

**BACK TO SCHOOL: HIGHLIGHTING BEST
PRACTICES FOR SAFELY REOPENING SCHOOLS**

HEARING

BEFORE THE

SUBCOMMITTEE ON
EARLY CHILDHOOD, ELEMENTARY,
AND SECONDARY EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTEENTH CONGRESS

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BACK TO SCHOOL: HIGHLIGHTING BEST PRACTICES FOR SAFELY REOPENING SCHOOLS

Wednesday, September 29, 2021

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON EARLY CHILDHOOD,
ELEMENTARY, AND SECONDARY EDUCATION,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The Subcommittee met, pursuant to notice, at 10:15 a.m., via Zoom, Hon. Gregorio Kilili Camacho Sablan [Chairman of the Subcommittee] presiding.

Present: Representatives Sablan, Hayes, Yarmuth, Wilson, McBath, Levin, Manning, Bowman, Scott, Owens, Grothman, Allen, Keller, Miller, Steel, and Foxx (*ex officio*).

Staff present: Melissa Bellin, Professional Staff Member; Ijeoma Egekeze, Professional Staff Member; Rashage Green, Director of Education Policy; Christian Haines, General Counsel; Rasheedah Hasan, Chief Clerk; Sheila Havenner, Director of Information Technology; Joe Herrbach, Professional Staff Member; Ariel Jona, Policy Associate; Andre Lindsay, Policy Associate; Max Moore, Staff Assistant; Mariah Mowbray, Clerk/Special Assistant to the Staff Director; Kayla Pennebecker, Staff Assistant; Véronique Pluviose, Staff Director; Lakeisha Steele, Senior Education Policy Advisor; Banyon Vassar, Deputy Director of Information Technology; Claire Viall, Professional Staff Member; Michael Davis, Minority Operations Assistant; Amy Raaf Jones, Minority Director of Education and Human Resources Policy; David Maestas, Minority Fellow; Hannah Matesic, Director of Member Services and Coalitions; Audra McGeorge, Minority Communications Director; Eli Mitchell, Minority Legislative Assistant; Mandy Schaumburg, Minority Chief Counsel and Deputy Director of Education Policy; and Brad Thomas, Minority Senior Education Policy Advisor.

Mr. SABLAN. The Subcommittee on Early Childhood, Elementary, and Secondary Education will come to order. Welcome everyone. I note that a quorum is present. The Subcommittee is meeting today to hear testimony on “Back to School: Best Practices for Reopening Schools.”

This is an entirely remote hearing. All microphones will be kept muted as a general rule to avoid unnecessary background noise. Members and witnesses will be responsible for unmuting themselves when they are recognized to speak, or when they wish to seek recognition. I also ask that Members please identify them-

selves before they speak. Members should keep their cameras on while in the proceedings. Members shall be considered present in the proceeding when they are visible on camera, and they shall be considered not present when they are not visible on camera. The only exception to this is if they are experiencing technical difficulty and informed the Committee staff of such difficulty.

If any Member experiences technical difficulty during the hearing, you should stay connected on that platform. Make sure you are muted and use your phone to immediately call the Committee's IT director whose number was provided in advance.

Should the Chair experience technical difficulty or need to step away, Mr. Levin or another minority Member—or another majority Member, I apologize, a majority Member is hereby authorized to assume the gavel in the Chair's absence. This is an entirely remote hearing; as such, the Committee's hearing room is officially closed. Our Members who choose to sit with their individual devices in the hearing room must wear headphones to avoid feedback, echoes, and distortion resulting from more than one person on the software platform sitting in the same room. Members are also expected to adhere to social distancing and safe healthcare guidelines, including the use of masks, hand sanitizers, and wiping down their areas both before and after their presence in the hearing room.

In order to ensure that the Committee's staff Committee Rules are adhered to, staff will be keeping track of time using the Committee's digital timer, which appears in its own thumbnail. Members and witnesses are urged to wrap up promptly when their time has expired.

Pursuant to Committee Rule 8(c), opening statements are limited to the Chair and the Ranking Member. This allows us to hear from our witnesses sooner and provides all Members with adequate time to ask questions.

I now recognize myself for the purpose of making an opening statement.

Today, we are discussing the obstacles schools have faced to safely reopen, and how school districts by using the funding from the American Rescue Plan to protect students and staff and get students back on track. Each of us here agrees that safely reopening schools for in-person learning is critical for our fight against COVID-19. Across the country, students are returning for the third school year under the cloud of a pandemic that has disconnected millions of our students from their education; expanded achievement gaps for students of color, students with disabilities, and English language learners; and eroded students' mental health. The emergence of the Delta variant has elevated the threat facing our students. According to the American Academy of Pediatrics, more than 240,000 children tested positive for COVID-19 during just 1 week earlier this month alone, 1 week. Fortunately, young people who contract the virus appear to have lower risk of serious illness.

However, lower risk is not zero risk. COVID-19 has claimed the lives of nearly 500 Americans under the age of 17. That is more than 2-1/2 times the number of students who have succumbed to influenza, the flu, over that same period. And while young people are more likely to recover, the risk of lingering symptoms and the

risk of transmission to adults must be taken seriously. The Delta variant has intensified the challenges facing school districts and the importance of implementing a science-based layered mitigation strategy to get students and staff safe.

With the right precautions and resources, schools can mitigate the spread of COVID-19 and safely reopen classrooms. This is why House Democrats passed the American Rescue Plan, providing \$122 billion to ensure school districts have the resources to follow public health guidance, reopen, and remain open, and support students' academic, and social emotional needs. Today, our witnesses will help us examine how schools are using these resources to navigate the difficult challenge of reaching these goals.

In North Carolina, for example, schools that implement the proper mask use largely prevented the transmission of the virus, according to one study. In San Francisco schools, where 90 percent of adolescents are fully vaccinated, there have been no COVID-19 outbreaks since classrooms reopened.

A recent nationwide surveys of school superintendents found that three quarters of school districts are using Federal funding for summer learning opportunities so that students can catch up on lost time in the classroom.

In my district, the Northern Marianas Islands, schools are also using this funding for summer learning, as well as hiring more teachers to work with students needing additional support and installing new ventilators in each classroom to help prevent virus particles from accumulating. Unfortunately, some States and school boards have chosen to play politics with these resources instead of following the science.

In Florida, Republican education leaders have even blocked funding for districts that require mask use. The State has one of the worst COVID infection rates in the country, and its schools desperately need resources. Undermining school funding only makes it harder for students to safely return to classrooms. Research shows that schools that started the academic year without mask requirements were over three times more likely to have a COVID-19 outbreak between August and September.

However, we also know that reopening classrooms and making up for lost learning time is not enough to ensure equal access to quality education. Earlier this month, the Committee took the step by passing its portion of the Build Back Better Act. This included significant investments in school infrastructure and teacher preparation that our schools and students need.

Today's hearing is an opportunity to learn from experts about the obstacles schools face to reopening safely, how schools can get students in the classroom safely, and how States and districts can leverage Federal grants, Federal funds to build a more inclusive education system for the future.

[The prepared statement of Chairman Sablan follows:]

STATEMENT OF HON. GREGORIO KILILI CAMACHO SABLAN, CHAIRMAN, SUBCOMMITTEE ON EARLY CHILDHOOD, ELEMENTARY, AND SECONDARY EDUCATION

Today, we are discussing the obstacles schools have faced to safely reopen, and how school districts are using the funding from the American Rescue Plan to protect students and staff and get students back on track.

Each of us here agrees that safely reopening schools for in-person learning is critical to our fight against COVID-19.

Across the country, students are returning for their third school year under the cloud of a pandemic that has:

- Disconnected millions of our students from their education,
- Expanded achievement gaps for students of color, students with disabilities, and English language learners, and
- Eroded students' mental health.

The emergence of the Delta variant has elevated the threat facing our students. According to the American Academy of Pediatrics, more than 240,000 children tested positive for COVID-19 during just 1 week earlier this month, alone—one week. Fortunately, young people who contract the virus appear to face lower risks of serious illness. However, lower risk is not zero risk. COVID-19 has claimed the lives of nearly 500 Americans under the age of 17. That's more than 2.5 times the number of students who have succumbed to influenza, the flu, over that same period.

And while young people are more likely to recover, the risk of lingering symptoms and the risk of transmission to adults must be taken seriously.

The Delta variant has intensified the challenges facing school districts and the importance of implementing a science-based, layered mitigation strategy to keep students and staff safe.

With the right precautions and resources—schools can mitigate the spread of COVID-19 and safely reopen classrooms.

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Unfortunately, some states and school boards have chosen to play politics with these resources instead of following the science. In Florida, Republican education leaders have even blocked funding for districts that require mask use. The State has one of the worst COVID infection rates in the country and its schools desperately need resources. Undermining school funding only makes it harder for students to safely return to classrooms.

Research shows that schools that started the academic year without mask requirements were over three times more likely to have a COVID-19 outbreak between August and September.

However, we also know that reopening classrooms and making up for lost learning time is not enough to ensure equal access to quality education. Earlier this month, the Committee took the next step by passing its portion of the Build Back Better Act. This included significant investments in school infrastructure and teacher preparation that our schools and students need.

Today's hearing is an opportunity to learn from experts about the obstacles schools face to reopening safely, how schools can keep students in the classroom safely, and how states and districts can leverage Federal funds to build a more equitable education system for the future.

I now turn to the Ranking Member, Mr. Owens, for the purpose of making an opening statement. I now recognized the distinguished Ranking Member, Mr. Owens.

Mr. OWENS. Thank you, Mr. Chairman.

The American Rescue Plan did not deliver on its promise to help schools safely reopen in this fall. If it had, we would not be sitting

here in this hearing today. Untargeted funds was never the answer to safe-school reopening, and the Democrats sabotaged those efforts even further by voting not to require in-person learning as condition to COVID-19 relief funding. Our top priority must be protecting children's access to classrooms for full-time, in-person learning. To accomplish that goal, we must lean on the scientific facts, and not political fiction.

According to the CDC, schools are not a significant source of COVID-19 spread or infections. The current surge we are experiencing in COVID-19 related hospitalizations began in June, long before schools reopened. And the data from the Los Angeles Unified School District showed that infection rates in that school dropped following the mass school reopening.

We also know that children are at exceptionally low risk of infections from COVID-19. For adults, including teachers, school administrators, administration staff, and children over 12 there are several safe, effective, and widely available vaccines that are proven to ward off serious infections and hospitalization.

For those in need of extra protection, masking is also available. While the science behind the benefits of masking up for our children is questionable, parents know best how to safeguard their children's mental and physical health. As such, the Federal Government has no business dictating medical decisions on behalf of individuals and families.

Clearly, the classroom setting does not heighten the children's and teachers' risk of severe COVID-19 cases. But all children, especially those with disabilities and experiencing domestic abuse or poverty, are at exceptional risk of learning loss and mental health decline for remote learning. To make matters worse, we do not know the long-term implications of mass school closures. But preliminary data suggest that it is negatively impacting the entire trajectory of students' lives. During the 2020 through 2021 school year, students fell an average of 5 months behind in math, and 4 months behind in reading. Low-income and minority children were especially impacted by these closures, falling 1 to 2 months further behind their white peers.

To put this in perspective, as a result of pandemic-related learning loss, students may earn \$49,000 to \$61,000 less over their lifetime. That would impact the U.S. economy by \$128 billion to \$188 billion annually once this generation enters the workforce.

Every child's life and learning are important. We should do everything we can to ensure that they receive a high-quality education. But this is not just individual futures on the line; our entire society stands to lose if we cannot get our educational system in order. Democrats are choosing the devil we don't know, with a long-term impact of learning loss, over the devil we do know, COVID-19. We have long-term mitigation and prevention strategies in place to prevent serious infections. We do not have a long-term strategy in place to reeducate millions of students who fell behind or off the school radars all together.

More funding is not the answer. More government mandates are not the answer. I urge our Committee to lead by example and fully reopen as a signal to schools across our country that it is safe for them to do so, too.

[The prepared statement of Mr. Owens follows:]

STATEMENT OF HON. BURGESS OWENS, RANKING MEMBER, SUBCOMMITTEE ON EARLY CHILDHOOD, ELEMENTARY, AND SECONDARY EDUCATION

The American Rescue Plan did not deliver on its promise to help schools safely reopen in the fall. If it had, we would not be sitting in this hearing today. Untargeted funding was never the answer to safe school reopenings, and Democrats sabotaged those efforts even further by voting not to require in-person learning as a condition of COVID-19 relief funding.

Our top priority must be protecting children's access to the classroom for full-time, in-person learning. To accomplish that goal, we must lean on scientific facts and not political fictions. According to the CDC, schools are not a significant source of COVID-19 spread or infections. The current surge we are experiencing in COVID-19 related hospitalizations began in June, long before schools reopened, and data from the Los Angeles Unified School District show that infection rates in that district dropped following mass school reopenings.

We also know that children are at exceptionally low risk of infection and hospitalization from COVID-19. For adults, including teachers and school administration staff, and children over 12 there are several safe, effective, and widely available vaccines that are proven to ward off serious infections and hospitalization.

For those in need of extra protection, masking is also available. While the science behind the benefits of masking for children is questionable, parents know best how to safeguard their children's mental and physical health. As such, the Federal Government has no business dictating medical decisions on behalf of individuals and families.

Clearly, the classroom setting does not heighten children and teachers' risk of severe COVID-19 cases. But all children, especially those with disabilities and experiencing domestic abuse or poverty, are at exceptional risk of learning loss and mental health decline from remote learning.

To make matters worse, we do not know the long-term implications of mass school closures, but preliminary data and studies suggest that it is negatively impacting the entire trajectory of students' lives. During the 2020-2021 school year, students fell on average 5 months behind in math and 4 months behind in reading. Low-income and minority children were especially impacted by these closures, falling one to 2 months further behind than their white or wealthy peers.

To put that into perspective, as a result of pandemic-related learning loss, students may earn \$49,000 to \$61,000 less over their lifetime. That could impact the U.S. economy by

\$128 billion to \$188 billion annually once this generation enters the workforce.

Every child's life and learning are important, and we should do everything we can to ensure they receive a high-quality education. But it's not just individual futures on the line—our entire society stands to lose if we cannot get our educational system in order.

Democrats are choosing the devil we don't know, the long-term impacts of learning loss, over the devil we do, COVID-19. We have long-term mitigation and prevention strategies in place to prevent serious infections. We do not have long-term strategies in place to reeducate millions of students who fell behind or off schools' radars completely.

More funding is not the answer. More government mandates are not the answer. I urge this Committee to lead by example and fully reopen as a signal to schools across America that it is safe for them to do so, too.

Thank you to all the witnesses for participating in this important discussion today. And I yield back the balance of my time.

Mr. SABLAN. Thank you very much, thank you, Mr. Owens.

Now, without objection, all the Members who wish to insert written statements into the record may do so by submitting them to the Committee Clerk electronically in Microsoft Word format by 5 p.m. on Wednesday, October 13.

I will now introduce our witnesses. I will start with Dr. Jesus Jara. Mr. Jara, I would like for you to know that my father, my late father also was named Jesus. And Mr. Jara has served as superintendent of the Clark County, Nevada school district, the fifth

largest school district in the Nation, since 2018. Previously he served as a Deputy Superintendent for Orange County Public Schools and the Superintendent and Chief Operations Officers in Monroe County Public Schools in Florida. He received his doctorate in education, education policy, leadership, and administration from the University of Massachusetts in Amherst. I am pleased to recognize my distinguished colleague, Chairman Bobby Scott, to quickly, briefly introduce our next witness.

Chairman SCOTT. Thank you, Mr. Chairman. And I am very proud to introduce somebody I have known for about 25 years. Denise Forte has worked in leadership roles in several nonprofit organizations, and spent 20 years in progressively senior, congressional staff roles, starting on my staff. And most recently, as Staff Director of the House Committee on Education, and what was then the Workforce, on the Democratic side.

She also served the Obama administration at the Department of Education, where she held the positions of Principal Deputy Assistant Secretary and Acting Assistant Secretary in the Office of Planning, Evaluation, and Policy Development. She has a B.S. in computer science from Duke, and an M.A. in Women's Studies from George Washington University.

And now, she serves as the interim CEO of Education Trust, a well-known, well respected, national nonprofit research and advocacy organization that works to close opportunity gaps that disproportionately affect students of color and students from low-income backgrounds. It is certainly a pleasure and a delight to welcome Denise Forte back to the Committee.

Mr. SABLAN. Thank you, Chairman Scott.

Our next witness is Mr. —let me try this. Mr. David Zweig—did I come close, David—who is a freelance journalist who has written for the Atlantic, The New York Times, and The Wall Street Journal, among other national publications. I am going to say David here. I apologize. David has been invited to lecture about the intersection of media, technology, and psychology at numerous universities and academic conferences around the country and abroad. He has also written extensively on issues related to COVID-19, kids, and schools.

Our other witness is Dr. Ashish Jha. Wow, I thought it was Jesus. But Dr. Jha is Dean of the Brown School of Public Health, is recognized globally as an expert on pandemic preparedness, and response, as well on policy research and practice. Previously, he served as a faculty Member of the Harvard T.H. Chan School of Public Health and Harvard Medical School, was the Director of the Harvard Global Health Institute, and served as the Dean for Global Strategy at the Harvard T.H. Chan School of Public Health. Dr. Jha received of his M.D. from Harvard Medical School and holds a Master's in public health from the Harvard T.H. Chan School of Public Health.

We appreciate the witnesses, all of you, for participating today, and look forward to your testimony. Let me remind the witnesses that we have read your written statements, and they will appear in full in the hearing record. Pursuant to Committee Rule 8(d) and Committee practice, each of you is asked to limit your oral presentation to a 5-minute summary of your written statement.

Before you begin your testimony, please remember to unmute your microphone. During your testimony, staff will be keeping track of time, and a light will blink when time is up. Please be attentive to the time, wrap up when your time is over, and re-mute your microphone. If any of you are experiencing technical difficulty during your testimony or later in the hearing, you should stay connected on the platform. Make sure you are muted and use your phone to immediately call the Committee's IT director, whose number was provided to you in advance.

We will let all the witnesses make their presentations before we move to Member questions. When answering a question, please remember to unmute your microphone. The witnesses are aware of the responsibility to provide accurate information to the Subcommittee and therefore we will proceed with your testimony.

I will first recognize Dr. Jara. Dr. Jara, you have five minutes, sir.

STATEMENT OF DR. JESUS F. JARA, Ed.D., SUPERINTENDENT OF SCHOOLS, CLARK COUNTY SCHOOL DISTRICT

Mr. JARA. Thank you. Chairman Sablan, Ranking Member Owens, and Members of the Subcommittee. Thank you for the invitation to participate in this hearing.

For the record, my name is Dr. Jesus Jara. I serve as a superintendent of the Clark County School District in Las Vegas, Nevada, the fifth largest district in the country, serving 304,000 diverse students as a minority majority school district with over 70 percent of our children receiving free and reduced lunch meals.

We reopened our schools in March 2021. This feat was only possible because of our 42,000 employees, our business and our community partners, and the families of the Clark County community. Federal support from the American Rescue Plan made it possible for our school district to stay connected to our students, so they could continue learning from home during the pandemic. As we adapted to these unprecedented circumstances, we went from crisis to response, then to stabilization, to improvement.

Let me illustrate what the Clark County School District did to respond. When the pandemic hit and the decision to shut down was made, our priority was to protect our students and staff. We sent everyone home, and then sent about creating distance learning options to students could connect and learn from their teachers. We quickly discovered that many of our students didn't have internet access or mobile phones. One young woman in high school who had no internet access, or a mobile phone asked a friend to contact her teachers to get her missed assignments. Once alerted to her circumstances, her teacher relayed the information to the administration, and provided the necessary connections for continued learning. This young woman caught up in her assignments. I am proud to say she will start college next fall.

Similar stories played out throughout the school district, and our country, and our public schools. In a matter of weeks, we were able to deploy over 247,000 devices and provide internet access to the students who previously did not have it.

In 2020, student mental health escalated, and we moved to intervene immediately. The district created Lifeline, a program to en-

able educators and leadership to interface with and determine student's level of need. We also instituted protocols to ensure students isolated at home could meet with school-based mental health professionals in virtual and in-person formats. We know kids need to be with their peers in the classrooms, learning from their teachers. As we designed our back-to-school plan we consulted stakeholders throughout the school district and our community, including our five bargaining units representing 42,000 employees of the Clark County School District. Together, we instituted a mask mandate and social distancing protocols, purchased, and provided PPE, enhanced cleaning protocols, and improved ventilation systems.

Without their vying and voices in the process, we would not have been able to reopen our schools in March 2021. Like so many other urban districts across America, my colleagues and I are experiencing staff shortages. We need more substitute teachers, bus drivers, cafeteria workers, and custodians. All of these vacancies are putting instruction, extracurricular activities, and maintenance of our district assets at risk.

The American Rescue Plan COVID relief funds enabled the Clark County Public Schools to prioritize the needs, address obstacles, reopen safely to support students' social, and emotional learning, and academic needs. We enlisted over 80 nongovernmental organizations to help us design a program called Focus on the Future of Our Kids: Community Input Process. We have received over 13,000 responses from families and Members of the community. In addition to students most impacted by the pandemic, 90 percent of the survey respondents identified those who experienced historical, racial inequities, students of low-income families, students of color, English language learners, children with disabilities, and students experiencing homelessness. Because of these community conversations, we have allocated \$533 million of the allocated dollars in ESSER. We firmly believe that investing our ARP funding to address learning needs is prudent despite the infrastructure and other investment needed in this district. We are hopeful that these needs can be remedied using the school construction funding in the budget reconciliation act proposed by the House of Representatives.

The circumstances were unprecedented. The needs are great. And now it is time to shape a recovery benefiting our children, our community, our country, and the future.

Thank you for giving me the opportunity to testify this morning.
[The prepared statement of Dr. Jara follows:]

PREPARED STATEMENT OF JESUS F. JARA

Testimony

**Written Statement of Dr. Jesus F. Jara
Superintendent of Schools, Clark County School District
Before the Subcommittee on Early Childhood, Elementary, and
Secondary Education
United States House of Representatives**

Chairman Sablan, Ranking Member Owens, and Members of the Subcommittee, thank you for the invitation to participate in this hearing. For the record, my name is Dr. Jesus Jara; I serve as superintendent of the Clark County School District (CCSD) in Nevada, the 5th largest school district in the country, serving 304,000 diverse students, as a minority-majority district, with over 70% of our students receiving free and reduced lunch.

We reopened our elementary schools on March 1, 2021. This feat was only possible because of CCSD's 42,000 employees, our business partners, and the families of Clark County. Federal support from the American Rescue Plan made it possible for our school district to stay connected to our students so they could continue learning from home during the pandemic. When considering the COVID-19 pandemic from a school district perspective, we went from crisis to response, then stabilization to improvement. Let me illustrate what the Clark County School District did to react and make this possible.

When the pandemic hit and the decision to shut down was made, our priority was to protect our students and staff. We sent everyone home and then set about creating distance learning options so students could connect to learn from their teachers. We quickly discovered that many of our students did not have internet access or mobile phones.

One young woman attending high school, who had no internet access or a mobile phone, asked a friend to reach out to her teacher to get missed assignments. Once the teacher learned of her circumstances, they relayed the information to the administration and provided the necessary

connections for continued learning. This young woman caught up on her assignments and will start college next Fall. Similar stories played out throughout the school district. In a matter of weeks, we were able to deploy over 247,000 devices and provide internet access to those students who previously did not have it.

In 2020, student suicide rates rose, and we needed to intervene immediately. The District created Lifeline, a program to assist educators and leadership to interface with and determine students' level of need. We instituted protocols to ensure students isolated at home could meet with school-based mental health professionals in virtual or in-person format. Additionally, CCSD created *Connection Line* for students to call a school counselor or social worker if they needed support over breaks and holidays.

We knew our kids needed to be with their peers in school, learning from their teachers. As we designed our back-to-school plan, we consulted stakeholders throughout the District, including the five bargaining units representing the 42,000 employees of the Clark County School District. Together, we instituted a mask mandate and social distancing protocols, purchased and provided PPE, and improved ventilation systems. Without their buy-in and voices in the process, we would not have been able to reopen our elementary schools in March 2021.

Like so many other districts across the country, we have struggled with staffing shortages. On the first day of school in August of this year, we started with 699 teacher vacancies. We need more substitute teachers, bus drivers, cafeteria workers, and custodians. All of these vacancies are putting instruction, extracurricular activities, and maintenance of district assets at risk.

The American Rescue Plan (ARP) COVID relief funds enabled the Clark County Public Schools to prioritize needs, address obstacles, reopen safely, and support students' social and emotional learning and academic needs.

