LAUSD educators clearly want to get back into classrooms with their students, but the underlying question must always be: How do schools reopen in a way that ensures that the benefits outweigh the risks, especially for our most vulnerable students and school communities?

The COVID-19 pandemic in the United States underscores the deep equity and justice challenges arising from our profoundly racist, intensely unequal society. Unlike other countries that recognize protecting lives is the key to protecting livelihoods, the United States has chosen to prioritize the “economy” over lives. Forcing people to return to work on a large scale depends on reopening schools so parents have childcare.

In Los Angeles, this means increasing risk especially in black and brown working communities, where people are more likely to have “essential” jobs, insufficient health care, higher levels of pre-existing health conditions, and live in crowded housing.¹ Meanwhile, the rewards of economic recovery accrue largely to white and well-off communities that have largely been shielded from the worst of the pandemic’s effects.

Vulnerable students - already facing hurdles such as structural racism, poverty, homelessness, immigration documentation issues, learning and health disabilities, limited technology access - were disproportionately negatively impacted by LAUSD’s shift to crisis distance learning.² But until a vaccine or cure is available, reopening schools without policies in place to mitigate viral spread and provide additional student supports, will almost certainly compound the pandemic’s outsize trauma on those students and their families.

This document outlines the equity lens that must be used to view both today’s emergency and tomorrow’s recovery. First, we ask, Who is suffering the most, and why? Next, we will outline currently known best practices that must be in place to ensure that our most vulnerable communities are helped, not hurt, by the reopening of schools. Throughout, results from member and the first round of parent surveys collected by UTLA will provide insight into the deeply felt concerns that are impacting educators, students, and their families. Finally, we discuss how funding must be drastically improved if schools are to reopen safely and equitably.

In March, as it became clear that the deadly virus was spreading in the community, UTLA educators led the way in calling for LAUSD to save lives by shutting down schools. Today, we are calling on politicians to demonstrate their commitment to saving lives by fully funding the safe and equitable reopening of LAUSD schools.

¹ ALEC, a right-wing corporate lobby group calling to “bring the economy back to life through a free market approach that gets big government out of the way” hosted a call with Education Secretary Betsy DeVos on May 5 for this purpose.
The Same Storm, But Different Boats: the Safe and Equitable Reopening of Schools

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IV In Conclusion: Nothing should go back to normal. Normal wasn’t working.

“"LAUSD needs to do what is right for everyone. In order to make everything safe, it’s going to take a lot of money, money that the district does not have.”
- UTLA parent survey response -

The Same Storm - But Different Boats

“We’re all in this together” is a common slogan during this crisis. What this platitude fails to acknowledge is that, while we may all be in the same storm, we are not all in the same boat. The virus may not discriminate, but society does - deepening race and class fissures that have resulted in higher unemployment, exposure, infection, and death rates in Black, Brown, and poor communities.

The Color of COVID-19

Unsurprisingly, the data is increasingly showing that there is a “disproportionate burden of illness and death among racial and ethnic minority groups.” BIPOC communities are more likely to experience economic and social factors that increase risk of illness and death. Below are just some examples of these factors:

- More likely to live in high-density housing (making social distancing difficult), because of decades of residential housing segregation caused by institutional racism.
- More likely to live in multi-generational households, increasing the risk of infection of vulnerable older family members. Such living situations also make it more difficult to isolate if an individual gets sick, as space may be limited.
- More likely to live further away from medical centers, and to be uninsured, leading to poorer underlying health and barriers to care, increasing the likelihood of severe illness and death from COVID-19. For example, African Americans, Latino, and Native American individuals are more
likely to have chronic illnesses such as obesity, heart disease, diabetes, and lung disease - all of which are linked to higher COVID-19 fatality. 93% of all LA County fatalities had underlying health conditions.

• When employed, more likely to be required to work outside the home in essential jobs that place them in harms way for infection. For example, although Black workers make up only 12% of all employed workers, they make up 36% of all nursing, psychiatric, and home health aides.

• These same essential workers are more likely to live in overcrowded households. In California, the housing crisis has resulted in an overcrowding rate over twice that of the national average.

