Dear Governor Gavin Newsom and Dr. Mark Ghaly,

As physicians, nurses, and public health professionals, we write with deep concern on the state of school reopening in California. While we have been grateful for this state's use of science-based decision-making in the early stages of the pandemic, we have not seen the same centering of science in our school reopening process. We write today to urge the California Department of Public Health to update its guidelines on reopening based on the latest science and data and do so no later than April 1. Urgent action is the only hope to reopen schools this year and prevent severe disruption of the academic year ahead.

Six million public school children in California have now been out of school for 12 months and counting with no opportunity for in-person education. While we recognize that some counties are proceeding with reopening plans in the coming weeks, these plans are extremely limited, fail to include the majority of students in California, and offer no dates for students who are not yet included. As a result, California ranks last among all 50 states for the proportion of K-12 students who attend school full-time in person. While the governors of Oregon and Washington have both issued mandates that all K-12 schools must reopen by April 19, our state has been left in limbo without a clear mandate. California is now the only West Coast state where schools are not guaranteed to re-open.

In our hospitals and clinics, we are bearing witness to devastating health impacts from prolonged school closures in children. Our centers have seen an increase in mental health visits that aligns with trends noted by the CDC. These include increases in anxiety, depression, and suicidality. In our clinics, we are seeing higher rates of obesity, hypertension, and fatty liver disease which will have long-term impacts on children's health. Children who used to love school are now completely disengaged while children with special needs are regressing in their development. While nearly all children are losing ground academically, the biggest negative impacts are on English language learners and children living in poverty, erasing years of effort towards reducing inequalities.

School reopening should be based on science and data. As such, we recommend the following:

- Decouple reopening from the rate of community spread: the decision to tie reopening
 to the color tier process was made before we had evidence to guide our
 decision-making. A year later, studies from <u>Wisconsin</u> and <u>North Carolina</u> provide clear
 data that schools can be reopened even in areas of high community spread. Continuing
 with the tier system widens inequities further by making it more difficult for schools
 with fewer resources to open while allowing well-resourced schools to continue
 in-person learning.
- Change physical distancing guidelines from a 6 feet requirement to a 3 feet
 recommendation: The CDC <u>updated their guidelines</u> to allow for 3 feet of distancing in

most cases. California school reopening guidelines also specify a preference for six feet of distancing between students, allowing four feet only after all alternate approaches have been considered, including hybrid learning. The 6 foot distancing requirement is not evidence based and is now inconsistent with recommendations from the CDC, WHO and the American Academy of Pediatrics. Recent data from Massachusetts schools indicate that 3 feet of distancing is sufficient to maintain safety, a finding supported by the data from the Wisconsin study.

Public health is a balance of assessing harm and benefit. In this case the evidence is clear: keeping schools closed to in-person learning provides marginal benefit in terms of disease prevention while extracting an enormous cost on children's physical and mental health. We urge the state of California to modify school reopening guidelines in accordance with the best scientific evidence. We know it can be done safely and we know the time to reopen our schools is long overdue.

Sincerely¹,

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