We enlisted over 80 nongovernmental organizations to help us design a bold and unique process called *Focus on the Future for Kids: Community*

Input Process. We received over 13,000 responses from families and members of the community. In addition to students most impacted by the pandemic, 90% of survey respondents identified as those who experience historical racial inequities, students from low-income families, students of color, English learners, children with disabilities, students experiencing homelessness, migratory students, and youth in foster care, need the most support.

We utilized the School District's Strategic Plan *Focus: 2024* framework to organize and align the community-identified priorities to our use of funds plan. This framework guides our spending priorities and informs future community conversations related to budgeting and developing the long-term, shared vision for CCSD students and staff.

Because of this community conversation process, we determined that the federal 20% minimum requirement of our \$777 million dollar allocation would not provide enough support for CCSD students. Therefore, we are committing over \$533 million dollars, or nearly 80% of the Elementary and Secondary School Emergency Relief (ESSER) III funding, to address these urgent student needs. We firmly believe that investing our ARP allocation in addressing the learning needs of our students was prudent despite the infrastructure and other investment needs of the district. We are hopeful that these needs can be addressed using the school construction investment from the Budget Reconciliation Act proposed by the U. S. House of Representatives.

By coordinating with the Council of the Great City Schools and many other urban school districts across the country, and listening to our local community responses, we know student success occurs when we invest additional funds to support our teachers, principals, and staff.

CCSD knows parental involvement produces better student outcomes, so we will provide direct training to parents to support their learners with technology at home.

In the coming months, CCSD will refresh the *Focus: 2024* strategic plan to include the ARP ESSER III spending priorities and unique measures of success for this plan.

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As we implement our plan, we will continue engaging with the community to align our final priorities and build the necessary data-driven metrics to ensure transparent, ongoing communication and accountability. This week and next, I am hosting virtual town hall meetings to present our vision and plan for ongoing recovery and improvement beyond the COVID-19 pandemic.

The circumstances were unprecedented, the needs great, and now is the time to shape a recovery benefitting our students, communities, country, and future.

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Mr. SABLAN. Thank you, Dr. Jara.

We will now hear from Ms. Forte. Ms. Forte, welcome back to the Committee. And you have five minutes, please.

STATEMENT OF DENISE FORTE, INTERIM CHIEF EXECUTIVE OFFICER, THE EDUCATION TRUST

Ms. FORTE. Good morning, Chairman Sablan, Ranking Member Owens, Chairman Scott, and Members of the Committee. My name is Denise Forte, and I am the interim CEO of The Education Trust, a national nonprofit research and advocacy organization dedicated to closing opportunity gaps in education that disproportionately impact students of color and students from low-income backgrounds. As noted, I was also a congressional staff Member for 20 years, most recently as the staff director for this Committee. So, it's truly an honor to return to the Committee today. And in my other full-time job, I am the proud mother of two sons who attend public schools right here in D.C. and are experiencing firsthand the return to school after spending a year at home in virtual settings.

Today, I am pleased to share The Education Trust's thoughts on how we, collectively, can address the long-standing inequities that we know existed before COVID-19 and have grown, how we support student and community voice, and implement evidence-based and equitable solutions to ensure student success.

As this school year is underway, district leaders and educators across the country are working hard to meet the needs of students, families, and staff using vital American Rescue Plan funds.

The Education Trust has spent the last 18 months working with advocates from civil rights, disability rights, business, education, and parent communities to center their voices in a recovery effort, and highlight promising actions taken by States and districts. Today, we are urging State and local leaders to take these actions.

First, State and school district leaders must address the immediate needs of educators, students, and families. Parents understand that in-person learning is preferable. However, many families of color, including Black families, have reasonable mistrust with our public school and public healthcare systems. Trust between school leaders, community Members, and parents is the foundation of a strong and safe school community and maximizes student outcome.

Leaders should actively inform and invite conversations with families. Trust is also built when districts and schools marshal their resources to provide safe, in-person learning through adequate testing and contact tracing, upgrades to replace faulty and out-of-date ventilation, and basic public health protocols, such as mandatory masking, distancing, and hand-washing, and, obviously, access to COVID-19 vaccinations.

Second, States and school districts must ensure that funding is used equitably to address students' social, emotional, and academic development. Beyond addressing the immediate physical needs of students, educators, and staff, we must do everything in our power to ensure that children reach their highest academic potential and overcome this devastating year-and-a-half of unfinished learning.

Our research indicates when implemented under the right conditions, there are two strategies that are most effective to accelerate

learning: targeted intensive tutoring and expanded learning time. We also know that strong, positive relationships with teachers and schools can dramatically enhance motivation, academic engagement, and social skills.

In close partnership with a diverse and representative set of stakeholders, States should support districts and schools to identify and implement evidence-based strategies to accelerate student learning. These efforts should include high-quality statewide summative assessments to help target additional resources; professional learning opportunities for educators to ensure students have the opportunity to reach high standards; and additionally, strategies for leveraging school-based teacher leadership, distributed leadership, and innovative staffing models to provide supervision and support to tutors and teachers.

Additionally, they can and should invest in high-quality, culturally responsive instruction materials that teach the truth about the history of this country. We call upon States and school districts to provide clear and accessible information about how they are spending the precious relief dollars.

Finally, State and school districts must ensure that funding is used to lay the foundation to address the inequities that are exacerbated by COVID-19. State and local leaders should be planning for how ARP funds and other resources can yield lasting, structural change. Congress should support these efforts in a variety of areas, including possible legislation to increase equitable access to early childhood education, advanced course work, home broadband, strong and diverse educators, and school meals, eliminate discriminatory school discipline practices and incentivize States and localities to make their funding formulas more equitable.

In closing, The Education Trust looks forward to assisting State and local leaders, Congress, and the administration in deploying resources in equitable ways, that address the needs of underserved students, and close opportunity and access gaps.

Thank you for the opportunity to speak with you today, and I look forward to taking your questions.

[The prepared statement of Ms. Forte follows:]

PREPARED STATEMENT OF DENISE FORTE

United States House Committee on Education and Labor
Early Childhood, Elementary, and Secondary Education Subcommittee

“Back to School: Highlighting Best Practices for Safely Reopening Schools”

September 29, 2021

WRITTEN TESTIMONY

DENISE FORTE

INTERIM CEO OF THE EDUCATION TRUST

WRITTEN TESTIMONY

Good morning, Chairman Sablan, Ranking Member Owens, Chairman Scott, and members of the Committee. Thank you for the opportunity to testify on best practices and opportunities to expand educational equity as states and school districts work to safely reopen schools.

My name is Denise Forte, and I am the Interim CEO of The Education Trust, a national nonprofit research and advocacy organization dedicated to closing opportunity gaps in education that disproportionately affect students of color and students from low-income backgrounds. As noted, I was also a Congressional staff member for 20 years, most recently as the Staff Director for the Education and the Workforce Committee under Chairman Scott, so it is truly an honor to be sitting before you today on behalf of The Education Trust. I am also fortunate to be the mother of two sons who attend public schools here in Washington DC who are experiencing firsthand the return to school after spending close to a year at home in virtual settings. Today, I am pleased to share with you The Education Trust's thoughts on how to ensure that as students return to school, we collectively use this opportunity to address the longstanding inequities that we know existed before COVID-19, support student and community voice and implement evidence based and equitable solutions.

In many places, students are returning to in-person learning for the first time since March 2020. States and school districts are utilizing the much needed funding that Congress provided to address the immediate needs of students, educators, and staff while also prioritizing the changes needed to address the disproportionate impacts of COVID-19 school closures on Black, Latino, and Native students; students from low-income backgrounds; English learners; students with disabilities; and students experiencing homelessness.

As students enter school buildings for the first time in many months, school district leaders and educators are working their hardest to meet the needs of students, families, and staff. But, too often, the politics, and not the science, are driving choices that are negatively impacting underserved students. We've all seen what happens when basic health protocols around social distancing, vaccines, and mandatory masks are not followed: COVID-19 wins and students and educational equity lose. But, even amid these challenges, we see leaders in places like [Nashville](#) and [Dallas](#) doing what is best for their students and not falling prey to partisan politics. They are working hard to provide in-person learning with scientifically supported mask requirements, access to vaccines for adults and eligible students, and proper social distancing and testing procedures.

Local leaders are able to do this work because of the resources provided by Congress. The American Rescue Plan (ARP) provides powerful, potentially transformative investments in programs that uplift children, students, and families. These funds help make in-person learning a reality, particularly in low-income communities and communities of color; to ensure districts have contingency plans should students or educators need to quarantine; and to address the social, emotional, and academic needs of students now and into the future. Without the American Rescue Plan, it would be impossible to see a near future where our students are both safely back in school buildings with a roadmap and a mandate to address unfinished instruction through effective, evidence-based practices. However, now is also the time for us to acknowledge that the pandemic's impact on student learning and well-being will last beyond the duration of the American Rescue Plan funds. States and school districts that take action now to plan for and build infrastructure to support unfinished learning will be critical.

The Education Trust has spent the last 18 months working with advocates from the civil rights, disability rights, business, educator, and parent communities to both center their voices in the recovery effort and to highlight the promising action some states and districts are already taking to advance equity. Today we are urging state and local leaders to take the following actions and ask members of Congress to assist them in implementing these strategies:

First, state and school district leaders must address the immediate needs of educators, students, and families.

The Education Trust recently conducted a [parent poll in New York](#) and found that parents overwhelmingly prefer that their children attend school in-person, even if that in-person schooling looks a bit different than normal. But, parents recognize that it's not time for a "return to normal" when it comes to in person learning. In particular, Black and Latino parents strongly believe it is unsafe to send their children to school without social distancing and masking, and many would opt for remote learning if it was an option. We also know that it's not just parents in New York [who feel this way](#).

That is why it is critical that districts and schools have the resources and supports to provide safe, in-person learning through adequate testing and contact tracing; building upgrades to replace faulty and out-of-date ventilation; basic public health protocols such as mandatory masking, distancing, and handwashing; and access to the COVID-19 vaccination. We applaud Congress for providing critical funding for school leaders to take action in these areas in several COVID-19 relief packages passed over the last 19 months.

And while these investments will go a long way toward protecting our students and teachers from the pandemic and reopening schools -- education, public health, and community leaders must be proactive in engaging and building trust among educators and families who want safe, healthy and supportive schools for their students. Many families of color, especially Black families, have understandable [mistrust](#) toward our public school and health care systems. [Relational trust between school leaders, community members and parents](#) must be foundational in efforts to not only build a strong and safe school community, but also to [maximize student outcomes](#).

Second, states and school districts must ensure that funding is used equitably to address students' social, emotional, and academic development.

Beyond addressing the immediate physical safety needs of students, educators, and staff, we must do everything in our collective power to ensure that children reach their highest academic potential and overcome the devastating impact of over a year and a half of [unfinished learning](#). We know that the pandemic has exacerbated existing inequities. Remote learning is not a replacement for in-person learning. Black, Latino, and Native students had [less access](#) to devices and home internet service. Additionally, students of color more often had teachers with less support to execute online learning, parents whose jobs [did not allow for](#) telework or time to assist with schoolwork, and [more](#) socioemotional stressors than their White counterparts. This has contributed to disproportionate amounts of [unfinished learning](#) experienced by students of color.

Thankfully, Congress recognized the urgency to address this issue and allocated critical resources in the ARP to help. Ed Trust's [research](#) indicates, when implemented under the right conditions, there are two strategies that are most effective to accelerate learning: [targeted intensive tutoring](#) and [expanded](#)

[learning time](#). We also know that [strong, positive relationships](#) with teachers and school staff can dramatically enhance students' motivation, academic engagement, and social skills.

At the Education Trust, we believe that this investment will help narrow some of the opportunity gaps students are facing in this country. Some [states](#) have already begun this work. For example, Tennessee is using ARP funds to address unfinished learning through targeted intensive tutoring. The state's new [TN ALL Corps](#) program requires students to be placed in small groups of no more than 3 students for each adult, for 30-45 minutes a day, a few times a week. The state is also going to provide needs assessment and planning support for districts to ensure districts are able to maximize tutoring opportunities for underserved and prioritized groups of students. All Tennessee districts are required to complete a needs assessment to determine which students were disproportionately impacted by COVID-19. Alternatively, [Massachusetts](#) has developed an "Acceleration Roadmap." The Roadmap provides an equitable framework for addressing unfinished learning and provides guidance on acceleration academies, summer school matching grants, summer acceleration, and college summer step-up programs. Massachusetts is focusing on implementing these programs in ways that affirm students' race, identity, home language, and unique abilities.

States should also create detailed guidance for districts and schools that identifies evidence-based strategies to accelerate student learning and include considerations for effective and equitable implementation. This should include: 1) high-quality statewide summative assessments to determine where to target resources and where learning must be accelerated; 2) high-quality professional learning opportunities for educators on [learning acceleration](#), [culturally affirming pedagogy](#), and [technology-enabled instruction](#) to ensure students have the opportunity to reach high standards; 3) strategies for leveraging [school-based teacher leadership](#), [distributed leadership](#), and innovative staffing models to provide supervision and support to tutors and teachers; and 4) investing in high-quality, culturally responsive instructional materials.

States must partner with, or encourage districts to partner with, community-based organizations who work to ensure all students, particularly students of color, students living in poverty, students with disabilities, English learners, students experiencing homelessness, students in the foster care system, students who are incarcerated, undocumented students, and students who identify as LGBTQ, have access to high-quality opportunities to learn and grow after school and over the summer.

But these opportunities to accelerate learning will only be successful if states and districts work to identify and proactively re-engage students who were not connected during interrupted learning. For example, [Colorado](#) launched an initiative to recruit, train, and place AmeriCorps members in school districts to reach out to students who have not been engaged in school this past year. Reengagement must also include a strong family engagement strategy that prioritizes building [trust, transparency, and capacity](#) between schools and families in order to accelerate and sustain student learning.

With the state's support, [districts should](#) engage a diverse and representative set of stakeholders to develop an equity-centered plan to use additional federal and state funding to implement evidence-based strategies to accelerate student learning and meet students' academic, social, and emotional needs. That plan should be based on student outcomes and other measures of student well-being to inform decisions about which schools or groups of students will be prioritized for accelerated learning interventions. It must include training and ongoing support to school leaders to implement accelerated learning strategies in ways that will positively impact students.

Beyond addressing unfinished learning, states and school districts must ensure all students have access to learn in an environment where they feel they belong, where they have their [identity affirmed](#), where they are engaged and have agency in their learning, and where they receive the social, emotional, mental, and physical supports they need to learn, develop, and thrive. Students from vulnerable and systematically neglected populations have faced and will continue to experience additional challenges that impede their learning due to the pandemic. State and district leaders should protect - and where possible, expand - funding for whole child supports, including funding for school counselors, psychologists, social workers, and other mental health providers, especially in high-need districts and schools. It is important to acknowledge that we shouldn't fall into the trap of funding academics or socio-emotional supports; it is critical to focus on both.

Third, states and school districts should collect and publish data on how ARP resources were used to address educational equity.

States and school districts can target the additional resources from the ARP to create safe and equitable learning environments by, for example, collecting and transparently reporting how districts and schools are spending ARP dollars. States should construct reporting systems and websites designed to provide clear and easily accessible information about how they and their school districts are spending relief dollars, including data on which groups of students are being supported by the funds. This can be done most easily by adding new fields to state longitudinal data systems (SLDS) to facilitate monitoring of these funds as a part of the regular data tracking process that states run annually.

Finally, states and school districts must ensure that funding is used to lay the foundation to address the inequities that were exacerbated by COVID-19.

States and school districts should also be looking beyond the immediate time period to lay the foundation for longer lasting structural change to address the inequities that existed before, and were exacerbated by, COVID-19.

Prior to COVID-19, our nation's education system was rife with inequities impacting students of color, students from low-income backgrounds, students with disabilities, English learners, and students experiencing homelessness. Given these inequities in opportunity and access, it is not surprising that we see different outcomes when we look at measures of [student learning](#) and [graduation rates](#).

States and school leaders also have an obligation to creating transparent and equitable contingency plans should in-person learning be interrupted, both now and in the future. The Center for Reinventing Public Education has [noted](#) that many of the largest school districts in the country continue to lack coherent plans for how a student will access learning should that student be required to quarantine, but that doesn't have to be the case. For example, [Houston Independent School District](#) has created a dedicated webpage for quarantined students. Students and families can request support, and the district will provide up to four hours of live instruction per day for up to 20 days - the maximum allowed under Texas law. States should support school districts by providing clear guidance on how districts can and must support students when in-person learning is interrupted, including how districts can use ESSER funding to support these students.

While the federal government's immediate support was needed to address the impact of COVID-19, particularly on low-income communities of color, states and school districts must use this opportunity to make systemic changes that will strengthen the infrastructure of education for the future. Funding from

the American Rescue Plan, alongside state and local funding, must be used by states and districts to advance equity in these areas in a lasting way, so that when the pandemic ends and emergency funding is exhausted, gains can be preserved:

Early Childhood Education

Educational inequities are so pervasive in our system that before students even [enter](#) kindergarten, young children of color, especially [those living in poverty](#), face particularly challenging barriers to high-quality early care and education. Up to [116%](#) of a low-income family's total income can be devoted to infant care, yet far too few families receive financial assistance to access it. Early Head Start provides access to [only 11%](#) of eligible infants and toddlers, and child care subsidies through the Child Care and Development Block Grant (CCDBG) serve a very small portion of eligible children of color: [only 15% of Black children and 6% of Latino children](#). Even when states do fund high-quality preschool programs, access is often lower for [Black and Latino children, who are underrepresented](#) in several such programs.

Recent [research](#) from The Education Trust, ZERO TO THREE, and the National Center for Learning Disabilities found that infants and toddlers and their families across the U.S. missed out on critical early intervention services during the pandemic. Black and Latino babies have long had inadequate access to these vital services for supporting a healthy environment for the whole family. The pandemic has worsened these inequities, and urgent support is needed to give babies a strong, healthy start.

The Build Back Better Act contains substantial investments to provide greater access to affordable, high-quality child care for families with children under 6 years of age and to high-quality pre-K programs for three- and four-year-olds by investing in capacity building, wages for educators, child care subsidies to help families afford quality care, alongside a needed extension of the transformative, fully refundable Child Tax Credit to 2025. The Education Trust is excited to see decisive action to [close the gaps in access to high-quality early childhood education](#) impacting Black and Latino children. These improvements to early childhood education would help millions of families meet their monthly child care needs and support healthy child development for our youngest learners.

Ensure Equitable Funding

Though money alone cannot address the deep and systemic opportunity and access gaps our students face, it is a critical resource that [research shows](#) increases graduation rates and wages and reduces adult poverty, especially for students from low-income backgrounds.

Unfortunately, data from [across the country](#) demonstrates that school districts with the most Black, Latino, and Native students receive [roughly \\$1,800, or 13%, less per student](#) in state and local funding than those serving mostly White students, and states and districts spend approximately \$1,000 less per pupil on students educated in our nation's highest poverty districts than on those educated in the lowest poverty districts. These inequities persist even amidst growing public awareness of inequitable state and local funding formulas and legal decisions that have declared such systems unlawful.

In the near term, states must protect education budgets by maintaining or increasing state spending on K-12 education, ensuring that districts equitably distribute additional funding to schools, and, as

required by the ARP's Maintenance of Equity provisions, ensure that high-need districts and schools do not shoulder a disproportionate share of any education budget cuts or layoffs.

While additional infusion of federal funding provides a bit of breathing room, this is also the perfect time for states to [consider and make additional changes](#) to inequitable state and local funding systems. For example, states can update funding formulas with equity in mind to ensure funding is going where it is needed most instead of relying on outdated funding systems that perpetuate patterns of racial discrimination. Additionally, the Department of Education should continue to provide technical assistance to states to ensure resource equity provisions in the Every Student Succeeds Act are being implemented to the fullest extent possible. Finally, Congress should also support and incentivize states to do this essential work.

Access to Strong and Diverse Educators

Although [research shows](#) that teachers are the primary in-school factor driving student success, students of color and students from low-income backgrounds are less likely to have access to strong, consistent teaching than their White and higher-income peers. Additionally, while over [half of all students](#) identify as students of color, [only 20 percent of teachers are teachers of color](#). While all students benefit from having racially diverse teachers and school leaders, research clearly demonstrates that students of color who [have had teachers of the same race](#) do better academically and are more likely to graduate from high school and attend a four-year college. [Black teachers are also more likely than White teachers](#) to have high expectations and [less likely to use exclusionary discipline](#) against Black students.

States and school districts can use funding from the ARP, as well as state funds, to invest in proven strategies for recruiting and retaining a well-prepared, diverse workforce. These strategies could include, for example, building systems to make educator diversity data visible and actionable to stakeholders, adopting rigorous program approval standards to compel teacher preparation programs to recruit and graduate candidates of color, and providing funding and guidance for districts and/or educator preparation programs to set goals and invest in strategies to increase the racial, ethnic, and linguistic diversity of their educators. One underutilized strategy for increasing the racial diversity of the teacher workforce is to recruit and prepare those who have experience working in [after-school or out-of-school programs](#) to enter the teaching profession.

In addition, the Build Back Better Act contains substantial investments to grow and diversify the educator workforce. These investments in the Augustus Hawkins Centers, which allow for increased clinical learning at HBCUs and MSIs, and dedicated funds for "Grow Your Own" teacher pathway models, are critical components of a comprehensive strategy to ensure all that the front of our classrooms resembles the students sitting in our classrooms.

Access to Equitable Learning Environments

Though a majority of school districts and schools report they are working to support the social and emotional learning of students, too often these efforts focus on "fixing kids" instead of creating

equitable learning environments that allow children to thrive. [Social, emotional, and academic development](#) must be implemented through an equity lens that considers the context in which students live and the societal realities (e.g., racism, homophobia, sexism) that impact students' development.

Prior to the pandemic, in [38 states](#), the schools that serve more students of color and students from low-income backgrounds have fewer counselors per student than schools that serve fewer of these students. That puts already underserved students at a disadvantage when additional social, emotional, and academic supports are needed to help students succeed. States and school districts can use funding from the ARP to hire additional school counselors, mental health providers, social workers, restorative justice coordinators, and other student support staff.

Additionally, despite evidence showing that Black students do not misbehave more than other students, Black students are disproportionately excluded from learning through the use of suspensions, expulsion, and arrests – even in [early learning settings](#). According to the [Civil Rights Data Collection](#), though Black students comprise only 15% of school enrollment, they account for 40% of students who receive an out-of-school suspension, 35% of those expelled, and 36% of students who were arrested at school.

In the near term, states and school districts can prohibit the use of suspensions and expulsions for minor offenses, use ARP funding to move away from policing in schools and to support restorative practices, and, in the [19 states](#) where it is still allowed, ban the use of corporal punishment. Now, more than ever, we should be doing everything we can to keep students in school, rather than excluding them. It's also critical that states and school districts prohibit the use of exclusionary discipline practices in virtual learning settings, such as blocking students from virtual learning platforms or suspending their school email accounts, for minor offenses (e.g., dress code violations). These changes can shift the longstanding inequities students have to accessing safe and equitable learning environments.

Beyond encouraging and supporting state and local action to ensure all students have access to equitable learning environments, Congress has the opportunity to take action to address these inequities by passing several bills, including the Counseling Not Criminalization In Schools Act (H.R. 4011) and the Ending PUSHOUT Act (H.R. 2248), that provide resources to create more inclusive discipline policies, to provide professional development to educators, and to invest in more student support staff (e.g., counselors, mental health providers, etc.). Congress should also pass the Protecting Our Students in Schools Act (H.R. 3836) to prohibit corporal punishment and seclusion, and severely limit exclusionary discipline and restraint.

Equitable Access to Advanced Coursework

The Education Trust's analysis of data from the [Civil Rights Data Collection](#) and the [Common Core of Data](#) shows that Black and Latino students are denied opportunities to enroll in advanced coursework in elementary school, middle school and high school even though we know that students of color can succeed in these courses. For example, students who attend schools with the lowest percentages of students of color are about [1.5 times as likely to be enrolled](#) in eighth grade algebra as students attending schools with the highest percentages of students of color.

[States](#) must set clear, measurable goals to advance student access to and success in advanced coursework, use data to identify barriers that prevent students of color and students from low-income

backgrounds from enrolling in these courses, invest to expand opportunities in schools with the greatest need, expand eligibility and increase access so Black and Latino students have a fair chance to take advanced coursework, and provide sufficient support for students to prepare for and succeed in this coursework.