• More likely to have a job without paid sick leave, increasing their exposure to other workers who may be infected, and increasing the likelihood that they themselves will expose others to COVID-19. “Hispanic workers have lower rates of access to paid leave” than white workers.

• More likely to rely on public transportation, increasing the risk of viral exposure.

• More likely to live in areas with poorer environmental and air quality, increasing the likelihood of preexisting health conditions. In LAUSD, over 65,000 students have asthma.

• Undocumented immigrants are ineligible for most governmental relief funds, and ineligible to enroll in the Affordable Care Act. More than 5 million U.S.-born children who have undocumented-immigrant parents are likely to suffer extreme poverty. As a result, they are much more likely to be uninsured and thus more likely not to receive the health care they need.

• Close to 100,000 LAUSD students are English Learners. While many ELs are native born, they overwhelmingly come from immigrant families. In addition to similar healthcare context as undocumented immigrants, ELs families face added difficulties in poor translation or no translation in their native language.

Blacks, Latinos, and Pacific Islanders in Los Angeles County are dying of COVID-19 at twice the rate of white residents because of racism. Residents of high-poverty areas were almost four times as likely to die of COVID-19 compared to those who lived in wealthier areas. The effect on human lives is quantifiable: the disproportionate effect of coronavirus means that nearly 800 Blacks, Latinos, and Asian Americans died because of structural racism that puts them more at risk compared to white people. Nearly 1,000 people living in high poverty areas died because of class and income inequality that puts them more at risk compared to people living in wealthy areas.

Reopening schools during the pandemic will inevitably increase the risk of infection and death for all Angelenos, but especially for over 542,000 LAUSD students and their families who fall into a vulnerable category because of race and/or poverty. (INSERT CHART/TABLE SHOWING DEMOGRAPHIC AND CLASS BREAKDOWN OF LAUSD)


**STUDENTS WITH DISABILITIES**

Students with disabilities (SWD) make up x% of the population of LAUSD. These students often rely on additional in-person services and supports for their learning success, particularly if they have a disability classified as moderate to severe. Because of unregulated privatization growth, students classified as moderately to severely disabled make up a disproportionate percentage of the special education population of LAUSD, x% of all special education students compared to y% at charter schools. (cite this). The shift to crisis distance learning has been especially disruptive for these students. For families of students with disabilities who are also low-income or who do not speak English, the situation becomes even more fraught.

Some countries, such as Denmark (confirm), reopened schools for their highest-needs students first. Some special education advocates in the United States have suggested a similar path.

Unfortunately, research shows that people with intellectual and development disabilities (IDD) are more likely to be infected, and more likely to experience serious illness and death from COVID-19. Children younger than 17 years old with IDD were nearly 9 times more likely to contract COVID-19 than children without these disabilities. Initial outcomes show that people with IDD who contract covid-19 may be 2.5 times more likely to die than those without such a disability.

As recently as late June 25, 2020, the CDC expanded its list of people at high risk of severe illness, and changed its presentation of age-related risk, nothing that risk doesn’t begin suddenly at 65, but rather increases with age. Among other risk factors, obesity (BMI of 30 or higher) and diabetes was added. Looking at just the single additional risk factor of diabetes, xxx of LAUSD students fall into this category, even though many of them would not necessarily have an IEP and be classified as a student with a disability.

The inadequate guidance from the federal and state levels does not help districts meet the challenge of how to ensure the needs of students with disabilities are met during the pandemic era of education. For example, on the important question of personal protective equipment (PPE), the state’s guidance is simply: “Consider how the LEA will address students with disabilities who refuse or are not able to wear masks.” On the question of physical distancing, the state appears to prima facie admit that students with disabilities should be exposed to greater risk in order to receive instruction: “Establish flexibilities and plan for how to implement physical distancing given lack of space and facility limitations…”

XX% of parents of children with a disability report having received all services outlined in the IEP via distance/remote learning. Over XX% report that their child has not received any of their IEP services via distance/remote learning.

