NECESSARY CONDITIONS FOR RESTARTING LAUSD SCHOOLS IN 2020-2021

UTLA educators are eager to get back to classrooms where they can care for, laugh with, and most importantly, teach our students. But even more than teaching, our job in a pandemic is to keep students and communities safe. The eventual restarting of schools should be primarily about learning, not merely about the economy. Unlike other countries that recognize protecting lives is the key to protecting livelihoods, the United States has chosen to prioritize profits over people. The Trump administration’s attempt to force people to return to work on a large scale depends on restarting schools so parents have childcare.

Learning happens when students feel safe, and safety is only possible in a broader setting of community preparedness, requiring greater federal and state resources to support a strategy of physical distancing in small, isolated groups, with a strong emphasis on hygiene. When politicians exhort educators and other workers to “reignite the economy”, UTLA educators ask: who are you planning to use as kindling? The benefits to restarting schools must outweigh the risks, especially for our most vulnerable students and school communities.

WHILE MUCH ABOUT THE VIRUS REMAINS UNKNOWN, A FEW FACTS SHOULD BE KEPT IN MIND:

- **This is a highly contagious, deadly disease and the role of children in the transmission of COVID-19 is currently unknown.**
  
  Some studies raise concerns that children may transmit COVID-19 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 and Texas identified several clusters at daycare centers.

- **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. On July 8, WHO confirmed that there is “emerging evidence” of airborne transmission. 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.

- **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.

- **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.

- **There is a jarringly disparate rate of COVID-19 infection, severe illness, and death among BIPOC working communities, where structural racism and economic inequality mean people live with economic and social factors that increase risk of illness and death.**
  
  In these communities, people are more likely to have “essential” jobs, insufficient health care, higher levels of pre-existing health conditions, and live in crowded housing. Because of the forces of structural racism, Blacks, Latinx, and Pacific Islanders in Los Angeles County are dying of COVID-19 at twice the rate of white residents.