Congress can support states and school districts in this effort by passing the Advanced Coursework Equity Act (H.R. 2765), which would establish a grant program for states and districts to address equity gaps through instituting equitable enrollment mechanisms, increasing enrollment in advanced courses, covering the costs of advanced coursework exams and materials for students from low-income backgrounds, and preparing and supporting educators to teach these courses, all while setting clear and measurable public goals to achieve.

Equitable Access to Nutrition

Over the past year and a half, we have learned that, at its core, food insecurity is also a racial justice issue. Even before the pandemic, people of color were [disproportionately](#) surrounded by food deserts, and two in five [Black and Latino households](#) (nearly 40%) with children struggled to put food on the table. This issue worsened as the pandemic wore on; last fall, an Education Trust-New York poll found that [40% of parents](#) skipped or reduced the number of meals they consumed personally because of the pandemic.

In response to the growing issue of hunger in America during the pandemic, the Pandemic Electronic Benefits Program (P-EBT) was created to [provide essential benefits](#) to over 8 million families with children, [lifting at least](#) 2.7 to 3.9 million children out of hunger. The Department of Agriculture expanded eligibility for the Supplemental Nutrition Assistance Program (SNAP) and increased maximum benefits. And since the recent [Child Tax Credit payments began](#), the number of families reporting they do not have enough to eat dropped by 3.3 million. As a result, unlike in past recessions, food insecurity [did not increase](#) overall between 2019 and 2020.

The provisions included in the Build Back Better Act recognize the need to invest in removing structural barriers for students and families. The bill would expand and extend Summer EBT, expand student eligibility for school meals, enable more students who participate in Medicaid to automatically receive free or reduced-price meals, and create a Healthy Foods Incentive demonstration pilot. We must build on the successes of the government's response to the COVID-19 pandemic over the last year to ensure all students have sufficient access to quality and nutritious food.

Access to Home Broadband

Prior to the pandemic, as many as [16 million students and 400,000 educators](#) lacked access to home Internet and/or proper devices to pursue their educational goals. This lack of access hindered their ability to communicate, study, and complete assignments. The pandemic resulted in millions of students who were on the other side of the digital divide, especially students of color, students from low-income backgrounds, and/or rural students, unable to continue their education.

The Build Back Better Act provides an additional \$4B for the Emergency Connectivity Fund to ensure that students can get the home internet access and devices they need to do homework and fully participate in their educational experiences. This builds on the \$7.1B allocated in March, most of which has been applied for by schools, and gets us closer to the investment needed to fully close the digital divide. Ensuring this funding is included in the final version of the bill is essential to maintaining the progress we have made in home connectivity for students during the pandemic.

Conclusion

In closing, we must recognize that Black, Latino, and Native students, students from low-income backgrounds, students with disabilities, English learners, and students experiencing homelessness were already facing gaps in educational opportunities before COVID-19. Evidence has shown us that these gaps have only worsened over the last year and a half.

New data suggest that some of the fears Black and Latino parents had about virtual learning are valid – their students have experienced unfinished learning. Thankfully, Congress recognized the urgency to address unfinished learning and allocated vital resources in the American Rescue Plan to help. Schools and districts are already starting to use those resources to accelerate learning, and we hope they continue to do so in ways that are evidence-based, and targeted to those who need it most.

At Ed Trust, our research points toward two ways to accelerate learning that are most effective: [targeted intensive tutoring](#) and [expanded learning time](#). We also know that [strong, positive relationships](#) will be fundamental to reengaging students in learning and school activities.

Beyond directly addressing unfinished learning, the American Rescue Plan provides vital resources to make in-person learning a reality, particularly in low-income communities and communities of color; to ensure districts have contingency plans should students or educators need to quarantine; and to address the social, emotional, and academic needs of students now and into the future.

It is incumbent upon state and district leaders to use these resources in equitable ways to address the needs of underserved students and to close the opportunity and access gaps that existed prior to, and were exacerbated by, COVID-19. We at the Education Trust look forward to assisting and supporting leaders in this work.

Congress and the administration also have a continual role to play in working with those state and district leaders, providing guidance and technical assistance, and conducting oversight as those ARP plans are implemented. Furthermore, there are several additional legislative steps Congress can take to buttress the recovery effort, consolidate the gains made and best practices employed, and restructure the system to make it more equitable in the long term, beginning with passing the Build Back Better Act into law. We at the Education Trust look forward to assisting and supporting federal policymakers in this work as well.

Thank you for the opportunity to speak with you today. I look forward to taking your questions.

Mr. SABLAN. Thank you. Thank you, Ms. Forte, for your testimony.

We will next hear from Mr. Zweig. Sir, you have for five minutes. Thank you. I think you are muted, sir.

David, you are muted. We can't hear you. You have to unmute. We would really like to hear your testimony.

OK. Let's move on to the next witness, David, and then we will come back to you, because we do——

Mr. ZWEIG. I switched.

Mr. SABLAN. five minutes here. Thank you.

STATEMENT OF DAVID ZWEIG, JOURNALIST, THE ATLANTIC, NEW YORK MAGAZINE, WIRED MAGAZINE

Mr. ZWEIG. Is it me now? OK.

Good morning, and thank you, Chairman Sablan. Thank Ranking Member Owens, and Members of the Subcommittee for inviting me to testify today.

Since the spring of 2020, I have been researching and writing about the nexus of kids and schools and COVID. From the beginning of the pandemic, I have looked not only at the circumstances in our country, but, critically, contrasted them with the cir-

cumstances surrounding, and the policies affecting, children and schools in other countries.

In late April 2020, schools began reopening in much of Europe. Roughly a month later, the schools remained open as the education ministers from 22 EU nations convened, and it was reported that open schools were not causing an increase in cases. Yet, in America, schools stayed closed for the duration of the academic year.

That spring set the tone for much of America's approach to children and schooling for the rest of the pandemic. Today, we are seeing similar patterns play out in many of our schools with excessive mitigation measures, where, once again, the U.S. differs greatly from most of our peer nations across the Atlantic.

Since at least right now, there is general agreement that schools should be open, the relevant discussion is how they should remain open. One issue is quarantine protocols that repeatedly send great numbers of healthy children home for days, or for more than a week at a time. Instead, schools should consider employing Test to Stay. In this program, if a student is exposed at school, they get tested, and if negative, they continue to attend school. A large study of more than 200 schools in England found that quarantining students offered no benefit over Test to Stay.

This program is also preferable to routine surveillance testing, considering the latter's onerous costs, logistics, and the high potential for high rates of false positives. Some countries are not employing either practice and are simply following the classic advice "if you're sick, stay home."

The most charged topic in the U.S. and one that I have extensively researched and written about is student mask mandates. Recently, the CDC released two studies which concluded that mask mandates correlate with the lower-case rates in schools. The studies, however, have major limitations. Among them, not accounting for vaccination rates among staff and eligible students, nor accounting for changes in community rates.

Conversely, the CDC published a large comparative study earlier this year of more than 90,000 students that found no significant benefit of student mask mandates. But debating conflicting studies on mask mandates distracts from and undermines confidence in the schools that we know work, such as fresh air and vaccinating the adults around children.

The World Health Organization advises against masking children under age 6 and recommends masks on kids aged 6 to 11 only under certain circumstances. The European Center for Disease Prevention and Control does not recommend masks for primary students at all. Yet, the CDC recommends that all American children, starting at age 2 wear masks in school. To be clear, millions of children in Europe are not wearing masks in school. If there is no evidence that kids in Europe are at a greater risk of severe illness, or a bad outcome, or their surrounding communities are at a greater risk than their counterparts in the U.S. because of this policy, we should ask ourselves why so many nations in Europe and elsewhere have already settled this issue from a policy perspective, they don't make kids wear masks. Why do we? Masks are not a benign intervention. They interfere with language acquisition, reading comprehension, and socio-emotional development. Quite simply,

seeing faces is a fundamental part of how humans, and especially children, connect and communicate with each other. None of us knows what the impact will be, nor what it is like as a child to wear a mask all day, every day, for years on end.

More broadly, to what end are we implementing all these intervention in schools? COVID, as has been known since the very beginning, thankfully poses very limited risk of severe disease to almost all children. There is much to say on this specific point, some of which I detailed in my written testimony.

Risk averse does not mean doing everything possible or conceivable to mitigate the spread of a virus to kids. Rather, we are treating the risk of one harm to the amplification of risk from other harms. Keeping kids home, alone in their bedrooms, glassy eyed in front of screens all day is not, quote, “playing it safe.” Nor is preventing them from seeing their friend’s smiles or their teachers’ faces. For a few weeks, this was no big deal, but now in academic year No. 3 of the pandemic, we need specific metrics for when these interventions on children can end. The reason school policies in European nations differ from ours is not because they have, quote, “beaten the virus.” It is because they are, and have been, interpreting the data very differently from our public health officials.

I urge the Members of this Committee to ask the CDC to provide specific, evidence-based reasons why its masking guidance differs so dramatically from that of the World Health Organization, UNICEF, and the ECDC, and why our Nation’s school children have dramatically different burdens imposed upon them relative to their European peers.

Thank you.

[The prepared statement of Mr. Zweig follows:]

PREPARED STATEMENT OF DAVID ZWEIG

Testimony of David Zweig, Journalist, Westchester County, New York, United States House of Representatives Early Childhood, Elementary, and Secondary Education Subcommittee Hearing “Back to School: Highlighting Best Practices For Safely Reopening School” Wednesday, September 29, 2021

Good morning, and thank you Chairman Sablan, Ranking Member Owens and Members of the Subcommittee for inviting me to testify today. As an American citizen, I feel honored to be able to speak at a Congressional Hearing.

Since the spring of 2020, I have been researching and writing about the nexus of kids and schools and COVID. From the beginning of the pandemic I’ve looked not only at the circumstances in our country but, critically, contrasted them with the circumstances surrounding and the policies affecting children and schools in other countries.

In late April of 2020, schools began reopening in much of Europe. Roughly a month later, the education ministers from 22 EU countries that had reopened or planned to reopen schools convened for a conference, and they said that reopening schools had not led to an increase in cases. Yet, in America, schools stayed closed for the duration of the academic year.

That spring set the tone for much of America’s approach to children and schooling for the rest of the pandemic. Today, we are seeing similar patterns play out in many of our schools with excessive mitigation measures, where, once again, the US differs greatly from most of our peer nations across the Atlantic.

Since, at least right now, there is general agreement that schools should be open, the relevant discussion is *how* they should remain open.

One issue is quarantine protocols that repeatedly send great numbers of healthy children home for days or for more than a week at a time. Instead, schools should consider employing Test to Stay. In this program, if a student is exposed at school, they get tested, and if negative they continue to attend school. A large study of more than 200 schools in England found that quarantining students offered no benefit over Test to Stay¹. This program is also preferable to routine surveillance testing, considering the latter’s onerous costs, logistics, and potential for high rates of false positives.² Some countries are not employing either practice, and are simply following the classic advice “if you’re sick, stay home,” recognizing that asymptomatic people are believed to account for a minority of transmissions.

The most charged topic, and one that I have researched extensively and written about, is mask mandates in much of America for schoolchildren, regardless of age, developmental appropriateness, or community rates. Recently, the CDC released two studies which concluded that school mask mandates correlated with lower case rates.^{3,4} The studies, however, have major limitations, among them variously not accounting for vaccination rates among staff and eligible students nor changes in community case rates over time. Carl Bergstrom, a widely cited biologist during the pandemic, wrote that one of the studies

¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01908-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01908-5/fulltext)

² <https://www.washingtonpost.com/outlook/2021/04/19/schools-covid-testing-cost/>

³ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e1.htm>

⁴ https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s_cid=mm7039e3_w

was “embarrassing,” noting that, despite the authors’ initial assumption, the study could not infer causality.⁵ This doesn’t mean the findings are incorrect, only that the conclusions drawn from those findings should be far more understated.

Conversely, the CDC published a large comparative study earlier this year, of more than 90,000 students, that found no statistically significant benefit of student masking mandates.⁶ It also found no statistically significant benefit of HEPA filters, distancing, hybrid models, or barriers. I know this can be hard to believe, considering many of these interventions have been pillars of our pandemic response in schools, but those are the results.

But debating the merits of conflicting studies on mask mandates distracts from and undermines confidence in the tools that we know work, such as fresh air, and vaccinating the adults around children. Moreover, the highly politicized domestic arguments around student masking often fail to acknowledge the markedly different approach to this issue beyond our borders.

The World Health Organization and UNICEF have repeatedly advised against masking children under age 6, and recommend masks on kids aged 6 to 11 only under certain circumstances. The European Centre for Disease Prevention and Control does not recommend masks for primary students.⁷ Some European countries have limited mask requirements for older students as well. Yet the CDC recommends that all American children aged 2 and up wear masks in school.

To be clear: millions of children in Europe are not wearing masks in schools. Yet there is no evidence that kids in Europe are at greater risk of severe illness or bad outcomes, or that their surrounding communities are at greater risk than their counterparts in the U.S.

We should ask ourselves why so many nations in Europe and elsewhere have already settled this issue from a policy perspective: They don’t make kids wear masks. So why do we?

Masks are not a benign intervention. They interfere with language acquisition, reading comprehension, and socioemotional development. Quite simply, seeing faces is a fundamental part of how humans, and especially children, connect and communicate with each other. Children are now entering their third year of interrupted schooling. A child who was in kindergarten in 2020 is now in second grade, and has yet to experience a normal full year of school. None of us know what the impact will be nor what it is like as a child to wear a mask all day every day for years on end.

The claim that some kids “don’t mind” wearing masks may be true insofar as children have been repeatedly told that masks are needed for their safety and that wearing them is a virtuous act. There is a reason adults remove their masks when they need to communicate clearly, such as at press conferences or in interviews, and we don’t wear masks at home. Whether masks are a necessary intervention on children is a separate topic from whether they impose a burden. Let’s not pretend about the latter.

More broadly, to what end are we implementing these interventions in schools? COVID, as has been known since the very beginning, thankfully poses very limited risk of severe disease to almost all children. The CDC has estimated that up to fifty percent of pediatric COVID cases are asymptomatic.

⁵ https://twitter.com/CT_Bergstrom/status/1441582851678523393

⁶ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm>

⁷ <https://www.ecdc.europa.eu/en/covid-19/questions-answers/questions-answers-school-transmission>

More children die of the flu in many seasons than have died of COVID over a much longer time frame. Two separate peer reviewed studies, published by the American Academy of Pediatrics, found that 40% or more of pediatric COVID hospitalizations are for incidental cases, where a child was in the hospital with COVID but not from COVID.⁸⁹ While concerns about pediatric long COVID are real, multiple studies with control arms have shown that the prevalence of symptoms of long COVID, many of which are vague and common, such as headache and fatigue, are similar in children with and without a history of COVID.¹⁰¹¹ This isn't to say that COVID poses no risk to children, only that much of the public's perception of its risk to kids is considerably misaligned with its actual risk to them. Data from the UK shows that an unvaccinated child is at lower risk than a vaccinated adult.¹²

Risk averse does not mean doing everything conceivable to mitigate the spread of a virus to kids. Rather, we are trading the risk of one harm for the amplification of risks from other harms. Keeping kids home, alone in their bedrooms, glassy eyed in front of screens all day is not "playing it safe." Nor is preventing them from seeing their friends' smiles and their teachers' faces. For a few weeks this was no big deal. But now in academic year number 3 of the pandemic, we need to demand very specific metrics for when these interventions on children can end. Europeans, once again, are way ahead of us. And it is not because they have "beaten the virus"; among European countries, the case rates, vaccination rates, and mortality rates cover a wide range, above and below those rates here in the U.S. It is because all of these other nations recognize the harms these burdens impose on kids. And although the risk of COVID is of course not zero, relative to so many other dangers that children face, from drowning to suicide to car accidents to other respiratory viruses, COVID is below all of them. This is not my opinion. This is what the data clearly shows. We've never made kids throughout the country wear masks for the flu, nor do we send entire classes home if a child tests positive for influenza.

It is important to mention that questioning guidelines is not only okay, but an act that should be encouraged. Robust debate, including that within the scientific community and the media, is a cornerstone of a healthy democracy. The CDC's guidance for summer camps, released in late April, called for children to wear masks in nearly all circumstances and at all times, including outdoors. I published an article a little more than a week after the guidance was posted, featuring quotes from esteemed experts, including the editor in chief of *JAMA Pediatrics*, who called the recommendations "draconian" and "ridiculous."¹³ Shortly after much of the media amplified my article the CDC changed its recommendation, even though none of the underlying data had changed. More recently, there has been vehement pushback against the CDC's decision to overrule the guidance of its advisory committee and open eligibility for vaccine boosters to anyone aged 18 or older deemed at increased risk. "It is worrisome to me that anybody less than 30 is going to be getting a third dose without any clear evidence that that's beneficial to them and with more than theoretical evidence that it could be harmful to them,"

⁸ <https://hosppeds.aappublications.org/content/early/2021/05/18/hpeds.2021-005919>

⁹ <https://hosppeds.aappublications.org/content/early/2021/05/18/hpeds.2021-006001>

¹⁰ Technical article: Updated estimates of the prevalence of post-acute symptoms among people with coronavirus (COVID-19) in the UK: 26 April 2020 to 1 August 2021
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/technicalarticleupdatedestimatesoftheprevalenceofpostacutesymptomsamongpeoplewithcoronaviruscovid19intheuk/26april2020to1august2021>

¹¹ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00198-X/fulltext#%20](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00198-X/fulltext#%20)

¹²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016465/Vaccine_surveillance_report_-_week_36.pdf

¹³ <https://nymag.com/intelligencer/2021/05/experts-cdcs-summer-camp-rules-are-cruel-irrational.html>

said Paul Offit, a member of the FDA's advisory committee and a pediatric infectious disease specialist.¹⁴ Science is a verb, science is a process, and science does not equal policy.

I urge the members of this committee to ask the CDC to provide specific, evidence-based reasons why its masking guidance differs so dramatically from that of the WHO, UNICEF, and the ECDC, and why our nation's schoolchildren have dramatically different burdens imposed upon them relative to their European peers.

¹⁴ <https://www.statnews.com/2021/09/24/biden-covid-19-boosters-pitting-white-house-against-scientific-advisers/>

Mr. SABLAN. Thank you, Dr. Jha. I mean, Mr. Zweig. Thank you. Finally, we will hear from Dr. Jha. Dr. Jha, please unmute your microphone and you have for five minutes. Thank you very much.

**STATEMENT OF DR. ASHISH K. JHA, DEAN AND PROFESSOR OF
HEALTH SERVICES, POLICY AND PRACTICE, BROWN UNI-
VERSITY SCHOOL OF PUBLIC HEALTH**

Dr. JHA. Good morning, and I hope you can all hear me OK. Thank you, Chairman Sablan, Ranking Member Owens, and Chairman Scott. Thank you for having me here.

Approximately 20 months, ago we confronted a novel disease we knew almost knowing about. Today, about 20 months later, we know how the virus spreads, and we have developed all the tools we need to end this pandemic. But because we have failed to apply that knowledge consistently, too many Americans continue to get infected and ill across our country.

Today's focus is on COVID and kids in schools. Throughout this pandemic, the risk for kids has been consistently minimized, based largely on the fact that children are less likely to get sick than adults. This is, of course, true. It is also the wrong comparison, because basically for nearly every disease, kids always have better outcomes than adults, whether it is COVID, or the flu, or even cancer, kids have lower mortality than adults. The question isn't are kids at lower risk compared to adults? The question is: How does the risk of COVID in kids compare to other risks that children face? And with that lens, it is clear that COVID is an important challenge. Over the past year, COVID has been one of the leading—one of the top 10 causes of death—among American children. So, while the risk is low, we cannot and should not be cavalier about its short term or long-term effects.

Now the risk of COVID in kids and staff have led many school districts to remain remote for much of the last year. The harm done by closed schools has been well-documented today by other experts. And I am not going to go through it. But it is very clear that closed schools are very, very harmful to children. And in our hyper-polarized country, some have chosen to highlight the very real cost of keeping schools closed, while minimizing the risk of COVID in kids. Others highlight the real cost of COVID to kids and minimize the cost of closing schools. We need to do better: less polarization, more focus on children.

And here is the good news on all of this. We can do both. During the past 20 months of studying SARS-CoV-2 and from decades of studying how airborne viruses spread, we know how to keep students and staff safe in schools. There is broad consensus among experts, both in the U.S. and around the globe that we must take a layered infection prevention approach. So what is that? Vaccinations, ventilation, and filtration—and I will go through each of these a bit more—regular testing and tracing, universal use of masks, and avoiding crowds and promoting personal hygiene. No single layer is perfect. But implemented together, they can make a big difference.

Now, of course, each school and each community is different. And that means school districts must invest in strategies in ways that allow them to implement these strategies, taking those local context factors into account. One key approach is that schools or school districts need to develop school-based teams who are focused on keeping schools safe.

Now, I want to talk about what the barriers to implementation of these strategies have been. There are many obstacles. But perhaps, none is more daunting than the misinformation and disinformation that is undermining public confidence in the scientific evidence. Here is some of what that evidence tells us: vaccines are the most effective weapon we have in this pandemic. And schools should require all adult staff to be vaccinated and should strongly encourage kids where eligible to get vaccinated.

Masking makes a difference. It is puzzling to me that some people think it wouldn't. This is an airborne disease spread primarily through aerosols. Masks slow the spread of aerosols and reduce inhalation, albeit imperfectly. In study after study, the data suggested that masking reduces spread. No single study is perfect. One can look at the dozens of studies and find holes in every one of them, but that is not how evidence-based decisionmaking works.

As a doctor, I am confronted with dozens of clinical questions where the data are not perfect. I look at the totality of the evidence. And from the totality of the evidence, the data is very clear, masks for children are helpful. We know testing is critical. Testing students and staff, regardless of symptoms, allows schools to immediately identify cases and prevent large outbreaks. And we know that ventilation and filtration make a very big difference. This can be as easy as opening windows and doors, but also requires upgrades in air filters in ventilation systems.

Thankfully, Federal funding has been provided through the ARP for these critical upgrades, investments that will help end the pandemic. But better air quality will have long-term benefits as well: improving cognition, moods, preventing the spread of other infections. This is a really smart investment for our kids.

So, in conclusion, for all the progress we have made as a Nation, there is a lot more we have to do to confront the challenges of this pandemic. It is imperative that we act on the knowledge we have gained and use all of these measures to keep kids and staff safe in schools. If we do these things, we can get them back safely, we can end this pandemic, and build resilience against health threats of the future. Thank you.

[The prepared statement of Dr. Jha follows:]

PREPARED STATEMENT OF ASHISH K. JHA

Written Testimony of Ashish K. Jha, MD, MPH

Professor of Health Services, Policy, and Practice

Dean of the School of Public Health

Brown University

Testimony to the Committee on Education and Labor

Subcommittee on Early Childhood, Elementary, and Secondary Education

U.S. House of Representatives

September 29, 2021

I. Introduction

Chairman Sablan, Ranking Member Owens, Chairman Scott, and members of the Committee, thank you for the invitation to participate in this hearing. I am the Dean of the Brown University School of Public Health and Professor of Health Services, Practice and Policy. As an expert on pandemic preparedness and response as well as on health policy research and practice, I have been deeply engaged in the Ebola epidemic, and am now on the frontlines of the COVID-19 response, leading national and international analysis of key issues and advising state and federal policy makers.

Nearly two years since the start of the COVID-19 pandemic, it is important to reflect on how far we have come as a nation. Our healthcare system has expertly moved from confronting a novel disease for which we had no treatment, to developing approaches and treatments that can slow disease progression and lower the number of people who experience severe outcomes from COVID-19. Our public health system has identified successful ways to prevent the spread of SARS-CoV-2 through targeted mitigation measures, such as testing, masking and distancing. And our scientists have developed the most important tool against any deadly infectious disease -- effective vaccines.

Vaccines drastically reduce infections, and prevent almost all hospitalizations and deaths from COVID-19. The Food and Drug Administration (FDA) has fully approved the Pfizer-BioNTech vaccine in adults, and will likely soon do the same for the Moderna vaccine.^{1,2} The Johnson &

¹ <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine>
² <https://www.nytimes.com/2021/06/01/science/moderna-vaccine-fda-approval.html>

Johnson vaccine is available under an emergency use authorization.³ As a result, roughly 55.3% of the U.S. population are now fully vaccinated.⁴

It is a surprise, considering the progress we have made in our response to this pandemic, that infection numbers across the nation are still high. The United States is experiencing a fourth pandemic wave, again causing businesses to struggle to open or stay open, causing children to miss more school (and parents to miss more work), and resulting in many people falling ill. The country has returned to a devastating toll of over 2,000 daily deaths, almost all in those who were not fully vaccinated when they became ill. This month, we crossed a grim threshold: 1 in every 500 Americans have now died from COVID.⁵

There are three key enablers of this fourth pandemic wave: 1) Too many Americans have not yet been vaccinated. 2) Essential mitigation measures such as masking and testing have been abandoned in communities where they are most needed because vaccination numbers are low and infection rates are high. 3) A new, more contagious variant, Delta, is able to spread faster, especially among unvaccinated and unprotected populations.