**Safe and Equitable Reopening of Schools: Biology has Rules, Even If We Choose to Ignore Them.**

LAUSD is the second-largest school district in the country, with over 542,000 students and their families who are especially vulnerable to serious illness and death because of structural racism, poverty, and/or disability. To equitably reopen schools, we must adhere to known best practices to prevent the virus’ spread while employing education practices that benefit all students, especially those suffering the most from learning loss and social isolation. Most organizations and individuals that have come out unequivocally in favor of reopening schools are either motivated by “reigniting the economy” (ignoring the fact that

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* See Appendix XXX for the CDC’s list of People at increased risk for severe illness.
this is first and foremost a *public health crisis* and not primarily an economic crisis), or gloss over the likely impacts of school reopenings on broader school communities, to which our students are inextricably bound.

Throughout this crisis, this country’s politicians have allowed public health guidelines to be determined by our lack of preparation. But it should be the other way around: preparation should be defined by our public health needs. To do otherwise would be to intentionally allow the pandemic to further the suffering of those who are already suffering the most from the health crisis and the concomitant economic crisis.

While much about the virus remains unknown, a few facts should be kept in mind:

1) **This is a highly contagious, deadly disease and the role of children as vectors for COVID-19 transmission is currently unknown.** Some studies raise concerns that children may be vectors for COVID-19 transmission through two mechanisms: increased contacts/opportunities for transmission; and high viral loads even when asymptomatic. In Cleveland, Ohio, as the state lifted protective measures, more children tested positive for COVID-19 and hospital admissions for children also increased - raising doubt about the myth that children do not get ill from the virus. Although other countries’ initial school reopenings show extremely low rates of child-parent transmission, North Carolina identified several clusters at daycare centers.

2) **This is a novel virus. Scientists continue to uncover new symptoms and risk factors, and the long-term effects are almost completely unknown.** As recently as May, the CDC added three new symptoms of coronavirus, adding congestion/runny nose, nausea/vomiting, and diarrhea to the list. In late June, the CDC expanded its list of people at high risk of severe illness. In early July, 239 scientists in 32 countries wrote an open letter to the World Health Organization outlining evidence that airborne transmission may be a significant factor in the pandemic’s spread. If true, recommended infection control guidance would change dramatically. And lost amidst the relief at the low mortality rate in children is the distinction between morbidity and mortality. Many young people still experience severe illness, and the rare multisystem inflammatory syndrome in children (MIS-C) is still not well understood. A European study found that 13% of children required respiratory support, and that patients younger than one month may be more likely to require intensive care. COVID-19 is now suspected to cause lung, heart, kidney, brain, and clotting complications - and these are just the known immediate effects. The longer-term effects are almost completely unknown. As we discuss best practices, practices may shift or expand as the science shifts and expands.

3) **LAUSD educates over half a million students, employs over 60,000 adults, and is spread out over 720 square miles.** The vast network of busing and commuting results in an extraordinary number of contacts, which undermines social distancing and contact tracing, key methods of pandemic control. An asymptomatic child may bring the virus home to their high-risk grandparents, to their densely populated apartment building, to a parent with an essential job that brings them in contact with hundreds of people.

4) **As of publication, California case counts and death rates were shattering records and hospitalization rates were increasing.** Los Angeles County accounted for 40% of new cases in the last two weeks of June, despite being home to only a quarter of the state’s population. Other countries that have reopened schools, such as New Zealand, Vietnam, and Germany, did so only after they had flattened the curve and in a setting of broader societal preparedness including rapid case identification, contact tracing, and isolation.

UTLA’s polling of and conversations with LAUSD parents shows that 83% of parents said they do not feel confident enough to send their child back to school. 

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4 One study showed that although children were 1/3 as susceptible to infection as adults, with schools open the risk evens out due to children having three times as many contacts as adults. Based on this, researchers estimated that closing schools can reduce pandemic surge by 40 - 60%. The second study shows that children who test positive have as high a viral load, and sometimes higher, than adults. More concerning is the fact that a group of 47 infected children were mostly symptom-free, and these asymptomatic children had viral loads that were as high or even higher than symptomatic children and adults.

