

Testimony of Dr. Sean O’Leary, MD, MPH, FAAP
House Education and Labor Subcommittee on Early Childhood, Elementary, and Secondary Education
Hearing on Examining How to Overcome Obstacles to Safely Reopen Schools
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Chairman Sablan and Ranking Member Allen, thank you for the opportunity to testify before you today. It is an honor to be here to talk about how to do the best we can for our children in these challenging times. We support the goal of returning students to school in the fall, but we must do it safely and schools will need appropriate funding to do it.

My name is Dr. Sean O’Leary and I am a practicing infectious disease pediatrician from Denver, Colorado. As a parent of 2 children in Denver public schools, this issue is both professional and personal. I work at Children’s Hospital Colorado and I am testifying today on behalf of the American Academy of Pediatrics (AAP), a non-profit professional membership organization of 67,000 primary care pediatricians and medical and surgical pediatric subspecialists dedicated to the health and well-being of children.

At the Academy, I am the Vice Chair of the Committee on Infectious Diseases and am part of the team that authored AAP’s Guidance on School Re-entry. The guidance is attached at the end of this testimony. I would like to take this opportunity today to discuss the Academy’s guidance, why and how it is developed, what it does and does not recommend, and what resources will be needed to support school reopening.

The purpose of the Academy’s guidance is to support educators, public health officials, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children and adolescents, while protecting teachers, staff, and communities. Our guidance is based on the evidence currently available. It is important to note that we will be updating our guidance frequently as new evidence comes to light and we learn more about COVID-19.

Importance of Schools and Impact of COVID-19 on Children

We start from the knowledge that children get much more than an education at school. Schools are fundamental to child and adolescent development and well-being. Students who are in school learn more than just math, reading and science. In addition to academic instruction, schools help students develop social and emotional skills; provide healthy and reliable meals; offer physical, speech and mental health therapy; and provide physical activity through gym, recess, and team sports, among numerous other benefits. Lengthy time away from school deprives students of these benefits, and it also makes it difficult for schools to identify and address important learning deficits as well as child and adolescent physical abuse, substance use, depression, and suicidal ideation.

Being away from peers, teachers and school services has lasting effects for children. As such, it is critical to reflect on the differential impact COVID-19 and the associated school closures have had on African American, Native American and Latinx children, as well as children with disabilities and those living at or near poverty. Schools also support parents by providing safe places for their children to be before, during and after school, particularly for parents who work, including essential workers.

Any parent of school aged children can tell you the difficulties we faced when schools shut down in the spring. My own children missed their friends, and they also missed out on learning and physical activity. As working parents, we struggled to find ways to meet their needs and perform our jobs at the same time.

AAP’s Guidance on Return to School Considerations

Because of these considerations, AAP carefully weighed the available evidence and determined that our overall goal should be to have students physically present in school in the fall. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. We have already seen studies documenting rises in mental health problems in children such as depression, anxiety, and suicidality, as well as rises in obesity as a result of school closures in the spring.

Even though this will not be easy, we strongly advocate that all policy considerations for the coming school year should start with this goal in mind. This must happen with careful measures to keep students, teachers, and staff safe, and with flexibility to adapt as needed to the community's prevalence of COVID-19.

This guidance does not mean that we recommend that all schools should open 5-days a week from the start of the school year. A one-size-fit-all approach is not appropriate under the current environment. Many parts of the country are currently experiencing uncontrolled spread of COVID-19. While the AAP urges those areas to maintain in-person learning as the goal, our guidance recommends that jurisdictions utilize distance learning strategies until cases decline.

SARS-CoV-2 Infection in Children

It is important that policymakers consider the evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2.

Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children, particularly younger children, may be less likely to become infected and to spread infection. A study that was just published from South Korea showed that children under age 10 were roughly half as likely compared to other age groups to spread COVID-19 to others. The same study also suggested that adolescents and teens aged 10-19 may spread the virus at rates similar to adults. With these data in mind, school systems may consider prioritizing the return of younger children and taking additional measures to ensure physical distancing and the wearing of face coverings among older children. Policies to mitigate the spread of COVID-19 within schools must still be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Policymakers should also acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk.