The failure to vaccinate more Americans and consistently apply proven mitigation measures leaves our children vulnerable, and our schools in crisis mode. Where we expected a return to normal - children reconnecting with friends and enjoying the benefits of in-person learning this fall - instead we see outbreaks in schools across the nation, communities uncertain again about the safety of

³ <https://www.fda.gov/media/146305/download>

⁴ https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total

⁵ <https://www.washingtonpost.com/health/interactive/2021/11-in-500-covid-deaths/>

classrooms and cafeterias, and increasing numbers of school closings - colossal failures to keep children physically and mentally healthy.^{6,7,8}

A year ago, when there was much we did not know about the novel coronavirus and who is most vulnerable to it, closing schools to protect students and staff in communities where infection rates were high made more sense. Considering that the virus spreads most efficiently when large numbers of people gather indoors for extended periods of time, keeping schools safe presented us with unique challenges. As a result, many schools closed or switched to hybrid instruction while we learned more about how to prevent SARS-CoV-2 from spreading. Last year, many school closings, while preventable even with the mitigation techniques we knew then, were more understandable. We knew less about the virus. School closings this year are far less justifiable.

The year of in-person instruction lost to the pandemic has generated important findings: Studies show that distance or remote learning can lead to developmental delays in younger children, and to the loss of educational gains and lower rates of educational attainment in all age groups.^{9, 10, 11} There is also growing evidence that there are considerable mental health costs to missing in-person school.^{12, 13, 14} Ethnic and racial disparities play a significant role as well, with children from underserved communities of color suffering higher rates of learning loss and reporting higher

⁶ <https://www.usatoday.com/story/news/health/2021/09/05/covid-updates-mu-variant-spreads-hawaii-begs-travelers-stay-away/5735064001/>

⁷ <https://info.burbio.com/school-tracker-update-sept-27-21/>

⁸ <https://www.covidschooldatahub.com/>

⁹ <https://tracktherecovery.org/>

¹⁰ <http://hanushek.stanford.edu/publications/economic-impacts-learning-losses>

¹¹ <https://www.wsj.com/articles/the-long-term-economic-costs-of-lost-schooling-11614286602#:~:text=Innovation%20and%20skills%20are%20shaped,6%25%20to%209%25%20lower>

¹² <https://pediatrics.aappublications.org/content/146/4/e2020016824>

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7444649/>

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7127630/>

levels of psychosocial stress.^{15, 16, 17, 18, 19} It is clear that keeping schools open is essential to the wellbeing of all children, and even more so for children living in communities struggling with poverty and systemic racism.

Considering these truths, and that vaccinations are not yet available for children under 12 years old, contentious public debates have erupted, framing the question of COVID-19 safe schooling in stark terms: keep schools open and ignore the real threat that the Delta variant poses -- or close our schools and fail to meet the fundamental needs of children.

This is a false dichotomy. We do not have to choose between the benefits of in-person learning and keeping children and staff safe from COVID. Scientific evidence from the past 18 months of studying SARS-CoV-2, but also from decades of studying how airborne viruses spread and how we can keep those in school buildings healthy, provides us with a clear framework for keeping schools open for in-person learning -- and safe.

Experts at the Centers for Disease Prevention and Control, the U.S. Departments of Health and Human Services and of Education as well as independent academic and educational institutions all agree on a strategy of layered *Infection Prevention and Control (IPC)* measures for schools.

¹⁵ <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning>

¹⁶ <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help#>

¹⁷ <https://www.nwea.org/content/uploads/2020/11/Technical-brief-Technical-appendix-for-Learning-during-COVID-19-Initial-findings-on-students-reading-and-math-achievement-and-growth-NOV2020.pdf>

¹⁸ http://glenn.osu.edu/educational-governance/reports/reports-attributes/210828_KL_OST_Final.pdf

¹⁹ <https://www.aamc.org/news-insights/how-we-re-failing-children-color-during-covid-19>

The key measures in this strategy are: 1) vaccinations; 2) ventilation and filtration; 3) robust testing strategies; 4) masking; and 5) physical distancing and personal hygiene.

To be effective, each of these layers must be independently defined, but cohesively implemented. Just as the safety of a car requires well-gripping tires, effective brakes and working seat belts (with none of them being a substitute for the other), IPC in schools requires us to focus on each area, but ensure that all of them are implemented together. This means that in order for recommendations in one layer to translate into improving safety, other layers must be properly implemented as well.

Because each school building and each school community is different, Infection Prevention and Control implementation is site specific, and each school needs to build the organizational capacity to make rapid, localized decisions about how to layer these measures at various turning points in the pandemic. Some districts across the country have already accessed the funding made available in the American Rescue Plan and other relief packages to establish this important function in their schools, sustain safe in-person learning, and achieve pandemic resilience.²⁰

The rise of the Delta variant, and the suffering it has caused, underscore the urgent need for us to act. We can apply the lessons we have learned in this pandemic and use the tools we know to be effective. We can make all schools COVID-safe. Our children, educators, and staff deserve it.

II. The Cost of School Closings

A. Losses in Educational Attainment and Quality

²⁰ <https://www.covidcollaborative.us/infection-prevention-and-control-in-schools>

The pandemic ushered in an unprecedented wave of school closings across the United States, accompanied by immediate efforts to switch to remote instruction. What was meant to last a few weeks turned into several months, and soon school districts started to notice how the digital divide and other barriers negatively affected learning outcomes for some of their students.

With remote and hybrid learning continuing all through the 2020 - 21 school year, the consequences for K - 12 students have been dramatic. One analysis shows students were on average five months behind in mathematics and four months behind in reading by June 2021.²¹ Historically disadvantaged students experienced even worse outcomes. In majority Black schools, students learned only about half the math curricula they should have for the year, and those in low-income schools learned less than their wealthy peers. In low-wage communities, more high schoolers have dropped out than prior to the pandemic, and fewer seniors are moving on to postsecondary education. Many other analyses have reached similar conclusions.^{22, 23, 24, 25}

Some studies have also found that student engagement on online platforms has substantially declined since the start of the pandemic.²⁶ Data from the non-profit research laboratory Opportunity Insights suggests student participation in online math coursework through the commonly adopted Zearn platform declined by 18.6% from January 2020 - May 2021.²⁷

²¹ <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning>

²² <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help#>

²³ <https://budgetmodel.wharton.upenn.edu/issues/2021/3/11/covid-19-cost-of-virtual-schooling-by-race-and-income>

²⁴ <https://www.nwea.org/content/uploads/2020/11/Technical-brief-Technical-appendix-for-Learning-during-COVID-19-Initial-findings-on-students-reading-and-math-achievement-and-growth-NOV2020.pdf>

²⁵ http://glenn.osu.edu/educational-governance/reports/reports-attributes/210828_KL_OST_Final.pdf

²⁶ https://twitter.com/john_n_friedman/status/1369823895017119744?s=21

²⁷ <https://tracktherecovery.org/>

Participation rates also varied substantially by parental income quartile - and have degraded over time in lower-income students.

Other scholars have attempted to quantify the effects of learning losses on the economy. While it is too early to know how COVID-induced school closures will impact long-term graduation rates, existing research suggests educational attainment strongly correlates with lifetime earnings.²⁸ Thus, school closures and the resulting negative effects on attainment levels could have lasting consequences. A primary analysis conducted earlier this year estimated students in grades 1 - 12 affected by global school closures could expect to receive between 6% - 9% lower income rates over their life cycles, which could result in a 3.5% reduction in annual GDP for the remainder of the century. In the United States, this translates to \$28 trillion in lost GDP, as of January 2021.²⁹

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B. Psychosocial Harms and Mental Health Concerns

School closures also have important mental health consequences. From March to October 2020, mental health visits to emergency rooms in children 12 - 17 were up by 31%, and up by 24 % in children 5 - 11 years old.³¹ Data from the Children's Hospital Association shows that the trend continues, as hospitals have seen a 15% increase in children seeking mental health support this

²⁸ <https://www.bls.gov/careeroutlook/2020/data-on-display/education-pays.htm>

²⁹ <http://hanushek.stanford.edu/publications/economic-impacts-learning-losses>

³⁰ <https://www.wsj.com/articles/the-long-term-economic-costs-of-lost-schooling-11614286602#:~:text=innovation%20and%20skills%20are%20shaped,6%25%20to%209%25%20lower,>

³¹ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm>

year.^{32, 33} Another analysis reported that 35% of surveyed parents were very or extremely concerned about the mental health of their children during the past academic year.³⁴

School closures and lockdowns have been linked with anxiety among children, as well as lower levels of self-reported well-being.³⁵ Much of this can be attributed to disruptions in daily life: many children were unable to socialize with peers in isolation, and some may have experienced separation-anxiety from their working parents.^{36, 37} Economic stressors were also contributing factors in the rise of mental health issues: many parents lost their jobs during the pandemic (the national unemployment rate increased from 4% in the first quarter of 2020 to approximately 13% in the second quarter of 2020).^{38, 39} For parents who have retained their employment, balancing a job with domestic responsibilities in the midst of a global health emergency remains remarkably challenging.

But not all children have been impacted equally, as Black, Hispanic, and Native American communities have experienced more trauma than other groups.^{40, 41, 42} Preliminary data suggests that nearly 75% of deaths associated with COVID-19 among children were in Black, Hispanics,

³² <https://pediatrics.aappublications.org/content/146/4/e2020016824>

³³ <https://www.npr.org/sections/back-to-school-live-updates/2021/08/30/1032461532/as-schools-reopen-child-psychiatrists-expect-to-see-a-surge-of-kids-who-need-hel>

³⁴ <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning>

³⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7444649/>

³⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7127630/>

³⁷ <https://www.npr.org/sections/back-to-school-live-updates/2021/08/30/1032461532/as-schools-reopen-child-psychiatrists-expect-to-see-a-surge-of-kids-who-need-hel>

³⁸ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00177-2/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00177-2/fulltext)

³⁹ <https://www.bls.gov/news.release/pdf/empsit.pdf>

⁴⁰ <https://www.npr.org/sections/back-to-school-live-updates/2021/08/30/1032461532/as-schools-reopen-child-psychiatrists-expect-to-see-a-surge-of-kids-who-need-hel>

⁴¹ <https://www.aamc.org/news-insights/how-we-re-failing-children-color-during-covid-19>

⁴² https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e4.htm?s_cid=mm6937e4_w

or American Indian/Alaskan Native children, and in children with underlying medical conditions.⁴³ Across all age groups, Black and Hispanic people have been almost twice as likely to report a COVID-19 infection than White Americans, and are currently hospitalized at three times the rate of Whites. Native Americans record even more pronounced disparities, despite suffering from data invisibility.^{44, 45} These minority communities are experiencing roughly double the mortality rates from COVID-19 as White individuals.

These disparate harms are strongly correlated with underlying social determinants of health. Members of Black communities are also twice as likely to live in denser households than White populations⁴⁶, and often work in high-risk industries which can expose them to the virus.^{47, 48} Nearly 40% of Hispanic and 31% of Black households include a person who is working in close proximity to others, compared to only 24% in White households.⁴⁹

Black workers in particular constitute a large share of front-line workers (one in every six employees), and are overrepresented in forward-facing industries including public transit, health care, child care, and social services.⁵⁰ These groups have also experienced higher rates of job loss and tend to report higher levels of mental health distress than their White peers.^{51, 52} School

⁴³ https://www.cdc.gov/mmwr/volumes/69/wr/mm6937e4.htm?s_cid=mm6937e4_w

⁴⁴ <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

⁴⁵ <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html>

⁴⁶ <https://www.epi.org/publication/black-workers-covid/>

⁴⁷ <https://msdh.ms.gov/msdhsite/index.cfm/14,0,71,688.html>

⁴⁸ <https://www.epi.org/publication/black-workers-covid/>

⁴⁹ <https://www.urban.org/sites/default/files/publication/103278/how-risk-of-exposure-to-the-coronavirus-at-work-varies.pdf>

⁵⁰ <https://www.epi.org/publication/black-workers-covid/>

⁵¹ <https://www.aamc.org/news-insights/how-we-re-failing-children-color-during-covid-19>

⁵² <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

closures have further exacerbated these psychosocial harms, beginning with underlying gaps in access to remote education. In a recent survey of elementary school children, 30% of Hispanic students indicated they lacked internet access, compared to 23% of their classmates.⁵³ Studies suggest Black and Hispanic children in remote learning models have also reported sharper declines in their mental health status than their higher-income and White peers.⁵⁴

This growing body of evidence shows that remote and hybrid instruction can create generational consequences for children, and especially so for those from disadvantaged backgrounds. Remote schooling may seem a bearable burden of the pandemic to some, but it has consequential and potentially long-lasting negative effects on those most in need.

III. The Risks of COVID-19 in Children

Since the beginning of the pandemic, scientists and clinicians have accumulated important knowledge about COVID-19 and children. We now know that children of any age can contract COVID-19, and that most younger children develop only mild symptoms or remain asymptomatic when infected. We also know that severe complications are infrequent, and that deaths attributed to COVID-19 in children are rare.⁵⁵

But COVID still poses an important risk to children -- because it is a novel disease that is sweeping through our population for the first time. Children now represent about 2% of total COVID

⁵³ <https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf>

⁵⁴ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2783714>

⁵⁵ <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-outbreak-and-kids>

hospitalizations and 0.25% of cumulative deaths.^{56, 57} While these percentages seem small, they represent sizable numbers: Approximately 2,000 children have been hospitalized for COVID-19 each week for the past month. Children now make up 25.7% of weekly cases for the week ending September 16th, and COVID-19 has killed twice as many children as influenza typically does during the first 9 months of 2021.^{58, 59} COVID-19 also ranked as one of the top ten leading causes of pediatric deaths in 2020.⁶⁰ Additionally, while infected children are at a lower risk of severe outcomes relative to adults, they are not immune to long-term complications; most importantly, Long COVID, MIS-C, and myocarditis.

While the exact prevalence of Long COVID in children is unknown at this point, a UK study found that 4% of young children and teenagers reported COVID-related symptoms lasting a month after infection, while a Lancet article reported that roughly 2% of children still displayed symptoms two months into the illness.^{61, 62} A recent study conducted in Israel found that 1.8% of children under the age of 12, and 4.6% of children aged between 12 - 18 were still suffering from symptoms up to 6 months post-infection.⁶³ Studies have also found that the prevalence and persistence of long COVID increases with age, and can have debilitating effects for those whom it does affect.⁶⁴

⁵⁶ www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/

⁵⁷ <https://www.businessinsider.com/delta-variant-covid-risk-to-children-kids-2021-6>

⁵⁸ <https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%209.16%20FINAL.pdf>

⁵⁹ <https://www.medpagetoday.com/opinion/second-opinions/93055>

⁶⁰ <https://www.wbrc.com/2021/05/23/covid-is-one-top-causes-death-children/>

⁶¹ <https://apnews.com/article/lifestyle-health-coronavirus-pandemic-056c41ecb90401c9cdc2356797f2352>

⁶² [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00198-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00198-X/fulltext)

⁶³ <https://www.gov.il/en/departments/news/13092021-01>

⁶⁴ <https://onlinelibrary.wiley.com/doi/10.1111/apa.15673>

Recent analyses suggest 12 - 17 year olds more frequently report long-term effects than children under the age of 12.⁶⁵

In some cases, children who test positive for SARS-CoV-2 can also develop Multisystem Inflammatory Syndrome, or MIS-C, which results in the inflammation of the heart, lung, kidneys, brain, skin, eyes, or gastrointestinal organs up to 4 - 6 weeks following an infection.^{66, 67} MIS-C can affect children of all ages, even those who have mild cases or initially present as asymptomatic. As of August 27th, 41 children have died of MIS-C in the United States.⁶⁸ Hispanic and Black children are disproportionately affected: of the 4,661 children diagnosed with MIS-C, Black and Hispanic children constituted a 61.2% share.

Children can also develop COVID-induced myocarditis. SARS-CoV-2 tends to attack multiple organs, and myocardial cells are one of the virus's potential targets.⁶⁹ While the connection between myocarditis and COVID-19 has not been confirmed, a CDC study suggests that patients with COVID-19 had nearly 16 times the risk for myocarditis (150 cases per 100K) compared to those without COVID-19 (9 cases per 100K).^{70, 71} Preliminary evidence suggests younger populations are at higher risk of developing myocarditis after contracting COVID. This follows from standard epidemiological principles - viruses are the most common cause of pediatric

⁶⁵ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00198-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00198-X/fulltext)

⁶⁶ <https://www.alabamapublichealth.gov/covid19/mis-c.html>

⁶⁷ <https://apnews.com/article/lifestyle-health-coronavirus-pandemic-056c41ecb90401c9cdc2356797f2352>

⁶⁸ <https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>

⁶⁹ <https://www.acc.org/latest-in-cardiology/articles/2021/02/05/19/37/covid-19-as-a-possible-cause-of-myocarditis-and-pericarditis>

⁷⁰ <https://pubmed.ncbi.nlm.nih.gov/34473684/>

⁷¹

https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e5.htm?s_cid=mm7035e5_e&ACSTrackingID=USCDC_921-DM64772&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20August%2031%2C%202021&deliveryName=USCDC_921-DM64772

myocarditis. During the 2009 H1N1 influenza outbreak, reports from American and Japanese pediatric ICUs indicated myocarditis in 1 - 2% of their young patients.⁷² According to multiple reports reviewing pediatric and adolescent COVID cases, MIS-C also often presents alongside myocarditis.⁷³

Throughout the pandemic, the COVID-19 risk for children has been downplayed and dismissed as negligible, on the basis that children are not nearly as severely impacted as adults. This is the wrong comparison: Children almost always have better disease outcomes than adults, from influenza to cancer. For example, in 2018 - 2019, an average of around 0.85 influenza deaths per 100,000 were recorded in children aged 0 - 17, as opposed to 48.7 deaths per 100,000 in those 65-plus.⁷⁴ In 2017, Our World in Data reported cancer deaths of 2.6 per 100,000 in ages 5 - 14, as opposed to 1,213 per 100,000 in those aged 70-plus.⁷⁵

As clinicians, we do not disregard leukemia in children because it is rare or because children have a higher chance of survival than adults. To the contrary, we do everything we can to protect these lives. This must be the same with COVID-19. When we open schools, we must do so while ensuring we protect every child.

IV. Charting the Path Forward: Layered Infection Prevention and Control in Schools

Like hospitals, schools are an essential service and need to be equipped to stay open for in-person learning, even when community spread of an infectious disease is high. To promote safe in-person

⁷² <https://www.acepnw.com/article/is-there-an-increased-incidence-of-covid-related-myocarditis-in-kids/>

⁷³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7674714/>

⁷⁴ <https://www.cdc.gov/flu/about/burden/2018-2019.html>

⁷⁵ <http://ourworldindata.org/cancer>

learning environments for students and staff, school leaders must develop effective practices in these key categories of infection prevention and control: 1) vaccinations; 2) ventilation and filtration; 3) robust testing and tracing strategies; 4) universal and correct use of masks and 5) physical distancing and personal hygiene.

IPC measures are supported by a deep scientific evidence-base, including many studies in U.S. schools.⁷⁶ They represent alignment across experts, organizations, and the CDC. Schools, district leaders, and communities should understand the interactions among these measures. Effective IPC is rooted in multiple layers of mitigation: During this pandemic, schools require robust ventilation and air filtration as well as proper mask wearing, testing and contact tracing, vaccinations and other measures.

How to layer the measures depends on local circumstances -- every school and every community is different. Space and size constraints, student demographics and needs, staff vaccination status, community transmission rates, local and state laws and many other factors vary greatly by setting. This is one of the reasons why many plans to improve COVID-safety in schools have not worked -- there is no single strategy for viral containment. IPC needs to be customized for individual settings.

To be able to implement this in practice, districts need to invest in local, county, or tribal "situation rooms", and in school-based IPC teams. While many educational stakeholders have been working

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<https://static1.squarespace.com/static/5f85f5a156091e113f96e4d3/l/6088352ca985de7585b38684/1619539244698/Scientific+Consensus+Statement+Schools+4.26.21.pdf>

on infection prevention and control and have been developing a wide array of partnerships with public health officials over the past 18 months, formalizing this area of activity for the K – 12 sector is critical. Without a thorough understanding of evidence-based IPC practices at the building level, there is an increased risk of disjointed and inconsistently observed prevention and control components. Integration is crucial for minimizing any school-related transmission.⁷⁷

School districts who have done this, from New York City to Manatee County in Florida, have consistently seen success. Others need support from across all jurisdictional levels, agencies and community partners, to access federal and state funds, train teams, improve buildings and create safe and healthy spaces for student learning.

A. Vaccinations

Most elementary school children have not yet received the COVID-19 vaccine, because they remain ineligible under FDA guidelines. Currently, roughly 45% of children aged 12 - 17 -- those in middle and high school -- have received both doses of the Pfizer vaccine (which was approved under Emergency Use Authorization for ages 12 - 15 in May of this year),^{78, 79} Trial data on vaccinations for 5 - 11 year old children is forthcoming, and an EUA approval for at least one

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https://static1.squarespace.com/static/5f85f5a156091e113f96e4d3/l/60885fa500e63d4a1980ec2f/1619550124862/FINAL+ROADMAP_4.27.pdf

⁷⁸

<https://downloads.aap.org/AAP/PDF/Child%20Vaccinations%20Report%20US%20and%20by%20State%20Sept%2022%20Corrected.pdf>

⁷⁹

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use>

vaccine in this age group is expected later this fall.⁸⁰ ⁸¹ The FDA should review the data carefully, but must ensure that there are no delays in processing the applications -- as long as children are unvaccinated, they remain vulnerable to infection.

The best way to protect unvaccinated children is to surround them with vaccinated adults.⁸² Children rarely spread SARS-CoV-2^{83,84}, and the majority of kids contract the virus from an adult, usually when members of their household bring the virus home.^{85,86} While breakthrough cases can occur, vaccinated people are five times less likely to get infected than unvaccinated individuals.⁸⁷

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Recent data from Israel shows that COVID cases in unvaccinated populations, particularly children, decreased after the broader eligible population received vaccines - even when schools were open. A 20% increase in Israel's adult vaccination rates correlated with a halving of child infection rates over the same time period.⁸⁹

⁸⁰ <https://www.forbes.com/sites/brucelee/2021/08/28/when-will-covid-19-vaccines-be-available-for-kids-under-12-years-old/?sh=2493fee315da>

⁸¹ <https://www.cnn.com/2021/09/20/health/covid-19-vaccine-young-children-next-steps-wellness/index.html>

⁸² <https://www.theatlantic.com/politics/archive/2021/08/how-keep-kids-safe-delta-variant/619686/>

⁸³ <https://www.nbcnews.com/news/us-news/kids-sick-covid-are-filling-children-s-hospitals-areas-seeing-n1276238>

⁸⁴ <https://www.washingtonpost.com/health/2021/08/28/delta-variant-unvaccinated-children-elementary-schools/>

⁸⁵ <https://www.nbcnews.com/news/us-news/kids-sick-covid-are-filling-children-s-hospitals-areas-seeing-n1276238>

⁸⁶ <https://www.theatlantic.com/politics/archive/2021/08/how-keep-kids-safe-delta-variant/619686/>

⁸⁷ https://www.cdc.gov/mmwr/volumes/70/wr/mm7037e1.htm?s_cid=mm7037e1_w https://www.cdc.gov/mmwr/volumes/70/wr/mm7037e1.htm?s_cid=mm7037e1_w

⁸⁸ <https://www.bmj.com/content/374/bmj.n2282>

⁸⁹ <https://www.timesofisrael.com/hope-for-herd-immunity-vaccines-shown-to-protect-israelis-who-dont-get-them/>

Based on the overwhelming evidence regarding the safety and efficacy of existing vaccines, authorities should strongly consider mandating vaccinations for teachers and staff - with only limited exceptions for medical or religious reasons. Most states already mandate vaccines with only medical or religious exemptions. Some states only allow for a very narrow set of medical exemptions.⁹⁰

We must increase our efforts to get more 12 - 17 year olds vaccinated. Vaccinations remain our most potent tool -- every vaccinated adult and teenager reduces the risk for an unvaccinated younger child or immunocompromised educator or staff member.⁹¹ Some states have successfully used vaccine incentives for this age group. California prioritized vaccinating teenagers in May⁹² and August and witnessed a decrease in pediatric infections over the summer.^{93, 94 95} Los Angeles County School District is now mandating COVID vaccinations for all children ages 12 and up, a policy that is also being considered by the state of California.