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The Same Storm, But Different Boats: The Safe & Equitable Reopening of Schools
school in the fall (cite, or hopefully quote the parent survey). Unfortunately, low-income and BIPOC individuals are more likely to have to work outside the home, and will be more likely to send their children to school even if they are reluctant to do so. Meanwhile, well-off families, already at lower risk of infection and death thanks to economic and/or racial privilege, are more likely to have the luxury of choice to keep their children home, further widening the already existing risk gap.

As Dr. Kirsten Bibbins-Domingo of UCSF said, “It’s a luxury to shelter in place.” But it should not be a luxury for parents to be able to choose to keep themselves and their children safe.

Parents’ main concerns include:

• having enough funding to ensure safety and enough personnel to ensure cleanliness
• younger students having trouble with social distancing, especially as politicians allow rapid reopening signaling laxity around protections
• students with preexisting health issues such as asthma, medically fragile students, and students with disabilities
• availability of personal protective equipment
• fear of increased policing in schools
• being forced to go back to a potentially unsafe working situation in order to be able to pay for basic life necessities

To ensure that our most vulnerable students and families are helped, not hurt, by the reopening of schools, we must implement best practices to mitigate the risk of viral transmission. These practices have been gathered from many sources, including scientific guidelines set forth by the Centers for Disease Control and Prevention (CDC), the California Department of Education (CDE), the LA County Office of Education (LACOE), practices from other countries that have reopened schools especially in Scandinavia and Asia, and practices from childcare centers in the United States that have been caring for the children of essential workers.

Reopening schools safely and equitably occurs in a broader setting of community preparedness, with a focus in schools on a strategy of physical distancing in small, isolated groups, with a strong emphasis on hygiene. Finally, all plans and practices must be responsive to the rapidly emerging epidemiology of this novel virus.

**PHYSICAL DISTANCING**

• Keeping students in small groups (“pods”) with as little contact with others as possible
• Plans that account for siblings to maintain the “pod” protections for households
• Staggered arrival, recess, lunch, and pickup times
• Drastically reduced class sizes to no more than 12 per classroom
• Specific implementation plans given each school’s unique physical layout
• One-way travel in hallways, and lockers assigned by “pods” and/or the elimination of lockers to avoid commingling in hallways
• Personal protective equipment provided for staff and students
• Reduced furniture in classrooms to increase space for physical distancing and reduce surfaces needing disinfecting

“My greatest concern is that my classroom is very small. There is one door in and out of the class. There one small half window for [air circulation].”

- UTLA member survey response -

• Dramatically changed transportation plans to ensure social distancing
• Increased air circulation in classrooms and buildings
• Lessons taught outside when possible

**EMPHASIS ON HYGIENE**

• Frequent and thorough hand washing supported by installation of portable hand-washing stations; adjusted lesson plans to factor in time for hygiene; and considerations for additional supervision needs for younger children’s hand washing regimens
• Strict cleaning and sterilizing regimens, including ensuring schools have proper supplies (including
The Same Storm, But Different Boats: The Safe & Equitable Reopening of Schools

paper towels given the likely need to eliminate hand dryers in bathrooms)

• Special attention for high-touch surfaces such as drinking fountains, door handles, faucet handles, etc.

• Adequate supplies of Personal Protective Equipment (PPE) for all staff and students

• Self-directed symptom and temperature screening of students by parents before they leave home (and see above regarding newly added symptoms)

• Student and staff symptom and temperature screening before entering buses or school buildings (although see above regarding the unknown role of asymptomatic transmission by children)

• Designated rooms for isolating students who exhibit symptoms

TESTING AND CONTACT TRACING PROTOCOLS

• A robust, free testing and contact tracing system

• Assigned seating in classrooms and on buses so that contact tracers will know exactly who was sitting next to someone who is found to be infected

• Rapid response and quarantine protocols upon any active infections in students or staff

• Upon discovery of active infections that necessitate a classroom or school closure, clear protocols and parameters for reopening at the school and district level

• Clear procedures for confirming that members of students’ household do not have the coronavirus

PROTECTIONS FOR HIGH-RISE STUDENTS AND EMPLOYEES

• Clear options and accommodations for staff and pupils who are at higher risk or have family members who are higher risk (and see above regarding CDC’s recently added risk factors)

