child's mental health had suffered due to school closures, with an additional 14% saying their children could go "a few more weeks" before feeling mental health impacts. This survey was taken after 2 months of the distance learning that has now continued for more than a year.

Additionally, learning loss (in addition to the loss of the safety and community found at school) is disproportionately impacting our most vulnerable students. National studies have found significant learning loss, with losses greatest among students of color.¹³ Students in California specifically have shown significant setbacks in English and Math, with younger learners, English language learners and students from low-income households impacted most.¹⁴

Teachers are [working heroically to remedy this situation](#), but many report that they are putting in more hours than ever before, [for diminishing returns](#). Many of us are proud union members, and we recognize the paramount importance of teacher safety in this effort. However, as this letter details, the barriers to in-person education are falling. Any remaining problems can be worked through as a community of parents, students, and teachers. Those of us with medical, mental health, and public health expertise are here to help. It is within our reach to get teachers and children safely into classrooms, where they want to be.

The follow are our specific evidence-based recommendations for the district's Spring reopening plan (we are also available to discuss the updated state of the science when the district turns to its Fall reopening plan):

1. Ensure educational parity with other local districts by developing a plan for robust, in-person learning during traditional school hours. We particularly recommend the science-based return to school program followed by Berkeley public schools. It is not acceptable that WCCUSD should be one of the only Bay Area districts without in-person academic instruction during the school day.

¹² Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3>
[external icon](#)

¹³ COVID-19 and learning loss—disparities grow and students need help. December 8, 2020. McKinsey & Co.

¹⁴ [COVID-19 and the Educational Equity Crisis: Evidence on Learning Loss From the CORE Data Collaborative](#). January 25, 2021. PACE (Policy Analysis for California Education).

2. Prioritize the needs of high-needs students, working parents and essential workers by providing longer in-person instructional periods during the day, ideally for five days a week. If full-time, in-person instruction is not possible, prioritize a schedule that includes longer hours on fewer days.
3. Implement evidence-based mitigation measures to ensure teacher and student safety while maximizing student access to in-person instruction: 3 foot distancing, masking protocols, hand hygiene, and air flow.
4. Allow parents to continue to choose distance learning for their children.
5. Plan and implement a robust education program for families, teachers and staff describing the safety of in-person learning.

We all want safety for kids and teachers, and an excellent education for our district's students. This common interest tells us that we can and must follow the science to reopen now, showing leadership and that we as adults can solve problems together to protect our children, our teachers, and our communities.

Signatories to this letter are speaking in their personal capacity as parents and community members; this statement does not represent the official position of the institutions listed

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