Childhood vaccination mandates have a long history in the United States, the first dating back to a smallpox mandate in 1809.⁹⁶ Motivated by a commitment to the safety of our children, we must continue on this path started 200 years ago - one that has allowed us to dramatically improve lives and prosperity across the nation.

⁹⁰ <https://msdh.ms.gov/msdhsite/index.cfm/14,0,71,688.html>

⁹¹ <https://www.whitehouse.gov/briefing-room/press-briefings/2021/08/12/press-briefing-by-white-house-covid-19-response-team-and-public-health-officials-49/>

⁹² <https://abc7.com/pfizer-vaccine-kids-california-12-15-covid-teens-coronavirus-vaccines/10625727/>

⁹³ <https://www.latimes.com/california/story/2021-09-10/kid-coronavirus-cases-fall-in-l-a-county>

⁹⁴ <https://www.mercurynews.com/2021/09/17/covid-19-cases-among-kids-fall-after-first-month-of-school/>

⁹⁵ <https://www.latimes.com/california/story/2021-08-11/despite-surge-california-doing-much-better-with-delta-variant-than-florida-texas-heres-why>

⁹⁶ <https://www.npr.org/2021/08/29/1032169566/the-u-s-has-a-long-precedent-for-vaccine-mandates>

B. Ventilation and Filtration

The evidence of the health benefits of effective ventilation and filtration strategies in school settings has been clear and compelling for years. Now that federal funding has been provided through the American Rescue Plan, the onus is on our school administrators to implement these critical upgrades. These investments will not only help to end the pandemic, but also improve the overall safety and health of our students and staff.

High-quality ventilation and filtration systems help prevent the airborne transmission of SARS-CoV-2 in closed spaces, but also improve cognitive performance and mitigate other environmental health stressors which affect our children's health.⁹⁷ Students spend most of their school days indoors, and the air quality in school buildings impacts their cognition and mood.^{98, 99} In most indoor settings, ventilation standards have been constructed to meet the bare minimum for acceptable indoor air quality. Instead, districts need to *maximize* building air quality.¹⁰⁰

Green building design can influence our health both at the individual and population level.¹⁰¹ At the individual level, a healthier building makes for a healthier human. Poor indoor air quality can link with higher levels of carbon dioxide, which have harmful effects on our health.¹⁰² Additionally, closed environments without exposure to natural light have been linked with a stronger expression of stress hormones including cortisol and a higher rate of depression in

⁹⁷ <https://www.nytimes.com/2021/09/16/well/air-quality-brain-function.html>

⁹⁸ <https://www.nature.com/articles/s41370-019-0195-5>

⁹⁹ https://forhealth.org/9_Foundations_of_a_Healthy_Building_February_2017.pdf

¹⁰⁰ <https://www.hsph.harvard.edu/news/multimedia-article/better-off-allen/>

¹⁰¹ <https://link.springer.com/article/10.1007/s40572-015-0063-y>

¹⁰² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3548274/>

occupants.¹⁰³ Multiple studies have found pronounced improvements in cognitive function when we address these concerns through strong ventilation practices and greener spaces, with one of these papers¹⁰⁴ documenting a doubling in cognitive scores when occupants were placed in buildings with low concentrations of volatile organic compounds, and high rates of outdoor air flows.^{105, 106, 107} At the population level, healthier buildings make for a healthier society. Globally, nearly four million people die prematurely each year from poor indoor air quality.^{108, 109} In the United States, radon is the second leading cause of lung cancer and kills approximately 15,000 – 20,000 people each year. Children, elderly populations, and those with preexisting conditions are at greater risk.^{110, 111}

In order to improve indoor air quality, three strategies must be implemented: source control, improving ventilation, and investing in air cleaners.¹¹² Source control involves locating any appliance or utility that may increase the risk of poor indoor air quality, and removing it from the built environment. Ventilation improvement can help decrease levels of harmful particles within a household or (such as radon and carbon monoxide) by promoting air flow.^{113, 114} Lastly, proper air

¹⁰³ <https://www.tandfonline.com/doi/abs/10.3109/07420528.2014.982757>

¹⁰⁴ <https://ehp.niehs.nih.gov/doi/10.1289/ehp.1510037>

¹⁰⁵ <https://ehp.niehs.nih.gov/doi/10.1289/ehp.1510037>

¹⁰⁶ <https://www.tradelineinc.com/reports/2016-10/improved-workplace-ventilation-shown-studies-double-cognitive-function-scores>

¹⁰⁷ <https://link.springer.com/article/10.1007/s40572-015-0063-y>

¹⁰⁸ <https://www.nature.com/articles/s41370-020-0247-x>

¹⁰⁹ <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=2163>

¹¹⁰ <https://www.nature.com/articles/s41370-020-0247-x>

¹¹¹ <https://www.epa.gov/radon/health-risk-radon>

¹¹² <https://www.epa.gov/indoor-air-quality-iaq/improving-indoor-air-quality>

¹¹³ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/improving-Ventilation-Home.html>

¹¹⁴ <https://www.lung.org/clean-air/at-home/ventilation-buildings-breathe>

cleaners can provide better indoor air quality by filtering harmful particles from dense, indoor spaces.¹¹⁵

The Department of Education has now outlined clear guidance related to improving ventilation and filtration, which should inform school investments across our nation. Foundational steps in improving ventilation and filtration include: 1) frequently commissioning inspections of existing ventilation systems to check for decay; 2) purchasing portable air filtration units, including HEPA filters with high clean air delivery rates; 3) investing in MERV-13 filters for standard HVAC systems; 4) ensuring the proper flow of indoor air through the strategic placement of fans and the opening of windows; and 5) purchasing carbon dioxide monitors and air flow capture hoods.^{116, 117} The Department of Education has outlined a number of other steps where ARP funding can be allocated to improve airflow, and detailed overviews of worthwhile investments are readily available from experts.¹¹⁸

Proper ventilation and filtration strategies are a critical element to ensuring safe and healthy schools, and provide lasting benefits beyond this pandemic.

C. Testing

Routine testing is a critical element of IPC. It serves as a lever to identify community risk, and is a valuable indicator of COVID prevalence in schools.¹¹⁹ Testing of all students and staff,

¹¹⁵ <https://www.epa.gov/indoor-air-quality-iaq/air-cleaners-and-air-filters-home>

¹¹⁶ <https://www.ed.gov/improving-ventilation-schools-colleges-and-universities-prevent-covid-19>

¹¹⁷ https://twitter.com/i_g_allen/status/1420036367388758023?s=21

¹¹⁸ <https://schools.forhealth.org/ventilation-guide/>

¹¹⁹ <https://www.statnews.com/2021/09/21/covid-testing-data-help-schools-stay-open/>

regardless of the presence of symptoms, allows schools to immediately identify cases and prevent larger outbreaks, which in turn helps prevent school closures. It also gives us better information on who is at risk of infection. Children are often asymptomatic carriers of SARS-CoV-2, and a robust and holistic approach to testing is needed to understand where the virus is spreading and if the applied layered mitigation measures are effective.¹²⁰

Thus far, states have offered a plethora of testing options to schools (including multiple formats of PCR and rapid tests) - which allows administrators to make procurement decisions that best meet their needs. Some local jurisdictions have already experimented with different types of testing protocols in schools: New York City has mandated weekly COVID testing of school staff and students, North Carolina has set up voluntary screening programs, and California has suggested testing protocols depending on community risk and school outbreaks.^{121, 122, 123} Some schools have opted for pool testing, which has proven to be a successful way to bring children back gradually from hybrid to in-person learning.^{124 125 126} To stand up such programs, some schools have partnered with biotech companies.¹²⁷

¹²⁰ <https://www.healthline.com/health-news/lack-of-covid-19-testing-children-returning-to-school>

¹²¹ <https://nypost.com/2021/09/20/de-blasio-mandates-weekly-covid-testing-of-school-staff-and-students/>

¹²² <https://www.wral.com/coronavirus/wake-school-board-begins-plans-for-coronavirus-testing-for-students-staff/19886833/>

¹²³ <https://edsource.org/2021/why-some-schools-are-mandating-covid-tests-while-others-arent/658944>

¹²⁴ <https://boston.cbslocal.com/2021/04/08/massachusetts-schools-covid-19-testing-april-vacation/>

¹²⁵ <https://www.milforddailynews.com/story/news/state/2021/04/17/covid-19-pool-testing-mass-schools-seen-some-national-model/7243461002/>

¹²⁶ <http://hometownweekly.net/medfield/medfield-heads-back-to-school/>

¹²⁷ <https://www.concentricbyqinkgo.com/>

Robust testing programs have proven to be incredibly effective in reducing in-school transmission of SARS-CoV-2. Starting in March of this year, Baltimore's City Schools partnered with the City's Health Department, the University of Maryland Medical Systems, the Rockefeller Foundation and Concentric by Ginkgo and launched a rigorous, large-scale testing program.¹²⁸ The school district witnessed a decline in positive cases during the 2020 - 2021 academic year, and was eventually able to bring back students, teachers, and staff to in-person learning.¹²⁹

In Brooklyn, PS 705, an Arts and Science elementary school, utilized New York City's surveillance system testing program to identify cases before they created outbreaks.¹³⁰ Surveillance testing programs such as the one in New York City involve testing a random group of individuals across the district, whether they have COVID symptoms or not.¹³¹ This provides administrators with a better sense of true in-school case rates.

In addition to their robust testing platform, PS 705 also invested in proper ventilation systems, and implemented social distancing within their classroom. The combination of these components, as well as rigorous contact-tracing efforts in the case of a positive test, provided administrators with rapid information on viral spread and allowed for swift actions to limit contagion. In this way,

¹²⁸ <https://www.baltimoresun.com/education/bs-md-testing-city-schools-20210224-kt7owrkzrebnkt7kdhqyxwdu-story.html>

¹²⁹ <https://www.baltimorecityschools.org/testing-national-model>

¹³⁰ <https://covidatadispatch.com/2021/09/12/opening-profile-going-above-and-beyond-in-crown-heights-brooklyn/>

¹³¹ <https://sph.umich.edu/news/2020posts/surveillance-testing-gathering-the-data-on-covid-19.html>

testing served as an initial line of defense, enabling the school to enforce appropriate measures quickly before an outbreak resulted in closures.¹³²

Wherever possible, all students and staff should be tested for COVID-19 weekly, regardless of vaccination status or symptom presentation. The Biden Administration has allocated over \$10 billion in funding for this purpose. The resources to test at a large scale are available, and we must do so holistically to ensure a safe environment for children.

D. Masking

Widespread mask-wearing remains a very good prevention strategy against the spread of COVID-19. Masking protects the wearer and the people around them from transmitting COVID-19 and other viruses through airborne particles.^{133, 134} In three separate studies conducted by the Centers for Disease Control and Prevention (CDC), masking was found to present a significantly lower risk of infections for both teachers and students. One study reported masking in teachers and other staff combined with improved ventilation led to a 40% reduction in the incidence rate of COVID-19.¹³⁵ Another study compared US counties with school mask mandates to those without, observing community transmission rates were twice as high in schools without mandates. An additional analysis of schools in Arizona's most populous counties found schools without mask mandates were more than three times more likely to report COVID outbreaks.^{136, 137}

¹³² https://www.statnews.com/2021/09/21/covid-testing-data-help-schools-stay-open/?utm_content=buffer21b3&utm_medium=social&utm_source=twitter&utm_campaign=twitter_organi

¹³³ <https://www.nature.com/articles/s41591-020-0843-2%2%A0>

¹³⁴ https://files.fast.ai/papers/masks_lit_review.pdf

¹³⁵ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm>

¹³⁶ https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e3.htm?s_cid=mm7039e3_w

¹³⁷ https://www.cdc.gov/mmwr/volumes/70/wr/mm7039e1.htm?s_cid=mm7039e1_w

Masks are safe. While some children have reported mild discomfort from mask-wearing, there are masks designed especially for children and those tend to improve satisfaction rates.¹³⁸ It is also crystal clear that masking does not increase CO2 levels and does not promote the spread of harmful pathogens.^{139, 140} In fact, no serious negative health effects from mask-wearing have been found.¹⁴¹ This is not surprising: the medical profession has been wearing masks for decades to protect healthcare workers and their patients from disease. If there was a potential for dangerous mask-borne viral pathogens infecting surgeons in our nation's hospitals, we would know. Every day, physicians and nurses in hospitals wear masks for up to a dozen hours a day with no ill effect.

Different styles of masks provide varying levels of protection, with disposable and cloth masks providing the least protection, followed by standard surgical masks, and finally high-quality masks.^{142, 143, 144} The best masks have a double layer of fabric that keeps the wearer from spreading infected droplets into the air, and should fully cover the user's nose and mouth.^{145, 146}

The benefit of a mask is driven by two key features: its fit and its filtration. Cloth masks tend to have both poor fit and uneven filtration. Therefore, most cloth masks are considered to be only 10

¹³⁸ <https://www.nature.com/articles/s41598-019-55451-w>

¹³⁹ <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2776928>

¹⁴⁰ <https://factcheck.afp.com/http%253A%252F%252Fdoc.afp.com%252F9DL4TQ-1>

¹⁴¹ <https://newsnetwork.mayoclinic.org/discussion/benefits-of-kids-wearing-masks-in-school/>

¹⁴² <https://integracareclinics.com/protective-masks-whats-the-difference-and-how-effective-are-they/>

¹⁴³ <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-face-masks-and-barrier-face-coverings>

¹⁴⁴ <https://theconversation.com/evidence-shows-that-yes-masks-prevent-covid-19-and-surgical-masks-are-the-way-to-go-167963>

¹⁴⁵ <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-face-masks-what-you-need-to-know>

¹⁴⁶ <https://jamanetwork.com/journals/jama/fullarticle/2776536>

- 20% effective at preventing infections -- better than nothing, but not by a lot. Surgical masks tend to have much better filtration (though they too vary in quality) but fit can be an issue, for example because of gaps that allow air to escape out and come in. High quality surgical masks are thought to have 30 - 60% effectiveness, driven largely by their variable fit.^{147, 148, 149, 150} The fit of surgical masks can be improved by layering them with a cloth mask (“double-masking”). One CDC study found marked reductions in exposure rates to SARS-CoV-2 with double-masking, reporting declines of roughly 80%. Knotting medical masks with elastic loops, or tucking them to ensure proper fit was also linked with lower exposure rates, reducing exposure rates by roughly 50%.¹⁵¹ Finally, there are high quality masks such as N95s, KN95s, and KF94s. They are variable in their comfort and fit, but there are now several pediatric versions of these high filtration masks which likely provide a very high degree of protection.^{152, 153, 154}

While there is no evidence of physical health costs due to mask wearing, some have raised concerns about potential long-term psychosocial harms of masking. The question raised is if mask-wearing inhibits social communication and can interfere with a child’s ability to read and process emotions.¹⁵⁵ It is an important question, and we need better data to ascertain one way or another whether these concerns are valid. It is worth noting that most kids are in school for approximately 28 hours a week and most of their awake hours are spent unmasked. Most public health experts

¹⁴⁷ <https://www.poverty-action.org/publication/impact-community-masking-covid-19-cluster-randomized-trial-bangladesh>

¹⁴⁸ <https://www.science.org/doi/10.1126/science.abg6296#body-ref-R2-1>

¹⁴⁹ <https://www.nature.com/articles/s41598-020-72798-7>

¹⁵⁰ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2769441>

¹⁵¹ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm>

¹⁵² <https://www.nature.com/articles/s41598-019-55451-w>

¹⁵³ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm>

¹⁵⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7883189/>

¹⁵⁵ <https://healthpolicy.usc.edu/article/mandatory-masking-of-school-children-is-a-bad-idea/>

agree that at this point that the evidence for the benefits of masking in children far outweigh the evidence of harms of masking in children.¹⁵⁶ Promoting non-masked communication while at safe spaces in the household can also substitute for traditional classroom exposures. Whether pre-school children (those 5 years of age or younger) should wear a mask is far less clear, and we need better evidence to guide parents or policymakers.

E. Social Distancing and Personal Hygiene

Multiple studies have established the value of social and physical distancing, handwashing, and respiratory etiquette in preventing the spread of COVID-19 and other communicable diseases.¹⁵⁷ In particular, instructing students on proper hand hygiene and respiratory etiquette can provide lasting benefits, fostering healthier behaviors that limit the spread of infections including the flu and common cold. CDC guidance details adequate spacing between children and teachers in indoor classroom settings, as well as resources to guide school administrators in implementing spacing needs alongside ventilation and filtration requirements.^{158, 159} Schools should consider outdoor learning as an alternative to the classroom when possible, which greatly reduces infection risks. Finally, although cleaning of high-touch surfaces is recommended as part of general health and safety protocols, there is almost no evidence of the fomite (surface) transmission of SARS-CoV-2.¹⁶⁰ Cleaning high-touch areas with water and soap once a day is generally sufficient in schools.

¹⁵⁶ <https://khn.org/news/article/science-shows-mask-wearing-is-largely-safe-for-children/>

¹⁵⁷ <https://washmatters.wateraid.org/blog/hand-hygiene-crucial-to-control-covid-19-and-prevent-future-pandemics>

¹⁵⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

¹⁵⁹ <https://schools.forhealth.org/risk-reduction-strategies-for-reopening-schools/>

¹⁶⁰ <https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>

“Deep cleaning” or frequent high-intensity disinfection is neither required nor recommended in school settings.^{161, 162}

Social and physical distancing is a straightforward way to reduce airborne transmission and remains a cornerstone of our COVID response, but it is most effective when implemented in tandem with other core IPC strategies. Social distancing alone is inadequate to prevent infections as students and teachers will be in close contact over the course of a school day. However, in the presence of the other core pillars of testing; vaccination; mask-wearing; and ventilation, social distancing helps prevent infections. Debates over the exact distance and spacing between students matter less than whether students and staff are vaccinated and wearing masks and are in classrooms with high-quality ventilation systems, and in schools with robust testing strategies.

F. Federal Funding Initiatives and the American Rescue Plan

The US Department of Education has recently outlined allocation plans for the use of the American Rescue Plan (ARP).¹⁶³ The ARP funds multiple interventions relevant for school learning, including the acceleration and sustainability of a safe return to in-person instruction, funding for summer learning and enrichment programs to address learning gaps and recoup the academic impact of lost instructional time, and the provision of social, emotional, and mental health support to students and families affected by the pandemic.

¹⁶¹ <https://www.nytimes.com/2021/04/08/health/coronavirus-hygiene-cleaning-surfaces.html>

¹⁶² <https://www.bloomberg.com/news/features/2020-12-16/covid-pandemic-microbiomes-could-be-key-to-stopping-spread-of-future-viruses>

¹⁶³ <https://www.ed.gov/news/press-releases/us-department-education-posts-state-plans-use-american-rescue-plan-funds-support-students-and-safe-and-sustained-reopening-schools>

Many states have announced allocations in these areas, and some local governments and health authorities have already begun to implement core IPC measures to ensure a safe return for children and adolescents. However, there are many logistical obstacles. During the 2020 - 2021 academic year, many states cited difficulties in implementing testing programs due to inadequate staffing of nurses, a lack of space and the proper conditions to store tests, and a shortage of test supply during outbreaks.¹⁶⁴ The ARP was meant to address these issues, and has already done so in some cases. Many school districts have found success through partnerships with biotech companies, and rigorous training programs for staff.¹⁶⁵ However, the state-by-state experience varies widely.

While some states have just started launching their testing pilots in schools, others have well-established programs. Many states have also cited issues of demand for tests, with some schools prioritizing screening models, in which students and staff self-report their symptoms, as opposed to testing programs.^{166, 167} Additionally, the funds which school districts utilize are not uniform. For example, many jurisdictions have utilized funds from the CDC to develop their testing programs, and directed ARP funding towards other needs - such as mental health support and ventilation improvements.^{168, 169, 170} The federal government and affiliated agencies will need to carefully monitor the use of these funds to ensure they serve their intended purpose.

¹⁶⁴ <https://www.usnews.com/news/best-states/articles/2021-08-26/what-missouri-learned-the-hard-way-about-rapid-covid-testing-in-schools>

¹⁶⁵ <https://news.stlpublicradio.org/coronavirus/2021-08-23/as-missouri-students-head-back-to-class-state-launches-new-covid-testing-program>

¹⁶⁶ <https://www.denverpost.com/2021/09/22/colorado-schools-covid-19-testing-quarantining/>

¹⁶⁷ https://coloradosun.com/2021/08/12/covid-testing-colorado-schools-late/?utm_content=bufferdca73&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

¹⁶⁸ <https://foxbaltimore.com/news/local/some-md-districts-planning-programs-to-screen-students-for-covid-19>

¹⁶⁹ <https://marylandeducators.org/what-does-the-arp-mean-for-maryland/>

¹⁷⁰ <https://caldudgetcenter.org/resources/american-rescue-plan-provides-assistance-to-millions-of-californians/>

G. Improvements in Data Collection and Reporting

The federal government must also invest heavily in data architecture related to COVID-19 in children. At this stage of the pandemic we should not be making decisions without the data required to make informed decisions: representative national data on in-school transmissions, the status of school closures, and reliable statistics on child infections, for example. Inconsistencies in the available data (including non-standardized age bins and varied reporting mechanisms across jurisdictions) have confounded the ability of students, parents, and staff to make informed decisions on the risks and benefits of in-person instruction. While valiant volunteer efforts have provided us with a preliminary picture of COVID-19 in school settings, the federal government should scale up this infrastructure to the national level. This data will be of foundational value for core IPC teams in school settings, who will require high-quality, granular data at the state, county, city, and zip-code level to guide their decisions.

V. Conclusion

Reflecting on our fight against this pandemic over the past year, we see that in a time of great loss, there has also been important progress: The development and rollout of life-saving vaccines which are safe and effective is one of the most remarkable achievements of the scientific community in recent history. The federal government's prioritization and provision of funding for pandemic recovery has been admirable, and will serve as the basis for a stronger nation post-pandemic. The American public's patience and willingness to adhere to critical public health measures, as well as people's interest in educating themselves on the progression of this deadly virus, has been an integral component of our ability to build resilience.

However, we have a lot more to do to ensure we overcome the challenges posed by the Delta variant and move towards an equitable recovery from the pandemic.

Most importantly, we need to assist vulnerable subpopulations, including children. The costs of this pandemic have disproportionately affected children of color and those living in low-income settings. Thankfully, we are now at a stage in this pandemic where the scientific evidence on safe and healthy behavior is clear. Layered infection prevention and control strategies must shape our school response, and can assure a return to safe in-person instruction. However, we cannot ask schools to do this important work without significant support from local, state and national agencies and organizations. In order to support school systems, it is critical for the federal government to maximize the utility of the funding provided through the American Rescue Plan. That means providing the tests and vaccines needed, but also ensuring schools have the organizational capacity and support needed to put all IPC tools to work.

The federal government can support schools and ease the burden on staff and administrators by encouraging the development of core school-based IPC teams, and local situation rooms at the county or tribal level. Members of this team work with school administrators and staff, community members, and local health officials to adapt IPC strategies to their unique settings, and maintain the standards required to prevent in-school transmission.

It is imperative that we invest in these key pillars of infection prevention and control, to end this pandemic once and for all - and to build resilience against the pandemics of the future. Our ability

to implement these measures will not only impact the children of our generation, but those yet to be born. We now have the knowledge, willingness, and resources to make this happen. Let's get it done.

Mr. SABLAN. Thank you, Doctor. Thank you very much.

And, so, we will now move on to Member questions. Under Rule 9(a), we will now question witnesses under the five-minute rule. I will be recognizing Subcommittee Members in seniority order. And again, to ensure that the Members' five-minute rule is adhered to,

staff will be keeping track of time, and the timer will show a blinking light when that time has expired. So please be attentive to the time, wrap up when your time is over, and re-mute your microphone.

As Chair, I now recognize myself for five minutes. Superintendent Jara, numerous studies show that lost instructional times has impacted student learning and exacerbated preexisting achievement gaps. The American Rescue Plan requires that school districts use at least 20 percent of their funds to address lost instructional time by supporting students' academic, social, and emotional needs. And I was really encouraged, greatly encouraged to see the Clark County School District is exceeding this reservation and using 80 percent of its American Rescue Plan funds to address learning loss. I am rather envious.

So Superintendent, can you share the evidence-based interventions that Clark County Public Schools are using to support student learning this school year? And how is Clark County School District ensuring those interventions are targeted to meet the needs of student groups most impacted by the pandemic, such as students of color, students from low-income backgrounds, and students with disabilities, and English learners?

