

Board Meeting 3/25/2021 Written Testimony

From : Sara Morningstar [REDACTED]

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Subject : Board Meeting 3/25/2021 Written Testimony **To :** schoolboard@philasd.org

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Hello,

I want to urge the school board and district leadership to be strategic and smart as they plan for summer learning and the next school year. After living through more than a year of trauma during the COVID-19 pandemic - not to mention the additional trauma that too many of our students face daily due to poverty and violence in our city - there is a lot of talk about student "learning loss". The language we use to discuss our children and their learning has deep meaning and potentially hazardous implications.

I want all our children to be proud of their efforts over the past year. I want them to be recognized for their resilience and strength in the face of unprecedented challenges. Rather than focusing on loss, let's celebrate our students' accomplishments through virtual learning. After all, how many of our kids now know more about Zoom than their adult family members? How many of our children have improved their typing skills, or their ability to find quality information online? These kinds of technology skills have real world application, and will help our students prepare for college and career success.

As the district looks towards summer learning and next year, please make budgetary decisions that will give our children the opportunity to stretch their minds, challenge themselves, and most importantly heal from the trauma of the past year. Our schools need more caring adults who can look out for our students. They need after school programs such as chess and debate that integrate learning with fun - not just credit recovery programs that are disengaging and repetitive. They need safe, healthy school buildings that are welcoming, not toxic environments that made them sick even before this latest public health emergency.

I look forward to seeing how this school board translates their Goals & Guardrails into actual decision-making that benefits our students rather than overpaid consultants.

Thank you,
Sara Morningstar
Community Member

Hello,

I am a parent of four daughters in the Philadelphia Public School system and I have two issues that I want to raise regarding returning children to school full time. First, the environmental / facilities review of rooms and facilities and whether or not that effort is being conflated with general COVID safety and readiness; and second, sharing recent literature on the mental health status of children during the pandemic.

1. **Clearing Spaces for Occupancy: Process Developed and Implemented by the Philadelphia Federation of Teachers Director of Environmental Science Jerry Roseman**

I understand that this tool is being used to evaluate the readiness of classrooms:

<https://www.pft.org/sites/default/files/reoccupancyprocedure.pdf>

Given that, it seems very important that the Philadelphia Federation of Teachers and the School District of Philadelphia insist upon an evidence-based tool which references the most current recommendations. In the interest of data-driven policy and transparency, the tool should specifically cite the most current science linked to every question.

I ask this out of concern from a recent webinar where the Director of Environmental Safety suggested to the Nebinger School community that this evaluation of physical space was a more important consideration than adhering to the recommendations of the American Academy of Pediatrics or the local recommendations from the Children's Hospital of Philadelphia. **That is, it seems very dubious to suggest that replacing a giant blower fan in a school basement needs to happen before returning children to school during what is, without exaggeration, a pediatric mental health mass-casualty event.** Clearly this is not correct, so I hope to receive answers on several questions regarding the tool:

First, a few general questions:

- Can this tool be updated to include a bibliography and citations with each question, given how fast recommendations are changing and being updated? Reference to peer-reviewed literature or recommendations from the American Academy of Pediatrics, the Centers for Disease Control, etc. would be appropriate. **For every question on this survey, a reference to the corresponding recommendation would show transparency if this tool is to be used for any formal purposes linked to teacher's and children's health. As it stands, it appears very subjective and not developed using any scientific rigor.**
- Please describe how this tool is being used. That is, this tool seems to evaluate ventilation and environmental considerations, but such factors are not, of course, the sole consideration. That is, does this tool:
 - Evaluate physical space requirements against the negative mental health impacts and negative educational aspects of keeping children virtual?
 - Or, is there a body overseeing this study that views this survey in context as only one aspect to consider and that body considers whether or not the physical space concerns are severe enough to outweigh the negative mental health impacts and negative educational aspects of keeping children virtual?