• Clear guidelines for students and staff with health issues that cannot safely wear PPE or that need specialized PPE (such as deaf and hard of hearing students and staff who rely on lip reading)

• Clear guidelines for safe service delivery for students with disabilities

• Additional support for parents who have vulnerable individuals in the household to be able to stay home to reduce chances of infection and death

• Policies designed to mitigate the disproportionate risk of infection, serious illness, and death in students’ BIPOC and/or poor communities

BROAD COMMUNITY PREPAREDNESS

(Do I add a para here about schools in a vacuum)

• Testing of 100% of symptomatic individuals in the community

• Clear, specific, and consistent guidance from public health officers

With an over 55% response rate from UTLA members, the safe and equitable schools survey showed that over 85% (FACT CHECK) of members said that the following safety measures were “critically” or “very important” for them to feel that it is safe and appropriate to return to schools:

✓ Widespread testing of students and employees
✓ Significantly increased cleaning protocols
✓ Personal protective equipment for employees
✓ Personal protective equipment for students
✓ A rigorous tracing procedure for anyone in close contact with someone who has tested positive
✓ Reduced class sizes to keep students six feet away from each other
✓ Alternative learning/work arrangements for high-risk students and staff
A common response plan for all cities within the LAUSD boundaries to reduce the risk of confusion and unnecessary risk
• Decreasing or stable infection and hospitalization rates in Los Angeles County for 14 days

In addition to taking steps to mitigate the risk of viral transmission, LAUSD should also take steps to provide increased supports for students, many of whom may be returning to school having experienced increased trauma from the health and economic effects of the pandemic.

Increased Health, Emotional, and Academic Supports
• A nurse in every school, to support health outreach including:
  o Strong programs for free and widespread influenza vaccination for students and staff, given the overlap of influenza with the potential return to school buildings in the fall,
  o A coordinated approach with all appropriate agencies in the LAUSD boundaries to ensure children receive all recommended vaccinations before return to school, given the precipitous drop in recommended childhood vaccinations as a result of the pandemic (leading to increased likelihoods of simultaneous infectious disease outbreaks such as measles)
• Explicit plans to address social emotional trauma and continued stress amidst pandemic through increased mental health supports, including increased staffing of counselors, psychologists, psychiatrists, and social workers
• Explicit plans to carry out health and safety protocols without resorting to punitive policing and punishment
• No standardized testing infringing on instructional time
• Increased academic supports to address learning loss, balanced with realistic academic expectations given the likely continued stress and trauma that will be experienced by students and their families upon reopening, so that the return to school does not become an additional source of trauma
• A commitment to a balanced curriculum with physical education, arts, and other electives to teach the whole child
• Explicit plans to avoid marginalization of families where English is not the primary language through consistent communication and opportunities for feedback in all languages spoken in the school community
• Compensatory services for students with disabilities, including extra supports where needed for transitioning back into the school setting
• Policies to support the mental health of staff, including accommodations where needed, clear and regular communication from administrators and the district, opportunities to express concerns, and participatory decision-making processes
• Pre-opening training and “rehearsals” so staff may adequately prepare and identify areas for improvement

Well-funded schools and communities for well-being

Implementing even a portion of COVID-19 best practices would require additional funding. The American Association of School Administrators (AASA) and the Association of School Business Officials (ASBO) estimates that the average school district would need to spend an additional $1.8 million to safely reopen

Among youth aged 10 - 24 years, suicide is the leading cause of death (source AAP)
school sites. Extrapolating using the figures from the AASA/ASBO analysis, LAUSD’s total additional expenses to reopen could be nearly $250 million. These estimates do not take into account measures to address the increased need for mental health and social services, the educational needs of children who may have fallen behind in the shift to crisis distance learning, regular testing of students and staff, or the long-term effects on students that will need to be addressed over multiple years (CONFIRM THIS). Finally, these costs do not include investments into distance learning, which will continue to be provided, either to all students under a full distance learning or hybrid model, or to a significant subset of students even under a full-time return to schools model.