Mr. JARA. Chairman Sablan, superintendent Jara for the record again. Thank you. First of all, let me just thank Congress for the allocation of the resources that have been provided. I think it is a historic investment in K–12 education, so I really appreciate as we are moving into this direction.

As I mentioned in my testimony, this was something that was important for us as a community to really allocate time for community input. As moved into improvement after we stabilized this community and our children, one of the things that was very clear was their loss in learning. And there is an opportunity for us to move forward.

So, the allocation of resources to support our kids really was research-based, but also involved community input. We brought in our students to reengage in summer accelerations. I heard in your opening remarks a lot of our school systems brought in our kids in this summer for summer acceleration, reengaging into our schools.

So, we are looking at extended learning opportunities, really investing in our educators? professional learning. We are proud of the work around mathematics across the entire district. Our English language learners, all our teachers, 18,000 educators, had the opportunity to participate in learning. Lowering the ratios for safe professionals are included in the plan to hire more social workers, including counselors, implementing high quality math instruction, professional development, as well for our educators and instructional materials, purchasing really some of the personalized opportunities for our kids in programs, not only through technology, but also manipulators and face-to-face. And then we have a huge, Chairman and Members of the Subcommittee, investment in early childhood. We know that our children, the earlier that we get them in our schools, I would say, the better chances we have in really eliminating some of the gaps.

So, there is a huge investment in our early childhood and early literacy for our teachers and our educators. So thank you, Chairman.

Mr. SABLAN. No. Thank you, Superintendent.

Ms. Forte, let me try and get this one in. Education advocacy and civil rights groups have called on the Department of Education to ensure that as we start accountability systems as required under the Every Student Succeeds Act, these systems are equipped to identify low-performing schools and direct additional support and resources where they are needed the most.

So, how can the Department of Education support States in improving their accountability systems to ensure that Federal resources are supporting these schools and addressing the resources inequities that students of color and students from low-income backgrounds face?

Ms. Forte, we have less than half a minute.

Ms. FORTE. Yes. Thank you for that question, though. We can't go back to a time when all this data was hidden, and that is why accountability systems have been so important. The Department plays a critical role in supporting States to develop and implement these systems that actually drive additional Federal resources to schools, to address resource inequities. And in order to have a robust set of student opportunity in outcomes, we do need a fuller picture where students have equitable experiences. And States really have to be the first ones to be able to collect and provide that transparent data.

Hopefully the Department can reiterate through guidance or technical assistance that States and school districts can use funding from the ARP to invest in robust K-16 data systems.

Mr. SABLAN. Thank you. Now, Ms. Forte, we are out of time, but if you could please provide us some greater detail in response to that question. I would appreciate it.

I would now like to recognize the Ranking Member, Mr. Owens, for his questions. Mr. Owens, you have for five minutes, sir, please.

Mr. OWENS. Thank you. Thank you, Mr. Chairman.

Mr. Zweig, in your testimony, you discussed one of the most critical issues we face in this debate, which is the number of students being quarantined and the length of those quarantines. Los Angeles County released data 2 weeks ago showing that only .2 percent of the students and staff in close contact in schools subsequently tested positive. This seems to demonstrate an extremely low level of COVID spread in the school systems in Los Angeles County. How should this inform the debate about quarantine?

Mr. ZWEIG. It is an important question, and as I noted in my initial statement, one of the best ways, I think, to address this is to use a program like Test to Stay, which has shown to be really effective and successful at not quarantining kids who are healthy and keeping them home, yet also keeping the schools safe at the same time. If there is a child who is exposed to someone who was infected, you test that child. If they are negative, send them back to class.

Mr. OWENS. Very good. I am going to continue with you asking you, several States have prohibited their school districts from implementing universal mask mandates in their school districts. And

those States have been criticized and investigated by the Biden administration. Do you believe local school and public health officials have sufficient expertise to make policy decisions about COVID mitigation strategies without State guidance?

Mr. ZWEIG. It is interesting. I have interviewed superintendents from the tiniest school districts to some of our largest cities in the country. And every single one of them has told me, I am not equipped to make these types of decisions. They lack epidemiological and infectious disease expertise. These are educational professionals.

So, time and again, they have almost been begging to have more guidance from above, particularly from their State Government saying you need to do X, and that way, it frees them up, and then they just follow the guidelines of State health departments that actually do have the staff, that do have the expertise in these healthcare matters, rather than sort of punting it to people who, where this is totally outside of their wheelhouse.

Mr. OWENS. And one last question. Two of our other Subcommittees had a joint hearing yesterday, "Examining Ways to Protect the Health of Communities from COVID-19." Among other things that the hearing looked into, specifically, was the disproportionate impact of COVID-19 on communities of color, which you argue that the country's mitigation strategies in schools have reduced or exacerbated, or increased the disproportionality of COVID's impact on our communities at risk?

Mr. ZWEIG. Yes. There is an extensive amount of evidence, and data, and studies that shows that those people with the least resources, particularly in relation to schools and education, have suffered the most, whether it is from school closures, because those children at home, they have family Members who are unable to help them with work, versus families with more resources can hire tutors, and maybe one of the parents is home.

So, schools closures have been really damaging to them, and even things like mitigation measures within the schools are more damaging. An example might be where you have a child who, perhaps, their family are English language learners. And the parents are not able to help them read at home. And the child is a kindergartner, and when they are in school, their only opportunity for learning how to read is when they are wearing a mask and the teachers are wearing a mask. Whereas other students, they can go home, there is no mask, they have tutors, et cetera.

So, these are just a couple of examples. This is what we see play out in society at large, that the people with the fewest resources unfortunately often bear the greatest brunt of the burden of these types of mitigation measures. And the education and school system is no exception to that problem.

Mr. OWENS. Thank you. Thank you very much.

Chairman, I yield back.

Mr. SABLAN. Yes. Thank you, Mr. Owens.

I would now like to continue on with Member questioning. I would like to recognize one of my favorite teachers, Mrs. Hayes. Mrs. Hayes, five minutes please.

Mrs. HAYES. Thank you, Chairman Sablan. And thank you so much for having this hearing. And to all of the witnesses for being here to continue this important conversation on this critical issue.

My Governor has issued guidelines that require masks to be worn in schools, for school bus drivers and at childcare facilities. And he recently implemented in the State of Connecticut a requirement that all school personnel be vaccinated or require testing. This is a decision that is not made lightly. It is made for the health and safety of our children.

I want to emphasize that this measure underscores Connecticut's efforts to reopen schools safely and in person. Something that we struggled with as a Nation all of last year. So, we are taking those measures in conjunction with aggressive State vaccination efforts so that our children can learn at school full-time, in person.

Today, Connecticut's positivity rate is about 2.83 percent, which we are very proud of, because we have taken this pandemic seriously from the very beginning. But there are still many challenges for breakthrough cases in our areas of highest need and our most vulnerable students.

Earlier this year, the Department of Education issued an interim final ruling requiring that State and school districts meaningfully engage in stakeholder consultations and take public input into account when developing their plans to use American Rescue Plan funds.

Ms. Forte, why is it important for school districts to engage a diverse and representative set of stakeholders in their reopening plans?

Ms. FORTE. Thank you for that question, Congresswoman Hayes.

The importance and criticality honestly of stakeholders can't be understated. It is critical that States and school districts meaningfully engage those who have a deep, deep understanding of the school system, and are most impacted by the decisions made by the State's education system, including students, families, educators, district leaders, service providers, community Members, and advocates.

We have seen when strong stakeholder engagement is present, that they are able to direct funds in a more equitable fashion, and we know that the voices are being heard. This engagement should be part of a very sustainable feedback loop that allows students, families, and community Members, to both provide input on initial plans, but also feedback as they are implemented.

Mrs. HAYES. Thank you, and I don't come to this conversation from a lack of perspective. So many people talked about their district opened without problems. I am a Representative for Connecticut's Fifth District. And we have some of the largest equity gaps in the Nation. I have some of the highest performing schools in the world and some of the lowest performing schools in the country that are literally 5 miles apart. During my time as the National Teacher of the Year, I traveled to districts all over the country and all over the world, and they are not all created equal.

So, the fact that people believe that just because one school district was able to open immediately and effectively, because they might have had the physical structure, the broadband, the supports

already in place, does not mean that is the mechanism or the measure by which we can evaluate every district.

Dr. Jara, has your district engaged families, and, particularly, families who have been the most impacted during this pandemic in your district planning for reopening to meet the needs of children?

Mr. JARA. Great question, Representative Hayes. Yes, we did. Actually, when we started reopening, we brought in not only our bargaining units, but all our community. As somebody who came into this country not knowing English, one of the things that I always said is if my mother was educating me now, how would you be able to do that? We did participate. I made myself available to the Nevada PTA town halls, all our advocacy groups to really look at ways to address and open schools safely. So yes, we did across the entire community. I am going to tell you; we have opened schools. As you mentioned, we have some of the largest equity gaps, as well. It has been not without a challenge, but the commitment to keep our kids in school has been great from this entire community, so thank you.

Mrs. HAYES. Well, thank you. And thank you for just reemphasizing and reiterating our commitment to keeping our children in school. But also, the fact that has to be done safely. It is incredibly disheartening that on this Committee, in the highest Halls of Congress, we are still even having a discussion that I think is something we should all agree on. We want our kids to be safe. And it is our responsibility to protect them from all harm based on the data and the information that we have. Again, thank you all so much for your thoughtful answers.

Mr. Chair, I yield back.

Mr. SABLON. Thank you very much, Mrs. Hayes.

I now would like to recognize Mr. Grothman, please. Mr. Grothman you have five minutes, sir.

Mr. GROTHMAN. Thank you.

Mr. Zweig, I don't know if I am pronouncing it right. At a different hearing yesterday, one of the witnesses testified Congress should consider tying funds to doing what the CDC wants. Apart from the fact the CDC has gotten so much wrong already here, given the degree of disagreement on the scientific community about the CDC's recommendations, would that be a wise step to take? Just to say you have to follow the CDC?

Mr. ZWEIG. I think that is a terrible idea. And I will give you an example why. The CDC, for a very long time, was recommending 6 feet of distancing in the schools. However, a number of States were not complying with this guidance. Ultimately, in Massachusetts, they performed a study, and they found that 3 feet of distancing was no worse than 6 feet of distancing. Had all the States in the country lockstep complied with the 6-foot guidance, there never would have been an opportunity to test this out. It is only because Massachusetts didn't go along with the CDC's guidance that scientists and experts were able to perform this study. And lo and behold, there was no benefit of 6 feet rather than 3 feet. After the study came out, the CDC, shortly thereafter, changed its guidance away from 6 feet down to 3 feet.

So, this is one example that we can't know what is happening unless States are given the opportunity to test different things. The

CDC is an important and wonderful organization, but they are not infallible. So, I hope this example at least gives a sense of why that is important.

Mr. GROTHMAN. I am glad the State of Massachusetts had the guts to stand up to them.

Obviously, different countries view things differently, you talked about different States doing things differently. How did the United States' response compare to, say, the European response or other peer countries as to how they dealt with COVID in schools?

Mr. ZWEIG. Well, as I mentioned in my opening statement, I think one of the biggest differences is that in Europe, and this is in many different countries with different cultures and different rates of cases and mortality rates and et cetera, one of the unifying factors is that they really prioritized keeping schools open. So, this is in direct contrast to somewhere like California and some other areas where kids were out of school for a full year in many instances.

So, there is this kind of 30,000-foot view where schools in a lot of these cultures, they said, this should be the last place to close and the very first place to open. There were a number of academics and scientists in America who argued for that policy, but it obviously was not followed throughout the country.

And then, as I mentioned, that sort of overarching philosophy you could then see play out with a variety of other measures, whether it is with masking and other interventions. There is this sort of philosophy of priding normalcy for children over a sort of, what, at times, seems to be a hyperbolic kind of a security theater, whether it is the Plexiglass, you know, between the desk and things of that nature.

Mr. GROTHMAN. OK. I will give you another kind of general question. Some of my colleagues, when they talk about opportunities for students, seem to talk primarily about income level. Do you believe income level of parents is the most important thing in how you raise children, or are there other things more important? Maybe that is an unfair question to ask you, but I don't think it is.

Mr. ZWEIG. I am sorry, you are asking me if an income level is the most important factor in how children are being raised?

Mr. GROTHMAN. Right. I mean, the implication from some of my colleagues, I found a little bit offensive, to imply that if you don't make a lot of money, you can't be a good parent, or that if you make a lot of money, you are automatically a good parent.

I tell you what, I will give you another question.

Mr. ZWEIG. Yes, I would disagree with that notion. I do not—

Mr. GROTHMAN. Yes, I find it offensive when people imply that.

Mr. ZWEIG. OK.

Mr. GROTHMAN. You mentioned in your statement that you have been researching and writing about children in schools and COVID since the beginning of the pandemic. Could you give me a general sense the type of people you have talked, to gain the level of expertise you have?

Mr. ZWEIG. Sure. One of the things that is fun about being a journalist is I get to talk to everyone. So, I now have a, you know, virtual Rolodex in my phone of infectious disease specialists, epi-

demiologists, immunologists, pediatricians, superintendents from schools.

So that has enabled me to have a really kind of wide-angle lens on seeing the issue of kids in schools and COVID from a whole variety of perspectives, that someone who, perhaps, is an academic in a particular lane stays in that lane and lacks this sort of a larger perspective that I hope that I have been able to bring to myself by talking to so many different people on a regular basis.

Mr. GROTHMAN. You have been very enjoyable. Now my five minutes is up.

Mr. ZWEIG. Thank you.

Chairman SABLAN. Thank you. Thank you. And if we start commenting on what we take as offensive we would never get anything done, but we are all entitled to our own opinion.

So, I would like to now recognize Mr. Yarmuth, the Chairman of the Budget Committee. Thank you very much. You have five minutes.

Mr. YARMUTH. Thank you very much, Mr. Chairman, and thanks to all the witnesses for being here today.

In relation to that last comment, I didn't hear any of our Members talk about the subject that Mr. Grothman raised. As a matter of fact, the only discussion I heard at all about income disparity was from the Republican witness, so I don't know where that question came from, but moving right along. Ms. Forte, your organization did a poll in New York State of families there, and it indicated that while families overwhelmingly wanted their kids to be in the classroom in person, they still had reservations about health and safety issues, particularly and understandably, with Black and Latino families. My district in Louisville is 96,000 kids. It is majority non-White, and I know that we have a lot of that situation in my district where parents are very wary of sending their kids to school.

In your report, were you able to deduce any strategies for convincing Latino and Black families of the necessity and the safety of sending kids back to school?

Ms. FORTE. Thank you for that question, Congressman. At the heart of the matter for many families of color in terms of returning to school was, you know, over the past year-and-a-half, many of them are able to experience school with their students, and saw firsthand what the classroom looked like, even though it might have been on video in a virtual setting. And many students of color continue to face a lot of micro aggressions, they are being over disciplined, even in a virtual setting.

So, one of the things that parents are asking for is how school leaders—how district leaders—can go about that with a lens that really addresses the social, emotional, and academic well-being of their students. And there are a variety of solutions to go about that.

One is making sure students have strong relationships in the school building with the principal, with the teacher, with the tutor. There are a number of schools, including my son's, who take advantage of City Year programs and service learning so that children have more opportunities to build strong relationships with adults in the building.

The other thing we do know is that we need to start embracing our children from an asset perspective, meaning they all come to school with their own strengths, and we need to empower them to see those. But, again, going back to the idea of strong relationships in the school system, that is what parents are hoping for. They want to make sure that their children, when they return to school, are safe and secure and are welcomed.

Mr. YARMUTH. Thank you very much.

Dr. Jha, I know that those of us who spend far too much time on MSNBC are very familiar with you. I suspect that my Republican colleagues are not as familiar with you, but we are honored to have you here, and thank you for your work throughout this pandemic.

I was intrigued by your testimony talking about the layered technique and the fact that there are some elements of the strategy, the layering strategy that actually have benefits beyond just dealing with COVID, particularly the ventilation issue. You know, we have put a lot of money in the American Rescue Plan to deal with those kind of upgrades. Can you elaborate a little bit on how important this is to fund remediation of ventilation systems in schools?

Dr. JHA. Yes, Congressman, thank you for that question. And indeed, there is very, very good evidence that improving ventilation makes an enormous amount of difference. This is an airborne disease, and as such, things like wiping down services or Plexiglass, not so helpful. For the pandemic itself, we have got to clean the air, and that has got to be the strategy.

But what we knew before the pandemic, Congressman, is that poor quality ventilation had profound effects on cognition, on mood, and that is why companies had been making big investments and really having high-quality indoor air. It should be something that should be available to all of our children and all of our colleagues in schools as well.

So, I think the American Rescue Plan opens up an opportunity to make smart investments and substantial upgrades in ventilation and filtration, and if we do, it will help end the pandemic, but it will have long-term benefits for our kids and people who work in schools. And, obviously, that is clearly a good investment for us to be making.

Mr. YARMUTH. Thanks for that answer, and I yield back.

Chairman SABLAN. Yes, thank you very much, Mr. Yarmuth. Thank you.

I would like to now recognize the former Ranking Member of this Subcommittee, Mr. Allen. Mr. Allen, you have five minutes, sir.

Mr. ALLEN. Thank you, Mr. Chairman, and thank you for holding this hearing. It is very important that we get to the bottom of this issue and the truth of this issue, and, like I said I think we all agree it is for the children and their best interest.

I will say that when it comes to reopening schools, the 12th District of Georgia, the district I represent, we worked very hard to get our students back in the classroom, but also to give parents a choice whether they were in person or virtual.

Across the mostly rural district, I have talked to many parents in public and private schools who were committed to sending their

children back in person. Columbia County School System is one of the largest in my district, and it was the first to reopen.

A smaller private school, Heritage Academy, which is a school for low-income students, took action to install the industry recommended air ionizers, and to keep an open line of communication with parents to ensure they would monitor their child's symptoms. This led to 100 percent buy-in in staff and parents in fully reopening.

One of the largest districts in Georgia, Richmond County School System, addressed reopening concerns by giving the students and the parents the choice and the learning equipment they needed for long-term use, whether they chose in-person or virtual.

Mr. Zweig, I hope I pronounced that correctly, as you probably observed, families across the country, especially low-income and working parents, face significantly more challenges when schools are not fully open. What advice can you offer to decisionmakers who are weighing being risk-averse in trying to do what is best for their children and the teachers for their students?

Mr. ZWEIG. Well, obviously, every community is going to have a different degree of prevalence of COVID at different times, and that will influence the decisions of any education professionals, you know, in that particular community.

But I would say that—and you are going to probably hear a theme that I am going to touch on a lot today—that there is this sort of broader view that is worth bearing in mind. And then the notion that closing schools and keeping children home is, quote, “safe,” that is the best thing to do so at all times, I think, is very misguided.

Again, we have real-world observational evidence in front of us taking place throughout Europe, where they have been conducting themselves quite differently than a lot of America as far as keeping kids in schools, as far as not burdening them with excessive mitigation measures.

It is not that they don't care about children there, I am quite certain. It is that there is a different approach to what is safe and what does that mean, and they understand that doesn't specifically mean keeping children home, or doing everything you can, or perceive that you can do, against a virus versus being aware of a variety of other harms and illnesses that can come to children.

Mr. ALLEN. Well, let's be honest here. A lot of this was created by special interest and their influence over not only the Biden administration, but over many of our school systems across the country. You know, how has special interest caused more confusion and clouded the science that other countries are relying on more? How are they dealing with it?

Mr. ZWEIG. Well, you know, as I am sure everyone has seen, there certainly were reports that came out in the media regarding teachers unions having private conversations with Members of the CDC. However, the CDC has said, which is appropriate, that they have met with a variety of stakeholders.

So, I think it does make sense, and it is appropriate, teachers are important stakeholders, but other stakeholders should be involved in these conversations as well. And I would sort of broaden that statement to say that part of what we need to look at is not just

infectious disease or viral mitigation but broader concepts about what makes a flourishing childhood.

We don't want our children to be in danger, of course, but we also want to look at this from a much larger, more holistic perspective. Again, and we are seeing this play out in a variety of other places.

Mr. ALLEN. Great. Well, thank you very much. Again, you have been very helpful.

And, Mr. Chairman, I yield back.

Chairman SABLAN. Well, thank you, Mr. Allen.

Ms. Wilson, Frederica, you now have five minutes, please.

Ms. WILSON. Thank you so much, Mr. Chair, for holding this hearing today, and thanks to all of the witnesses for appearing.

All across America, millions of students are returning to their classrooms for the first time in more than a year. The time they spent away, and how districts make up for it, will have significant and lasting consequences. McKinsey estimates that this generation may earn roughly \$50,000 to \$60,000 less over their lifetime. Many students have entirely fallen between the cracks and may never catch up.

According to Bellwether Education Partners, up to 3 million students that have become totally disconnected from the education system. Thankfully, districts have the resources to address these challenges. Congress has invested roughly \$200 billion to help schools safely reopen.

However, officials in my home State of Florida and several others have put politics above public health. Our Governor DeSantis has forced districts to stop implementing mask mandates while the Delta variant surges across our State. People in my district die every day. We have lost dozens of teachers in Florida.

DeSantis is failing to protect Florida students and educators and endangering our state's recovery and the safe reopening of schools. Florida is the only State which has not submitted its ESSER plan to the Education Department to claim all of its relief funding.

I have a few questions. Dr. Jara, as the Clark County School District uses their ESSER funds to invest in the children, are you considering equity in education and the funding for Black and Hispanic children and Black teachers specifically, and are you working closely with your Federal delegation?

Mr. JARA. Representative Wilson, great to see you. I have grown up in Miami-Dade County Public Schools. So, yes, we are obviously considering equity as a minority/majority district here in the Clark County School District, yes, we are. That is why we have partnered with our nonprofits for the community input as we have opened schools. So that is No. 1.

My delegation is very involved in the working of our ESSER III, and they have been really tied at the hip with us in making sure that we are providing the resources to where the greatest need, and appreciate the question, Representative Wilson.

Ms. WILSON. What strategy is Clark County School District using to find and reengage missing students?

Mr. JARA. Yes, thank you, Representative Wilson. Our Governor really created a task force right away when the pandemic started, which was a public-private partnership, and we partnered together,

and it was critical here. We started connecting our kids and going out into the community, and then we reshuffled.

And as I said earlier, we had to change. We are educators, but we had to learn as superintendents, as educators, what we needed to do in partnering with the county, with the Southern Nevada Health District, to keep our kids safe and being in school.

So, yes, you know, we had to re-shift our work. Our truant officers became attendance navigators. Our principals went out and sent tests into our community, into our schools, knocking on doors, doing wellness checks to connect with our kids. As they couldn't come in, we had to connect at their homes. We also, through our summer program, bring in our children, reengaging them in schools.

So, all of that work. We went pretty much out into the community. You know, I'm proud to bring our kids. We have over 304,000 of our children in our schools. And then, also, provide a choice. Our kids are also, in Nevada, learning, giving our parents an opportunity to reengage, so multitude of modalities to then making sure that our children were in school.

Ms. WILSON. Thank you so much.

Dr. Jha, it is a pleasure to have you here with us. This is quite an honor. Mask, why is it important that local education leaders can draw on this tool to respond to spread in their community? I heard you say that you think vaccinations should be mandated, but in addition, masks.

Mr. JARA. Absolutely. As Dr. Jha, there is a multitude of strategies and—

Ms. WILSON. No, this is for the physician.

Mr. JARA. Oh.

Dr. JHA. That is the problem of having names that sound very similar.

Congresswoman, thanks for your question. I will be very brief because I know we are out of time. Look, the data on masking overall on humans is overwhelming. It is very, very clear that masks help, and it makes all the sense in the world. This is an aerosol disease, airborne disease, of course, masking is going to help. Children are going to be able to do this as well. I know I am over time. Thank you, Congressman.

Chairman SABLAN. Thank you, Dr. Jha. Please feel free to submit your response in writing for the record. We would appreciate that. Thank you.

Ms. WILSON. Mr. Chair?

Chairman SABLAN. Yes.

Ms. WILSON. Congresswoman Wilson. I have questions that I am going to submit to the Committee.

Chairman SABLAN. All right.

Ms. WILSON. And hopefully the witnesses can respond in writing.

Chairman SABLAN. Yes. Yes, please do that. Thank you.

Now I would like to recognize—let me see—Mr. Keller, the gentleman from Pennsylvania. Sir, you have five minutes.

Mr. KELLER. Thank you, Mr. Chairman.

As America's schools start their new academic year as recently as several weeks ago, today's hearing is incredibly important. Having America's children safely return to school, back to full in-person

instruction, is a goal of every Member of this Committee that we can all support.