Returning to School Safely

Returning to school must be done safely. It is important to make the school environment safe for all those in the building. Schools will need to follow guidance from public health officials and adhere to health monitoring and cleaning/disinfecting protocols, utilize cloth face coverings as much as possible, and urge frequent handwashing. The Academy has offered age-specific guidance on the need for physical distancing among students. In addition to these essential needs, schools will also need to have sufficient personal protective equipment (PPE) for teachers and staff, implement new procedures for busing and transporting students to

school, alter before- and after-school child care and enrichment programs, ensure that students competing in athletics and other activities are safe, make physical plant modifications, adjust staffing schedules, and put protocols in place for how a school responds when a student or teacher tests positive for COVID-19.

It is also important that children are up to date on all vaccines, and AAP recommends all children are vaccinated for influenza and have had their annual checkups. Existing school immunization requirements should be maintained and not deferred in response to coronavirus. New outbreaks of vaccine-preventable diseases such as measles can cause severe illness or be life-threatening and should not be taken lightly especially in the midst of the COVID-19 pandemic. Protecting children, teachers, and staff from influenza through vaccination will be especially important this year.

Decisions to alter the school schedule, such as partial days or alternate attendance days, or to temporarily close schools, must be made in collaboration with local and state officials according to the prevalence of COVID-19 in the community and the ability of schools to accommodate safety measures.

Throughout all of this, it is also important to stay focused on considerations and accommodations to account for the diversity of youth. With the goal of safe return in mind, we must pay special attention to vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities.

Schools should also anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. The emotional impact of the pandemic, including the loss of family members, financial concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. School health centers and school nurses will need to respond to these concerns while dealing with any COVID-19 concerns within schools and therefore will need significant new resources.

Robust Federal Education Funding

In order for schools to be able to safely reopen with students in the classroom, Congress must provide sufficient funding to help schools adapt and make necessary changes and accommodations. The AAP is urging Congress to include robust funding for education in the next legislative package in response to the COVID-19 pandemic.

Specifically, we urge \$175 billion for K-12 education through the Education Stabilization Fund and \$25 billion for Individual with Disabilities Education Act (IDEA), Title I and other Every Student Succeeds Act (ESSA) programs that support marginalized students that are most likely to be affected by missing in-person instruction. Money must be available to all schools regardless of their timeline for reopening. Schools in areas with high rates of COVID-19 spread may need to consider delaying a return to full-time in-person instruction, and these schools will need the same or greater federal investments, not less.

Additionally, we urge Congress to include \$500 million in the Education Stabilization Fund specifically for programs operated by the Bureau of Indian Education (BIE) as Native American populations are facing disproportionately high COVID-19 infection and mortality rates. Increased funding for BIE will be important to ensure BIE schools are equipped to implement the necessary safety precautions to provide safe in-school services.

Together, Medicaid and education account for more than half of state budgets. Without urgent relief, states will be left with no option but to implement devastating cuts to essential health and education programs.

Cuts to Medicaid threaten the viability of the health care infrastructure serving vulnerable and under-resourced communities, making it more difficult for children, families, and communities to get the care they need. This would further undermine the ability of communities to respond to COVID-19 and would hamper efforts to reopen schools and businesses.

Cuts to K-12 education will threaten the ability of schools to safely provide in-person instruction, which would similarly undermine communities' responses to COVID-19. States need Congress to provide additional federal financial support for both Medicaid and education; supporting one without the other will continue to threaten both. This additional funding is needed as soon as possible since schools are actively planning for the upcoming school year and every week they do not have funding makes it harder for them to comprehensively plan.

In closing, reopening schools in a way that maximizes safety, learning, and the well-being of children and communities will clearly require new investments in our schools. We call on our leaders to provide the resources necessary to ensure that funding does not stand in the way of safely educating and caring for our children.

Thank you for the opportunity to testify today, and I look forward to working with you all to help ensure children are able to return to school safely.