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BUSD Board of Education  
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February 2, 2021

Dear Dr. Stephens and BUSD colleagues, Mayor Arreguin, State Assemblywoman Wicks, State Senator Skinner and Governor Newsom:

We write to you today as Berkeley families and as public health and medical professionals. Since last March, many of us have been working on the frontlines of the COVID-19 pandemic and have firsthand and extensive experience with this disease: how to protect against it, and its mental and physical health impacts. We come to you now to ask that you make every effort to open our public schools to full-time in-person education as soon as the public health officer permits. Opening in the next few weeks will require open communication, flexibility and most importantly, the will to overcome challenges. We share our perspective, in firm belief that the learning loss and mental health crisis we are witnessing compels urgent action.

As physicians, scientists, and public health professionals, we rely heavily on research evidence to guide our practice. Early on in this pandemic, in the presence of a novel pathogen, we assumed that children would be primary drivers of the virus. In that setting, school closures seemed prudent. This assumption was later disproved, and it is now clear that, with the appropriate safety measures in place, schools can, in fact, safely provide in-person instruction.

Many schools across the nation have been open for months and we have the opportunity to learn from their [experiences](#). These data include similarly-funded public districts with disease prevalence higher than our own, and classrooms with similar numbers of children. Schools that have reopened successfully have implemented universal masking, basic hand hygiene, classroom ventilation, and increased physical distance [to three feet](#) in circumstances where children are static such as desk time and eating. What is not required for a safe school environment is: vaccination, universal child COVID testing, and [keeping children six feet apart at all times](#) or extensive infrastructural changes, even to the older schools in our district. Based on the BUSD dashboard, our TK-6 schools have already prepared for opening and have met the required precautions to reopen safely once community prevalence rates decrease to less than 25/100,000 for five days.

As healthcare workers, we understand well the fear of potential COVID infection and transmission to our families and other loved ones. Thankfully, we have extensive collective experience in witnessing the efficacy of universal masking even in some of the riskiest clinical environments, including older buildings without effective ventilation and in prolonged contact with unmasked patients. We are eager to offer our collective experience in risk mitigation to support school reopening, to speak with any of your staff or colleagues at the teacher's union,

city, state or elsewhere to share the science and discuss how to effectively protect teachers and students.

While even the best mitigation measures cannot guarantee absolute safety at schools, it is also starkly clear that isolating all children at home is also not safe. Every day, we are seeing more children with serious mental illness. Reports from Nevada and elsewhere are showing a significant increase in the number of children dealing with acute mental health crises, suicidal thoughts and eating disorders stemming from depression, anxiety, and social isolation. UCSF Benioff Children's Hospital Oakland, our local children's hospital, has seen an approximate doubling of the number of children needing mental health services from 2019 to 2020, and a 75% increase in the number of children brought in for emergency mental health services that required immediate hospitalization. Similarly, their data show a 130% increase in the number of adolescents hospitalized for eating disorders. Our area child psychiatry beds are full and children are waiting days in the emergency room to be admitted to residential facilities. And to put it candidly, those that come to our offices and our emergency rooms may be the lucky ones that are reaching help.

In public health and medicine, there are always trade-offs between one risk and another. We by no means underestimate the risk that children and teachers may face from leaving their homes. We want you to be accountable to feedback from teachers and families to ensure that all mitigation measures are appropriately met. We support continued virtual accommodations for medically vulnerable families and teachers. However, for the vast majority of students, the benefits of in-person school greatly outweigh the risks. The learning losses, the negative mental health sequelae, the increasing inequity, and the social breakdown our children are living through are no longer a questionable future prospect; they are a stark current reality. We are witnessing a sentinel event unfold before us.

We implore you to make every effort to reopen schools now, with the clear goal of having kids TK through 12th grade back in school five days a week before the end of the school year. Specifically:

- Commit fully to reopening schools for in-person instruction. This is crucial for shifting the conversation into the phase of *how* to effectively offer both in-person and virtual options and for mobilizing support to meet the needs it will require.
- Initiate open meetings with our teachers and teachers' unions and parents to come to agreement. We need consensus and leading this process must be your first priority.
- Enforce public health recommendations and guidelines to open schools as the CDC, CDPH and additional public health guidelines dictate. Commit to transparency and accountability so that teachers and families know and can trust that their safety needs will be met.

- Promote equity and good science in your own communications rather than giving equal time to various political or fear-based views. Take a strong stand for your students and your community.

Our children are watching to see if we will live up to the values we espouse. Their future, and the future of public education in Berkeley, depends on our ability to do so.

Sincerely,

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