It is widely accepted that students' learning suffered during the 2020–2021 school year. A recent study conducted by McKinsey & Company found that the impact of school closures on learning loss was significant, leaving students, on average, 5 months behind in math and 4 months behind in reading by the end of the school year.

Even now, we are still not back to full in-person learning, despite the fact that those vulnerable to COVID–19 have had the opportunity to receive a vaccine and risks to K–12 students remain minimal. School closure policies, along with requirements such as mask mandates are problematic for students, particularly those with disabilities. The decision to keep students out of school and whether or not to wear a mask is best made by parents and families relying on the latest public health guidelines in coordination with local school boards.

Mr. Zweig, thank you for your testimony and for being with us today. The World Health Organization advises against requiring students with disabilities to wear masks. Can you tell us why they made this recommendation?

Mr. ZWEIG. Thank you for the question. I can't speak for the World Health Organization specifically, but what we do know is that there are a variety of kids who have special needs, whether it is some autistic children, whether it is some children who have sensory issues and a variety of other sort of issues and challenges that certain kids deal with, and masks can be very problematic for them.

I have interviewed numerous teachers, as well as other education professionals, as well as psychologists who work with autistic children, and they have all talked about how challenging it is and harmful it is for some of these children. They simply cannot keep the mask on. So that is something bearing in mind and that is part of the reason.

I think the other larger picture here is bearing in mind the age stratification of risk, and it is so wildly disproportionate, tilted toward older people that—and there have been a number of polls that have shown that—a lot of Americans drastically overestimate the risk to children. This isn't to say there isn't a danger posed by COVID, only that we generally have a very wrong understanding of how that risk relates to other risks that confront children.

Mr. KELLER. And thank you, and I would just like to followup with you on another question. The Biden administration has supported universal masking in schools. What challenges exist with mask mandates in a school setting, and what has your research shown about the return on investment of such a difficult-to-implement policy?

Mr. ZWEIG. Yes. You know, the evidence for masks is mixed as far as specifically related to masking mandates of students. I agree with Dr. Jha, of course. There is great evidence that some masks work on some people in some circumstances. But there is a very big difference between a healthcare worker wearing a fit-tested KN95 that is extremely tight on their face where a millimeter of air is not going to get around the edges versus a child wearing a

cloth mask that their parents bought off of Etsy or, you know, Amazon.

And we have seen this borne out in the data. Like I mentioned earlier, one of the CDC's own studies did not find a statistically significant benefit of the student mask mandate compared to schools that didn't have a student mask mandate.

And to this point, a number of experts, including Michael Osterholm, Celine Gounder, these are people who are on President Biden's COVID transition team task force, they have said publicly and clearly that cloth masks offer, at best, a marginal benefit, and that is the mask that most children are wearing.

And related to that point is the notion of compliance. There is a study that came out in Marin County that the CDC put out, and it showed—there were mask mandates—but guess what happened? The teacher pulled the mask down. There is a difference between mechanistic studies and how human beings behave in the real world.

Mr. KELLER. Thank you. I appreciate that. And I think the benefits, and we can all look at that when it comes to our psychological well-being of seeing our friends, and particularly at a young age, seeing classmates smile at one another and have that friendly greeting that you can't do with a mask. So, I think there is a lot of benefits that exist for our students, and for us as adults, when we can exchange that smile and have that camaraderie that a lot of students look forward to in school.

So with that, I will yield back. Thank you, Mr. Chairman.

Chairman SABLAN. Yes, thank you, Mr. Keller. Since you are in the Committee room, you can put your mask back on. Thank you.

Now I would like to recognize Mrs. McBath from Georgia. Mrs. McBath, you have five minutes, please.

Mrs. MCBATH. Thank you, Mr. Chairman. And thank you so much for holding this very timely and pertinent hearing on examining how we can best assure that our children have a safe and enriching return to school this fall.

And I also want to thank our witnesses for taking time today to share their evidence-based research and observations with all of us. And as students, teachers, and staff return to classrooms for the first full school year in almost 2 years and many are in school classrooms for the very first time, it is really essential that we ensure they have healthy and safe environments in which to flourish, as well as the tools necessary to equitably address the academic and social needs that they are going to face.

And I am so proud to have voted in support of the American Rescue Plan, which provides States like mine, Georgia, critical funding to help reopen schools safely and help students make up for the lost time in a classroom.

My home State has actually received over \$4.25 billion in funding, and it is imperative that school districts use these funds to help ensure that children, our teachers, and staff, have safe classrooms to return to, whether that be providing masks, free COVID testing, or updating ventilation and filtration systems as we are talking about this morning. We have got to make sure that our children are healthy so that they are in the best position to learn and to grow.

So, Ms. Forte, thank you so much for sharing your testimony today. My first question is actually for you. The COVID-19 pandemic has truly disrupted learning for all of our students, every one of us knows that, and particularly, for students who had less access to quality educational opportunities prior to the pandemic.

Acknowledging this, the American Rescue Plan Act provided the largest investment in K-12 education in history and required that States and districts use a portion of their funds to actually address the lost instructional time.

So, Ms. Forte, if you could please just tell us what evidence-based strategies should schools implement to address the impact of unfinished learning?

Ms. FORTE. Thank you for that question, and also thank you for framing it in the way that you did in terms of unfinished learning. The Education Trust, we don't believe in learning loss, because students from all communities really missed out on the learning, as opposed to them themselves losing learning.

The real issue here is, we have looked at the research, we have done the research ourselves, and there are evidence-based strategies that schools should be using across this country that we know will impact and affect students and support their accelerated learning. We have to accelerate. This is not about remediation.

We need to understand and invest in practices that will not only help students make up for unfinished learning but accelerate. And students who are even surpassing grade level expectations must have opportunities to accelerate their learnings.

So, a couple of ideas that we have looked at and we have researched include intensive tutoring. That can be in small sizes with very low ratio for adult to students. We know that this also comes with the importance of professional development for those adults in the room, expanded learning, expanded time, adding more time to the day, including making sure that day is filled with full child support, such as play for our early kids, or it could be music for adults. There are a number of ways that we can accelerate learning, and the research is showing that both intensive tutoring and the availability of the expanded day is the way to go.

Mrs. MCBATH. Thank you so much.

And I know that I am running out of time, but Dr. Jha, in your testimony you describe five steps that schools should take to safely reopen for in-person learning, including the vaccination and also mask use, ventilation testing and social distancing. These practices are aligned with the latest guidance from both the CDC and also the American Academy of Pediatrics.

Why is it so important that schools use CDC guidance as a foundation for implementing COVID-19 prevention strategies to safely maintain in-person instruction this academic year? Thank you.

Chairman SABLAN. Congresswoman—

Dr. JHA. Sorry. Thank you. Yes, Congresswoman, it is a great question. Obviously, no agency has gotten everything right. CDC represents the best scientific evidence that we have to date. The American Academy of Pediatrics, our Nation's pediatricians, are deeply engaged on these issues and are calling the scientific evidence.

I think it is a great place to start, to begin with the CDC and AAP guidelines. And where they converge, I think this is where the school district should begin their work. Again, they are not going to get it perfectly, but they have been pretty consistently right on a lot of issues over the pandemic.

Chairman SABLAN. Thank you, Doctor.

Mrs. MCBATH. Thank you so much, and my time is up. I yield back.

Chairman SABLAN. Thank you, Mrs. McBath.

I now would like to call on Mrs. Miller. Mrs. Miller of Illinois, please, you have five minutes.

Mrs. MILLER. Thank you to the Chairman and Ranking Member Owens and thank you to all the witnesses. And I want to assure you that we do share your opinion, that our children are not only an asset, but the greatest asset of our country.

Mr. Zweig, a few other Members, Ms. Wilson, and Mr. Keller, have mentioned a study produced earlier this year by McKinsey & Company that found that the 2020–2021 school closures could have an annual negative economic impact of \$128 billion to \$188 billion once the affected students enter the workforce. Could you please explain why these school closures could have such a dramatic impact on the affected students?

Mr. ZWEIG. Thanks for the question. Well, we have known for years and years now that there is a strong association between education, of course, and income as people move from being children to adults, and beyond income, and then, of course, connecting the dots, income, connecting to access to better healthcare and other parts of participating in society.

So, if kids are home and not in school for a year, which has happened in a number of places in our country, that, of course, is going to have reverberating effects on these children's lives potentially for years to come. And the reality is, no one knows. No one knows exactly how this is going to play out.

I had a really interesting conversation with a child psychologist who works on the staff of one of our large cities—staff of the Education Department, one of our large cities on the East Coast—and she told me about one of her students, who is a minority student, who was on her way to college. She was going to community college, first one in her family, but then schools closed. She wasn't able to maintain her job at Starbucks. She wasn't able to get online in her home because they lack the resources, and now she has completely lost touch with her.

You know, so it is these sort of heartbreaking stories about kids who have really kind of slipped through the cracks, and not all of them, it seems, are going to be able to be brought back in the fold. I know educators are working as hard as they can, of course, to try to do so.

Mrs. MILLER. Thank you. Mr. Zweig, you also made the point that keeping kids away from schools or employing some of the mitigation strategies favored by the CDC should not be viewed as playing it safe, the playing-it-safe option. In other words, whether or not these policies have some marginal benefit, they are not without harm. Could you please elaborate on the harm you see from our country's policies?

Mr. ZWEIG. Yes, it is a great question. I would say, kind of, the broad view on that is that, of course, when we are confronted with an unknown threat, which, you know, certainly was COVID initially, as a precautionary principle, it makes sense to do everything you can to try to avoid, sort of, an unknown catastrophe.

But as time played on and we watched what was happening, particularly elsewhere outside the United States, at a certain point it is not only the logistical right thing to do but the ethical thing to do, I believe, to start shifting your priorities, that perhaps it is not appropriate to have an infectious disease specialist be the person who is directing the show for the duration.

We have to ask, is mitigating a virus ultimately the same thing as human flourishing? And initially, yes, it is because no one knows what is happening. But as more and more information has come in, and as we have seen a real-world experiment play out with students in Europe who have been in school while kids here have been home, I think that provides very persuasive and powerful empirical evidence that there are a variety of ways to, quote, “keep kids safe” and also keep them engaged in their education.

Mrs. MILLER. Thank you, and I yield back.

Chairman SABLAN. Thank you very much, Mrs. Miller. You are very generous with time.

So now the gentleman from Illinois, Mr. Levin, yes, sir, you have five minutes. Thank you.

Mr. LEVIN. Thank you so much, Mr. Chairman; although, I didn’t move to Illinois. I am still in Michigan.

So I want to try to get to two things real quickly. Doctor—I am going to ask Dr. Jara in a minute about the workforce in our schools, but Dr. Jha, the whole problem from the beginning has been the politicization of this thing, which continues in this very hearing. Let me just ask you a few brief questions off the cuff, and then I want to get you as the doctor to just give a general statement about where we are.

So the Delta variant has affected many more kids more severely. Is that correct?

Dr. JHA. Absolutely, Congressman, yes.

Mr. LEVIN. And even if we are vaccinated, we can be vectors?

Dr. JHA. It is true, though far less likely for vaccinated, but, yes, even vaccinated people can spread the virus.

Mr. LEVIN. And so schools are places, wonderful places, where we all come together, adults and children, children who are old enough to be vaccinated, children who are too young to be vaccinated. We know, despite some of the things that have been said here, that even cloth masks are effective in preventing the spread. Is that true?

Dr. JHA. Yes. So I agree with Mr. Zweig that there is a lot of variation. Cloth masks are not extremely effective. They probably reduce things by about 10, 20 percent. Higher quality masks like surgical masks make a big difference. You don’t need to talk about N95s. Mr. Zweig kept saying it is either N95 or cloth masks. We know there is a lot of difference between the two.

There is some really good middle ground of high-quality masks that kids can wear, masks that I am seeing on my screen right

now, that would be of much higher quality and kids are happy to wear it.

Mr. LEVIN. And in the American Rescue Plan, we made the biggest investment in the history of our country in the public schools to help them provide whatever masks they might need, right?

Dr. JHA. Yes, absolutely. And decent, quality masks are relatively inexpensive and widely available. And what parents and teachers need is guidance on this, which the CDC has provided, and which State health departments could also provide.

Mr. LEVIN. So if we all stuck together and looked out for each other, as the Torah, you know, the No. 1 thing in the Torah is that—the Jewish holy book—is that we have to look out for each other, not just for ourselves, and for the stranger.

How effectively could we take on this current public health thing with our reopened schools, happily reopen the schools, if everybody who could get vaccinated and if everyone wore masks in schools? How well could we control this pandemic?

Dr. JHA. Yes, you know, Mr. Levin, much of this conversation has gone on about the harms of closing schools. I think many of us have been arguing for the whole year that it is incredibly harmful to close schools.

Mr. LEVIN. Absolutely.

Dr. JHA. But the good news is that is not the tradeoff. That is a false dichotomy.

Mr. LEVIN. Absolutely.

Dr. JHA. We can keep schools open if we do vaccinations if we get kids masked up. And if we do testing and ventilation, we can keep every American school open full-time this year.

Mr. LEVIN. Fantastic.

All right. Dr. Jara, you know, one of the middle schools in my district, East Point Middle School, had to close for a week because they didn't have enough educators, and it wasn't an outbreak.

One of our big newspapers reported that 22 percent of the district's teaching positions are vacant, and this is a problem that has existed before the pandemic. People are tearing down on our teaching profession. They are tearing down teachers' organizations as if they are some evil thing when they are really just the organization of the teachers.

Talk to us not just about your own district, but as a leader in education, is there a longstanding crisis about school bus drivers, you know, really every kind of position in schools, and what do we need to do about it?

Mr. JARA. Absolutely, Representative, great question. And it is, I mean, I sit with the Council of Great City Schools as a Member with urban school districts, but it is not just urban, it is suburban, it is rural. We have a huge bus shortage. We have a substitute shortage. The workforce is struggling.

I thank this administration, what we have done is we really prioritized education, so I appreciate Congress in K-12. But it is a huge hurdle for us to continue and keep staff engaged when the national conversation across this country is about public schools.

So really, it is an effort. This is a great conversation that we need to have. I have got principals that are substituting classrooms, that are serving foods just to try to keep our kids engaged,

our children in classrooms. Our bus shortage is something that we are struggling with.

We are trying to incentivize using the ARP money, but we have to have a nationwide, long-term strategy around how do we keep our schools open. So we have done that in partnership with everybody in this community, and we are all committed doing that here locally.

Mr. LEVIN. Thanks, Dr. Jara.

Well, Mr. Chairman, I would just say that if we all lifted up education, treated teachers as professionals as they are in other countries like doctors, lawyers, accountants, and stopped attacking their organizations, and really compensated them well and respected them and all the people who work in our schools, we would be in a lot better position. Thanks, and I yield back.

Chairman SABLAN. Thank you, Mr. Levin. My two youngest would really appreciate that since they are schoolteachers. Thank you.

Let me see, the Ranking Member of the full Committee, Ms. Foxx, are you—

Ms. FOXX. Yes, sir, I am prepared.

Chairman SABLAN. OK. So you have five minutes, Dr. Foxx.

Ms. FOXX. Thank you very much, Mr. Chairman.

Mr. Zweig, we had two parents testify before this Subcommittee earlier this year about the impact of school closures on their families. Each recommended that we do everything possible to keep schools open in the future. One even suggested we should think about schools like we do hospitals and grocery stores.

Do you agree that outside of some obvious and compelling circumstances, that we should resolve not to close schools for extended periods?

Mr. ZWEIG. I certainly do agree with that. And what is interesting is, in doing research for my book, all of the academic literature prior to the pandemic also said that. None of this was planned to close schools for a year, regardless of the various dynamics of the pandemic and the sort of transmissibility and virulence of this virus. From looking at a variety of different sort of pandemic playbooks and academic papers written on this, none of them mentioned closing schools for a year as one of the measures.

Ms. FOXX. All right. Well, I appreciate the fact that you talked about the statistics on masks, and I believe your comments are more believable than comments of others who say, oh, masks absolutely work. Nothing that I have read has said that masks—all masks—absolutely work.

So, you talk in your statement about the need for clear metrics from the CDC for how and when COVID mitigation strategies are unwound. I wrote a letter back in July to Secretary Becerra asking for, among other things, the data used by the CDC to recommend universal masking in schools. Ironically, I sent that letter 2 months ago today, and I still haven't gotten a response.

In the conversations you have had with experts in the scientific community, do you believe there is a clear understanding about the evidence the CDC is using to inform its recommendations? I am a believer in evidence driving decisions.

Mr. ZWEIG. I mean, there certainly have been a number of cases where the CDC has released guidance related to children in schools where there didn't seem to be a very clear explanation behind that guidance.

One example that comes to mind right now would be when they initially released guidance for summer camps, they wanted children to wear masks at all times in all circumstances, including outdoors. And I immediately reached out to a number of experts who I wanted to ask, does that make sense to you? Because from what we knew, the virus is very unlikely to be transmitted outside, and, conversely, the harms of a child in 90-degree heat in the northeast wearing a mask all day playing soccer, for example.

After I wrote an article about this, the CDC almost immediately thereafter changed its guidance and rescinded that recommendation, even though none of the underlying data had changed. So that is one example where it is OK, this is what science is about is questioning. And lo and behold, the CDC, as it rightfully should have, ultimately changed its guidance in that particular circumstance.

Ms. FOXX. Yes. Yes, we want questioning, and we want modifications. You know, everywhere I go in my district, people say, where in the heck is the common sense in Washington, DC.? There seems to be none up here.

So, one more question. You have already alluded to the fact that they changed the recommendations this summer about camping, but also, CDC revised its school mask recommendations, quietly removed guidance for phasing out masking and other mitigation strategies in school. Why do you think it is so necessary to have clear off-ramps for the disruptions these strategies cause in learning?

Mr. ZWEIG. It is a great question, and that has really become the term de jour, "off-ramps," because it is not clear to anyone when these variety of interventions are going to be unwound from schools. And I speak to some of the top scientists who are in this field of implementation science, and one of the things they know is that once you implement something, it is very hard to reel it back.

And one of the ways to unwind something is to have very clear metrics, you know, made knowable to the people so they understand why they are doing it now, and when specifically it can end, rather than, sort of, vague, elliptical, or general statements about when sort of unknowable amounts of vaccinations or other things.

So, I would encourage the public health authorities to at least say, here is when we can stop X, Y, and Z, and that will enable local officials to then have the ability to do that.

Ms. FOXX. Yes. The goal post keeps changing because it appears that it is a control issue. Thank you very much. I yield back.

Chairman SABLAN. Thank you, Dr. Foxx. Not to take away anything from David, if I have to listen to medical opinions from him or from CDC, I go with CDC all the time.

Let me now recognize Ms. Manning. Ms. Manning, you have five minutes. Thank you.

Ms. MANNING. Thank you, Mr. Chair.

Mr. Zweig, I have a variety of questions, so if you could give me a yes-or-no answer, I would really appreciate it. Do you have a medical degree?

Mr. ZWEIG. I do not.

Ms. MANNING. Do you have an educational background in epidemiology?

Mr. ZWEIG. I do not.

Ms. MANNING. Do you have an educational background in infectious disease?

Mr. ZWEIG. I do not.

Ms. MANNING. Do you have an educational background in pediatric medicine?

Mr. ZWEIG. I do not.

Ms. MANNING. Do you have an educational background in public health?

Mr. ZWEIG. I do not. I think you are aware of my resume.

Ms. MANNING. No, I actually am not, but let me continue.

Mr. ZWEIG. Oh, you are not? OK. All right.

Ms. MANNING. Do you have an educational background in healthcare?

Mr. ZWEIG. I do not. I am a journalist. I think you are aware of what my profession is.

Ms. MANNING. Yes, I am aware of that. Thank you.

Dr. Jha, I believe you do have a medical degree and a master's degree in public health, both from an esteemed university, and I believe you are recognized as an expert on pandemic preparedness and public health. Can you respond to Mr. Zweig's position that our schools should have reopened last year during the height of the pandemic, and his assertion that children in schools should not have to wear masks?

Dr. JHA. Yes, Congresswoman, I would be delighted to. I do have a medical degree, and I have been studying public health for about 20-some-odd years. So, with all due respect to Mr. Zweig, I think there is a lot of things that he is said that isn't consistent with the data.

Let me be very clear on a few things. The first few months of the pandemic school closings made a lot of sense. We didn't know where things were. By last summer, most of us in public health were calling for a strategy for getting schools back open again, and I have been on the record for more than a year now saying that we can open schools safely. And obviously, as we have gotten more and more tools and we have understood the virus better, it has gotten safer and safer to do so.

You know, on the issue of masking, to go back to something Representative Foxx said, none of us believe that masks are perfect. I laid out in my strategy that we need to do a variety of things, and the data on masking is reasonably good overall for everybody, including kids.

What is really interesting is Mr. Zweig has, multiple times, referenced the CDC study, a large CDC study, and if you keep listening to him, he says, did not find a statistically significant difference. What it found was a 20 percent reduction in infections for places that had mask mandates, but it did not hit statistical sig-

nificance. It found a 40 percent effect for masking mandates for adults that did hit statistical significance.

You know, you can take any study—and this is what people do who try to spread misinformation—is they will go through every study and find a little hole in everyone. As a doctor, when I am taking care of patients, I have to look at a broad range of evidence, including mechanisms of disease. This is an aerosol, airborne disease; we know masks are going to be helpful. And when you look at the totality of the evidence, not the CDC, not the American Academy of Pediatrics, no expert that I know of doesn't believe masking is helpful for kids.

So, with all due respect to Mr. Zweig, I don't know who he has been talking, but the consensus in the entire medical community from conservatives to liberals, if you understand how this disease works, masking is helpful, not everything, not perfect, but it is an important part of how we keep kids safe.

Ms. MANNING. Thank you, Dr. Jha. And, by the way, have your children wore masks in school?

Dr. JHA. They have ever since they have been able to go back to school. I think they started going back in March.

Ms. MANNING. Thank you very much.

Ms. Forte, as schools reopen, students most impacted by school closures, students of color, students with disabilities, underserved students are returning to in-person learning facing widening achievement gaps, systemic barriers to learning, and increased risk of exclusionary discipline and harassment among other issues, and that is a big issue in my district that I represent. How should districts be working to create safe and inclusive learning environments as they reopen?

Ms. FORTE. Thank you so much for that question. And my kids wear masks in school as well. All students, all students deserve to learn in an environment where they feel they belong, where they have their identity affirmed, where they are engaged and have agency in their learning. But too often, we all know students face many barriers on the inside and outside of school that make it challenging to learn.

We believe that to address these inequities and ensure all students have access to equitable learning environments we have to protect as well as expand district funding for whole child supports. We also need to make sure that our teachers and professionals in the classroom have access to the supports that they need.

And it is critically important that we invest in a coordinated district-wide effort, including working with community-based organizations to identify and proactively reengage students who are off-line, hard to find, or have left school all together.

And then in my 1-minute left, we absolutely need to do something about the use of suspensions and expulsions for minor offensives. We cannot keep our kids feeling safe in school and have an agency and an affirmation of identity without it.

Chairman SABLAN. Thank you, Denise.

Ms. MANNING. Thank you, and I yield back.

Chairman SABLAN. Thank you, Ms. Manning, for the outstanding questions that you asked. Very much appreciated.

And now I have the gentleman from New York, who has been so patient. I now recognize Mr. Bowman for his five minutes before I recognize our Chairman, full Committee Chair. Mr. Bowman, sir?

Mr. BOWMAN. Yes. Thank you, Mr. Chairman. Thank you to all the witnesses for joining us today.

Some of you know, before coming to Congress, I worked in education for 20 years, had the privilege of being an elementary school teacher, a high school guidance counselor, and a middle school principal for 10 091/2 years. So, I am still very plugged into what is happening with our schools in New York City, as you know, the largest school district in the country, serving 1.1 million students. And I have a very stressed out, frustrated wife who is a second-grade teacher, who I love very dearly and try to support her as much as I can.

Thankfully, the city did implement mask mandates, and strongly encouraged vaccinations from the very beginning of the full reopening. And, thankfully, we have positivity rates of about .27 percent across the city, which is excellent, even in a large school system where class size is way too big. Obviously, we want the rates to be zero, but that is a really good number.

However, I have heard from parents throughout my district and across the city who are still very concerned about the Delta variant, who live in low vaccination communities with higher COVID rates in terms of the community spread, who really wanted a remote option for the safety of it, but also because some students, we might be surprised, actually did well with remote learning because of social anxieties related to school.