Unfortunately, instead of flattening the curve, politicians and the billionaires they serve have instead flattened school budgets and our capacity to reopen schools safely. Schools in California still have not recovered from the Great Recession (FACT CHECK). Libraries, parks, and public health programs are planning for catastrophic cuts. Meanwhile, U.S. billionaire wealth has surged by more than $584 billion. Over 150 of those billionaires live in California. There is money to reopen schools safely, if the federal, state, and local governments are willing to finally prioritize pupils over plutocrats.

**FEDERAL SUPPORT**

1. **Federal bailout**: Although the CARES and HEROES Acts provided funding for K-12, both fell far short of what would be needed to rescue districts and state and local governments. And as of publication, no money has been dedicated to address the specific needs of students with disabilities, which in LAUSD required nearly $1 billion in general fund transfers due to the federal government’s failure to meet its IDEA funding promise. The Many experts are calling for at least $500 billion in additional federal assistance this year, and a commitment to continue support over several years.

2. **Fully Fund Title I**: summary, probably from the NEA whitepaper on Title I underfunding

3. **Fully Fund IDEA**: summary here

**STATE SUPPORT**

Although the 2020-21 California budget did not have cuts to K-12 (as of this writing), a “no cuts” budget is not enough to reopen safely amidst pandemic when California ranks 41st in the nation in per pupil funding. With the state’s rainy day fund set to be exhausted by 20XX (UCLA/CHAPMAN?), Californians must make a choice: continue deficit spending that will take years to pay down at the expense of communities, or demand that California’s record number of millionaires and billionaires finally pay their fair share.

1. **The California Schools and Local Communities Funding Act of 2020, aka Schools and Communities First**: This Proposition will increase funding to education and local government by reassessing property tax of commercial and industrial properties valued at $3 million or more from 1978 assessments to current assessment values. Projected to add $7.5 to $12 billion a year with 40% allocated to schools and 60% added to local governments. 38

2. **Wealth Tax**: A new tax on unrealized capital gains to California billionaires only, 1% a year until capital gains taxes are met. This would generate between $20-30 billion a year initially.

3. **Millionaire Tax**: Add a 1% surtax on incomes over $1 million a year, and 3% for over $3 million a year. This would generate over $4.5 billion a year. (NOTE THAT 2 AND 3 ARE PENDING DECISION RE WHAT REVENUE MEASURE IS)

**LOCAL SUPPORT**

1. No new charter growth / online charters?

2. Uniform guidance for all cities in LAUSD boundaries

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1 Average school district has 3,659 students, eight buildings, 183 classrooms, 329 staff members, and 40 school buses. Expenses contemplated for additional health monitoring, cleaning/disinfecting, health and safety protocols, PPE, etc.

In Conclusion: Nothing should go back to normal. Normal wasn’t working.

LAUSD educators went on strike in 2019 demanding smaller class sizes; more nurses, librarians, and counselors; an end to racist “random” searches; and more, because normal wasn’t working. No matter the scenario in August, it’s clear that it will not be a “normal” school year. But normal hasn’t been working, especially for our most vulnerable students and families, and this challenge presents an opportunity to create a new normal that supports all students.

UTLA educators are eager to get back to classrooms where they can laugh with, care for, and most importantly, teach our students. But even more than teaching, our job in a pandemic is to keep students and communities safe. As politicians have gutted public goods, the burden on schools to be safe havens (TOO MUCH OF AN OUT FIND A WAY TO UNDERSCORE THAT IF SOCIETY IS MESSED UP SCHOOLS CAN’T OPEN REGARDLESS OF HOW MUCH MONEY YOU THROW AT THEM) has become more substantial. Learning happens when students feel safe, and safety is only possible in a broader setting of community preparedness, with a focus on a strategy of physical distancing in small, isolated groups, with a strong emphasis on hygiene. All of that is attainable, but only if schools and communities are funded appropriately. California can do that if politicians are finally willing to prioritize pupils over plutocrats.

When politicians exhort educators and other workers to “reignite the economy”, UTLA educators ask: who are you planning to use as kindling? Our students and school communities should not be sacrificed to jump start an economy that primarily benefits billionaires and the politicians they’ve purchased.


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Institute for Policy Studies and Americans for Tax Fairness analysis