So, I wanted to ask, Dr. Jha, what you think about a remote learning option going forward. Personally, as a former educator, I thought remote learning was here to stay just to help with lower class sizes and some of the other issues that happen, particularly in middle schools. As you know, middle school can be challenging. So, I wanted to have Dr. Jha respond to the remote learning piece, and then I have a followup question if we could get to it.

Dr. JHA. Yes. So, Congressman, thank you. And, you know, New York City has just been doing an extraordinary job. A very, very complicated situation in New York and, you know, the schools are—some of them are very old. Again, I don't need to tell you, Congressman. I think they have done a great job, because they follow the science, and the science is they are getting people vaccinated, they are using testing, they are asking kids to mask up and adults, of course. It is working.

You know, on the issue of remote learning, it is interesting. So, first of all, I think we all agree that schools should be open and in person full-time. There are a small number of kids who do benefit from remote learning and that should be a parent decision. And I think that is a place where, either because they have specific health issues, or they have other types of needs, I have generally believed that coming out of this pandemic we have got to give people more choices.

So, a lot of talk happens about giving parents choices. I think on things that affect their kids and their kids only, it makes a lot of sense. You know, when it comes to, you know, not wearing a mask, well, it is not just about you; it is going to be everybody else. There

I think we have got to follow public health guidelines. But I am pretty supportive of giving parents more choices on these issues.

Mr. BOWMAN. Absolutely. Thank you for that response. You know, we passed the American Rescue Plan several months ago, which brought unprecedented resources to school districts across the country. What I hope to see, and I believe the Chairman and others had hoped to see, is the hiring of more teachers to help lower class size.

In addition, outdoor learning spaces have been shown to also have benefit as well, and alternative learning spaces in the lowering of class size as well. And although that is not in-school learning, it is still in person, and helps with the overall development of our kids and the social emotional development of our kids as well.

So, I wanted to just throw that out there and ask anyone if they had a comment on the benefits of outdoor learning opportunities, particularly in parts of the country where the climate is warmer for longer periods of time, and kids can benefit from it. Anyone can jump in.

Mr. ZWEIG. Outdoor learning is fabulous. I pushed for it in my own village here at the beginning of the pandemic. Obviously, it makes everyone safer, and there is a lot of evidence that learning outside has other sort of holistic benefits, so it is a fabulous idea.

Mr. JARA. Representative Bowman, Superintendent Jara for the record. I think one of the things we have done pre-pandemic, and obviously we have seen expanding is outdoor gardens. Actually, some of the opportunities that we have had for children in the desert. So, it is great that, you know, we have taken advantage of that. But schools have been able to do that as individual schools.

Mr. BOWMAN. Awesome. Thank you all so much. I yield back the rest of my time, Mr. Chairman.

Chairman SABLAN. Yes, thank you, Mr. Bowman.

May I inquire, Dr. Foxx, do you have any more Members present before I yield to the Chairman, the full Committee Chair?

Ms. FOXX. Not at this time, sir. Thank you.

Chairman SABLAN. OK. Thank you, Dr. Foxx. Thank you.

So now, I would like to recognize the always present, very good leader in our Committee, the full Committee Chairman, Mr. Bobby Scott, for five minutes, sir, please.

Mr. SCOTT. Thank you. Thank you, Mr. Chairman. And I want to thank all of our witnesses for their testimony, and ask first, Ms. Forte, if she could comment on the importance of student assessments to make sure that we get the data that we need to ascertain what inequities have been exacerbated by the pandemic?

Ms. FORTE. Thank you, Chairman Scott. We need as much data as we can possibly get, and it is not just about the basic system of assessments or the assessment in the classrooms that we have. It is really a system of assessments that we need to go forward to be able to understand clearly what is happening in the classroom, how kids are being supported with the amount of online learning, and that type of rounded assessment is what will give us the most accurate and representative data.

And, in particular, we are looking at inequities, which is what The Education Trust does every day. Without that data, we are unable to really dig down and see what is going on in the schoolhouse

experience for Black and Latino students. So now, more than ever, in particular with the amount of investment that Congress has put toward school, nearly \$200 billion, we need that data to be able to drive resources and drive outcomes.

Chairman SCOTT. Thank you.

Mr. Jara, Superintendent Jara. You mentioned a lot of initiatives to bring students back up to make up for the time they lost. Are you able to target those initiatives to where they are best needed, based on the data that Ms. Forte just mentioned?

Mr. JARA. Representative Scott, great question. Yes, I mean, we have had not only the summative, but also the formative assessments, and we use our student level data from when the kids just came in, and also from the spring from last year to really target some of the support. Yes, sir.

Chairman SCOTT. Thank you.

And Dr. Jha, I think you have indicated that we all agree that students should be in school and a lot of things that they can't get not in school. We heard in the opening statements that the Republicans have criticized the American Rescue Plan for not requiring students to return to school safe or not. You indicated that a return could be made safe. Can you say a word about what is wrong with parents having the choice as to whether the students should be masked or not?

Dr. JHA. Absolutely, Congressman. Look, I am a parent. I have kids in school. And I want to have a lot of freedoms about how I raise my kids. But there are certain freedoms I don't have. I don't get to send my kids to school if they have not gotten the measles vaccine. I don't get to send my kids to school if they are not properly clothed. If there were economic issues, I might need some help. But there are a certain set of requirements that I have as a parent because it is good for the public health of other children. Those public health rules that require kids to be vaccinated for instance against measles, protect my children in the school. So, while we think individual parenting decisions are extremely important, we have always made decisions for public health that protect all the kids and teachers and staff in schools.

Masking is very much that. It is not a personal choice. It is not just about you. It is about the toxic air, or the infected air you are going to breathe if you are infected, and you are subject other people to infection. And this is why, in public health, there is broad consensus. There really aren't very many experts out there who think that kids wearing masks is not a helpful thing, and that is why we all believe this. And this is not, as I said, not an individual choice of public health decision.

Chairman SCOTT. Thank you.

Can you say a word about the social, emotional learning that takes place when you are actually in school?

Dr. JHA. Yes. It is extraordinarily important. I saw in my own children that when they were remote for almost a year, I think it was incredibly harmful. But it is not about my anecdote. The data on this is very clear that for many, many kids, being remote was very difficult and harmful to be very honest. And so, the question isn't—nobody should frame the question as remote versus in person. We have all got to get kids back in person. That is the right

things for kids, great for families. The question has always been how do you do it safely? We have the evidence and scientists to do it safely. And I keep hearing people sort of set up a false dichotomy, all of us believe that in-person education is better for children. The key issue is how do we do it in a way that keeps kids, and teachers, and staff safe.

Chairman SCOTT. Thank you.

Thank you, Mr. Chair. I yield back.

Mr. SABLAN. Thank you, Chairman Scott. Also, I want to thank all the Members and witnesses for the questions.

I would be remiss if I don't, finally it dawned on me, Ms. Forte, now I remember you in our Committee, and welcome back.

So, I now remind my colleagues that pursuant to Committee practice materials for submission for the hearing record must be submitted to the Committee Clerk within 14 days following the date of this hearing. So, it is by close of business on October 13, 2021, and preferably in Microsoft Word format. The materials submitted must address the subject matters of the hearing. And only a Member of the Subcommittee or an invited guest may submit materials for inclusion in the hearing record. Documents are limited to 50 pages each. Documents longer than 50 pages will be incorporated into the record via an internet link that you must provide to the Committee Clerk within the required timeframe. But please recognize that in the future, that link may no longer work.

Pursuant to House rules and regulations, items for the record should be submitted to the clerk electronically by mailing submissions to edandlabor.hearings@mail.house.gov. That is edandlabor.hearings@mail.house.gov.

Now witness questions for the record, again, I want to thank the witnesses for their participation today. Members of the Subcommittee may have some additional questions for you. And we ask the witnesses to please respond to those questions in writing. The hearing record will be held open for 14 days in order to receive those responses.

I remind my colleagues that pursuant to Committee practice, witness questions for the hearing record must be submitted to the Majority Committee Staff, or Committee Clerk, within 7 days. The questions submitted must address subject area of the hearing.

I now recognize the distinguished Ranking Member for a closing statement, Dr. Foxx, or Mr. Owens.

I don't see either Member. Here is Mr. Owens. Burgess, please.

Mr. OWENS. Thank you, Mr. Chairman, for once again calling this hearing. I want to thank our witnesses for offering their expertise today. Mr. Chairman, I am actually encouraged by the level of agreement in this hearing. I had several hearings in the spring with some of my colleagues on the other side of the aisle questioned the need to reopen schools and were dismissive of the experience of parents and children during remote learning. I am happy to see we have moved beyond that and have a universal knowledge that kids need to be in school.

That being said, we seem to disagree on a couple of key points. First, Republicans recognize that our conversation around COVID mitigation need to be more comprehensive. The benefits of COVID mitigation strategies needs to be evaluated on its own merits for

actually slowing the spread of the virus and using a cross-method analysis that weighs the potential benefit of that strategy and the harm that strategy might cause to long-term health and development of our children. For example, thousands and thousands of students are, right at this moment, being unnecessarily quarantined and separated from school. So schools might be open officially, but they are closed for many, many students who desperately need to be in class. Very few are acknowledging the ongoing harm that is done to vulnerable students by these policies.

Second, the public seem more comfortable with ambiguity of the data. You know, my Democratic friends, it has been stated unequivocally, several times today that mask mandates in schools definitely work despite the fact the CDC's own studies looking specifically at the student mandates found no specific, statistic significant benefits to the student mask mandate. Let me just repeat that. The CDC's own study looking specifically at the student mask mandate found no significant benefit to the student mask mandate. As a result, Republicans believe States and school districts should have the freedom to adopt the policies they believe are most appropriate to their State. In contrast, the Biden administration has admitted a novel low interpretation related to mask wearing and is applying it to a politically selective way to investigate only a handful of States that the administration does not like.

Finally, Mr. Chairman, Mr. Zweig has made this point repeatedly. Republicans believe the CDC owes Americans much more transparency than it provides to date. What is the science the CDC is using for its recommendation? And why do these recommendations differ so significantly from the recommendations of other countries. And what are the metrics we should be using to determine when COVID mitigation strategies should be unwound? The CDC has not said.

Finally, I want to address another issue. One of the Democratic witnesses, Mr. Zweig, is peddling misinformation. To be clear, if that is true, so is the World Health Organization, and many other health authorizations around the world. Those are the facts. If we learn nothing else about this pandemic, clearly, you must have learned that the spirit of good faith, informed debate doesn't accomplish anything and, in fact, does tremendous harm. Mr. Chairman, again, we owe our children better than that.

And I yield back.

Mr. SABLON. Yes. Thank you very much, Mr. Owens. Before I go to my own closing statements. I don't recall anyone questioning—suggesting that Mr. Zweig—David was giving misinformation. The plan of questioning was on the particular achievements that is received for his specialty or whatever, but I think we all respect our witness testimonies and responses equally.

I want to thank all our expert witnesses for their testimony and for all that you have done to support our schools and our children's education. Today's hearing has made it clear schools can only reopen and stay open safely if they implement science-based strategies to mitigate the spread of COVID. This is especially true as we experience a resurgence of this pandemic. Students and educators have not been shielded from Delta variant's devastating and horrific impact. However, schools who are enforcing masking policies

and taking precautions are experiencing far fewer and far less severe COVID-19 outbreaks.

Thanks to the American Rescue Plan, schools have the funding and guidance they need to prevent and navigate outbreaks. As our witnesses shared, many schools are using the funds they received from the American Rescue Plan to purchase PPE, update ventilation systems, and make up for lost time in the classroom through evidence-based intervention like intensive tutoring and after-school and summer-learning programs.

Unfortunately, too many Republican-led States and school districts are ignoring the science, leaving students and staff at risk. As I shared at the beginning of the—hearing, this is the third-year students are going to school under the cloud of a pandemic. If we want our students to succeed in a healthy environment, we must put their well-being and education first. We must put students first.

I look forward to continuing to work with my colleagues to help schools reopen, stay open, and build a more equitable education system for our students.

Seeing that there is no further business, without objection, the Subcommittee now stands adjourned. Thank you everyone. And have a wonderful day.

[Questions submitted for the record and the response by Dr. Jara follow:]

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Jesus F. Jara, Ed.D.
 Superintendent of Schools
 Clark County School District
 5100 W. Sahara Avenue
 Las Vegas, NV 89146

Dear Dr. Jara:

I would like to thank you for testifying at the Subcommittee on Early Childhood, Elementary, and Secondary Education hearing entitled "*Back to School: Highlighting Best Practices for Safely Reopening School*," held on Wednesday, September 29, 2021.

Please find enclosed additional questions submitted by Committee Members following the hearing. Please provide a written response no later than Thursday, October 14, 2021, for inclusion in the official hearing record. Your responses should be sent to Rasheedah Hasan (Rasheedah.Hasan@mail.house.gov), Mariah Mowbray (Mariah.Mowbray@mail.house.gov), and Melissa Bellin (Melissa.Bellin@mail.house.gov) of the Committee staff. They can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

ROBERT C. "BOBBY" SCOTT
 Chairman

Representative Frederica S. Wilson (D – FL)

1. Dr. Jesus Jara, has the Clark County School District used ESSER funds to invest in targeted intensive tutoring, and if so, what has been your experience? If not, would you consider making this investment to meet the needs of students who have fallen behind due to COVID slide?
2. Dr. Jesus Jara, research indicates that between one and three million vulnerable children may not have attended school since the beginning of the pandemic. As the new school year begins, what strategies is Clark County School District using to find and reengage "missing" students?

Representative Joseph D. Morelle (D – NY)

1. Dr. Jesus Jara,
 - a. Are you experiencing staffing shortages in your school district and are you able to provide some examples on how the current structure of your district has adapted to the staffing shortage?
 - b. Do you have best practices you would recommend for other school districts?

Committee on Education and Labor - Questions for the Record
Questions on Early Childhood, Elementary, and Secondary Education Hearing
“Back to School: Highlighting Best Practices for Safely Reopening School”
Tuesday, September 28, 2021

Representative Frederica S. Wilson (D - FL)

1. Dr. Jesus Jara, has the Clark County School District used ESSER funds to invest in targeted intensive tutoring, and if so, what has been your experience? If not, would you consider making this investment to meet the needs of students who have fallen behind due to COVID slide? The District implemented summer learning opportunities that were provided for all Pre-Kindergarten through Grade 12 students in the District during summer 2021 to provide additional time for students to accelerate learning, engage with peers and adult educators, and improve social-emotional wellbeing. However, the District has not used ESSER funds specifically for tutoring, the District is seeking partnerships with outside entities specializing in targeted intensive tutoring. This is an investment that we are going to make to assist students who are academically behind.

2. Dr. Jesus Jara, research indicates that between one and three million vulnerable children may not have attended school since the beginning of the pandemic. As the new school year begins, what strategies is Clark County School District using to find and reengage “missing” students? As the new school year began, forecasting the need for student engagement/re-engagement became a priority for the District. The task to find students who may have disengaged, withdrawn, or those who simply lost interest in school, has been challenging; however, a collaborative effort between the Education Services Division (ESD), the Department of Juvenile Justice Services (DJJS), and the work of school staff has positively impacted our results. ESD hired four additional Attendance Enforcement Officers, who have been onboarded to work directly in the field. This team of 24 officers responds to schools when dispatched for truancy violations, cases of educational neglect, and daily occurrences that involve children who refuse to attend school. In addition, our team of Attendance Enforcement Officers attends community events to promote positive school attendance, and provides guidance and tips to parents/guardians to help their children become re-engaged and maintain interest in attending school. In conjunction with our Attendance Enforcement Officers and community partners, the Truancy Prevention Outreach Program (TPOP), a partnership with Clark County, also works to eliminate chronic absenteeism by focusing on underlying youth and family needs. The program provides intensive in-home, in-school, and community-based services to ensure that youth and families receive needed supports through a targeted case management approach. TPOP, in partnership with ESD, developed a coordinated plan of action that engages/re-engages youth and families, develops a resource map of existing services, and collaborates with CCSD personnel. TPOP includes an early warning system to identify at-risk students and provides individualized support for such students and families. Overall, interventions are offered within a case management model, where families, program staff, and school personnel can work with students on a range of issues in order to address the root causes of their absences.

Representative Joseph D. Morelle (D - NV)

1. Dr. Jesus Jara,

- a. Are you experiencing staffing shortages in your school district and are you able to provide some examples on how the current structure of your district has adapted to the staffing shortage? CCSD is experiencing staffing shortages across several key positions including classroom teachers, substitute teachers, bus drivers, classroom aides (paraprofessionals), custodians, and nurses. While CCSD continues to recruit for these positions and seek ways to incentivize the recruitment and retention of these positions, we have also had to make some structural changes to meet the needs of our students. Some examples of this are as follows:
- Bus driver shortage - CCSD has entered into a partnership with the Regional Transportation Commission (RTC) of Southern Nevada to purchase bus passes for students attending certain CCSD high schools in an effort to reduce the number of routes to be completed by CCSD bus drivers.
 - Classroom teacher shortage - CCSD has had to reevaluate the support services provided by licensed teachers in central services roles and made adjustments to reduce the number of personnel in those roles to serve students directly in the classroom. An additional measure was offering schools the opportunity to request a substitute teacher to be permanently assigned to the school for the school year to be readily available to assist students while covering for inevitable classroom teacher shortages due to both vacancies and/or short term absences.
 - Substitute teachers - CCSD is recommending partnership with a substitute services management company instead of managing this program in-house. The Board of School Trustees decision on this recommendation is pending on the October 14, 2021, Regular Board Meeting agenda.
 - Custodian shortage - CCSD has had to reallocate central resources and utilize those resources differently in order to increase the availability of custodians allocated to servicing the schools.
- b. Do you have best practices you would recommend for other districts? The solutions listed above may work for other urban districts in similar situations. Ultimately, a school district's unique circumstances and situations should be taken into consideration when considering adjustments that may alleviate staffing shortages. The best practice that we would share with other school districts can be found in the "how" versus in the "what." CCSD has made it a point to work diligently with principals and other key leaders to understand the items that have the potential to make a difference in our ability to serve our students. Collaboration is key in evaluating and finding solutions to navigate staffing shortages and other challenges.

[Questions submitted for the record and the response by Ms. Forte follow:]

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 VACANCY

October 7, 2021

Ms. Denise Forte
 Interim Chief Executive Officer
 The Education Trust
 Washington, D.C. 20005

Dear Ms. Forte:

I would like to thank you for testifying at the Subcommittee on Early Childhood, Elementary, and Secondary Education hearing entitled "*Back to School: Highlighting Best Practices for Safely Reopening School*," held on Wednesday, September 29, 2021.

Please find enclosed additional questions submitted by Committee Members following the hearing. Please provide a written response no later than Thursday, October 14, 2021, for inclusion in the official hearing record. Your responses should be sent to Rasheedah Hasan (Rasheedah.Hasan@mail.house.gov), Mariah Mowbray (Mariah.Mowbray@mail.house.gov), and Melissa Bellin (Melissa.Bellin@mail.house.gov) of the Committee staff. They can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

ROBERT C. "BOBBY" SCOTT
 Chairman

Representative Frederica S. Wilson (D – FL)

1. Ms. Denise Forte, as schools reopen for in-person learning, what should school districts be doing to support the social and emotional well-being of students—especially those who have lost a loved one?

Representative Joseph D. Morelle (D – NY)

1. Ms. Denise Forte,
 - a. For district leaders, staffing difficulties add another layer of chaos to the already challenging task of keeping schools running, especially during a pandemic. What often gets overlooked, though, is the impact the workers who fill these positions have on students and their learning experiences.
 - b. How can states and school districts most effectively use COVID-19 relief funds to address the staffing shortage in our education system for short- and long-term practices?

United States House Committee on Education and Labor
 Early Childhood, Elementary, and Secondary Education Subcommittee
 “Back to School: Highlighting Best Practices for Safely Reopening Schools”

Questions for the Record
 September 29, 2021

Responses of Denise Forte, Interim CEO, The Education Trust

The responses of Denise Forte are denoted in text that is not bolded.

Representative Frederica S. Wilson (D-FL)

Ms. Denise Forte, as schools reopen for in-person learning, what should school districts be doing to support the social and emotional well-being of students—especially those who have lost a loved one?

Despite some heroic efforts made by educators and school leaders, it's undeniable that students, some much more than others, have suffered from the absence of in-person learning. When school buildings closed their doors in March 2020, strong relationships with teachers and school staff went away for many students. Building trusting relationships will be critical to reengaging students and addressing possible trauma and loss that has occurred for too many students.

States can support districts and schools in adopting evidence-based approaches to building strong relationships. For example, the Building Assets Reducing Risks (BARR) model employs block scheduling and small groups, where core teachers have the opportunity to get to know individual students. Every week, students spend 30 minutes on a social emotional learning curriculum, facilitated by core teachers, that allows students to learn more about themselves, discover their strengths, and build relationships with staff and other students. [A study](#) showed that students who participate in BARR have stronger relationships with their teachers, experience a sense of belonging in the classroom, were more engaged in school, had higher attendance rates, were more likely to pass courses, and had significantly higher GPAs. Generally, students who have access to more strong relationships are more academically engaged, have stronger social skills, and experience more positive behavior.

In addition to developing strong relationships, schools should be centering the need to foster environments where students feel they belong, where they have their [identity affirmed](#), where they are engaged and have agency in their learning, and where they receive the social, emotional, mental, and physical supports they need to learn, develop, and thrive. This should involve funding for whole child supports, including funding for developing, implementing, and continuously evaluating multi-tiered systems of support that provide integrated student services, which will necessarily involve building strong partnerships with communities and community resources. Within schools, supports such as school counselors, psychologists, social workers, and other mental health providers, will be especially critical. By also ensuring schools can make the connections for students to community resources as well, such as afterschool programs, health and wellness supports, and access to nutrition outside of school,

schools and their communities can ensure all students are fully supported for healthy social, emotional, and academic development. Importantly, these resources should be especially targeted towards high-need districts and schools. It is critical to place academics and socio-emotional supports on the same footing; both are equally important to helping every child thrive.

Representative Joseph D. Morelle (D-NY)

Ms. Denise Forte, for district leaders, staffing difficulties add another layer of chaos to the already challenging task of keeping schools running, especially during a pandemic. What often gets overlooked, though, is the impact the workers who fill these positions have on students and their learning experiences. How can states and school districts most effectively use COVID-19 relief funds to address the staffing shortage in our education system for short- and long-term practices?

There are a host of steps states and school districts can take to effectively use COVID-19 relief funds to support staff in the short- and long-term. First, they should prioritize and invest in high-quality professional development for educators in family and community engagement. [Experts in the field have called on educators](#) to prioritize time in the school day for development in this area, increase and strengthen quality professional development experiences, make family engagement a part of certification and onboarding processes for new educators, and make family and community engagement an integral part of state and district strategic planning and accountability. They should also invest resources to build capacity in both educators and families. The [Dual Capacity-Building Framework for Family-School Partnerships](#) offers a frame that states and districts should adopt to guide their work. Additionally, we know that strong family and community engagement practices are [key for building trust](#) and, as a result, increasing student success. Many educators in the field have begun to invest resources in this area. For example, several states have built out [Statewide Family Engagement Centers](#) that have served as resource hubs and provided technical assistance for families and educators. However, the COVID-19 pandemic has highlighted just how crucial family and community partnership is for equity in education and there is more work to be done. All of these are essential intervention to set up staff for short- and long-term success.

In addition, schools can use COVID-19 funds to invest in their support staff, especially school counselors, who play an important role in ensuring that students have safe, enriching experiences in and out of school. School counselors provide critical social-emotional and academic supports. They also affect matter for academic success and can impact a student's college and career trajectory – [particularly students of color](#). By investing in school counselors, schools can take meaningful steps to foster a positive and secure school environment. States have already taken steps to invest in school counselors; [Oklahoma](#) established the School Counselor Corps to hire school counselors and school-based mental health professionals.

Additionally, school leaders matter for retaining educators and school staff. Principals and school leaders have a significant impact on school culture, and [satisfaction with school leaders is key to retaining teachers in high-poverty schools](#). Investments in professional development and supports for school leaders, as well as incentives for highly effective school leaders to lead high-needs schools, can ensure that teachers are well-supported and could mitigate teacher turnover.

Finally, COVID-19 funds can be used to address staffing shortages and to hire tutors to provide targeted, intensive tutoring to address the unfinished learning that resulted from the pandemic. But state and district leaders must also make sure to implement changes that are sustainable beyond the three-year ESSER funding period. To address staffing shortages in the long-term, states and district leaders may need to rethink teacher compensation and roles and increase support to principals to make teaching a more rewarding collaborative, and sustainable career.

[Whereupon, at 12:25 p.m., the Subcommittee was adjourned.]