Clearing Spaces for Occupancy: Process Developed and Implemented by the Philadelphia Federation of Teachers Director of Environmental Science Jerry Roseman	Questions on Specific Survey Tool Questions:
A school and/or a space will be cleared for staff if it meets all of the following criteria:	
No building level asbestos issues/concerns (presence or damage to ACM) is identified during review of TAB reports and/or other relevant documentation as impacting and/or directly associated with ventilation systems (components or operation).	What standard is being used here? Please confirm if there is granularity in this reporting. That is, is a distinction made between immediate concern and more latent concerns that do not rise to the urgency of keeping schools closed?
No individual space/room level asbestos concerns (presence or damage to ACM) is identified during review of TAB reports and/or other relevant documentation, as impacting and/or directly associated with ventilation systems (components or operation), for that space	What standard is being used here? Please confirm if there is granularity in this reporting. That is, is a distinction made between immediate concern and more latent concerns that do not rise to the urgency of keeping schools closed?
OA Levels as measured and reported are > 0	The CDC has many recommendations regarding outside air (OA). Please specific which standards and recommendations are being adhered to here.
A space and a school will be cleared for students if it meets all the criteria required to be cleared for staff in addition to the following criteria.	
OA measurements (CFM) from a non-window fan system are provided and are greater than CFM for the space.	Why the distinction for “non-window fan”? The CDC very clearly states, “ Use child-safe fans to increase the effectiveness of open windows. Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors ¹ .” Shouldn’t we use every available intervention? I know the fans showed in the press with bare plywood were a bit of a PR fail, but circulation is circulation, to an extent, so let’s not be dismissive of perfectly acceptable interventions. I’ll volunteer to get a group together to paint them and put the school logos on them if it gets everyone using every tool in the tool box. Aesthetics shouldn’t really matter here.
Square footage information/detail is provided if the space is a room	If this is being asked as it relates to some of the CDC formulae on the outside air/square feet ratio, please specify which formulae and recommendations are being followed.
Information provided by the District (in their “Walkthrough” document) is consistent with the information provided in the inspectors TAB report.	I assume children will not be kept at home if there is a discrepancy in data sources. Poorly curated bureaucratic documents do not seem like a reason to keep children home. Please confirm.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

School has required common non-classroom spaces listed and cleared for students	
Building level mechanical concerns/issues/questions are responded to with requested information and are “satisfactorily resolved.”	Please confirm if there is granularity in this reporting. That is, is a distinction made between immediate concern and more latent concerns that do not rise to the urgency of keeping schools closed?
Room level mechanical concerns/issues/questions are responded to with requested information and are “satisfactorily resolved.”	Please confirm if there is granularity in this reporting. That is, is a distinction made between immediate concern and more latent concerns that do not rise to the urgency of keeping schools closed?
Pk-2 occupancy information for the space has been provided.	I assume children will not be kept at home if there is a discrepancy in data sources. Poorly curated bureaucratic documents do not seem like a reason to keep children home. Please confirm.
An on-site verification process has been developed and agreed to (by PFT & SDP) and collected data and information is considered as part of ongoing review.	

2. **Children are experiencing a mental health mass-casualty event.**

The most recent scientific literature may be hard to locate or buried behind paywalls so I gathered some here. The common thread in all the studies is rather intuitive. Isolation is dangerous. And the behavioral health issues emerging will not disappear once schools open, so this should be seen as extremely time sensitive.

It’s also noted by researchers something all teachers already know: **Children who report sexual abuse and domestic abuse report that abuse at school, and that reporting isn’t happening.** Our teachers, trained to recognize challenges who partner with the appropriate social services, law-enforcement or behavioral health professionals in connecting children to care, are no longer able to help. And some other specific concerns:

- Hospitals have seen an [increase of 500 visits per week of mental-health related pediatric emergency department visits](#)². Note that figure should be put in context that not only is that an increase, it is an increase **during a pandemic**. That is, there is risk of COVID exposure in taking a child to a hospital during this pandemic. But **even with that added risk, there has been an increase of 500 mental-health related pediatric emergency department visits.**
- In Philadelphia, [the overwhelming majority of people who have died from COVID or were hospitalized due to COVID have been from families in our most vulnerable zip codes and from communities of color](#)³. The critical role schools serve in coordinating mental health is sorely missing from these particularly affected children and, per a study, [“Findings showed high levels of anxiety and negative thoughts and low quality of life among children whose parents were diagnosed with COVID-19 and were isolated from them. Therefore, the high levels of negative thoughts and low quality of life in this group predicted their high levels of](#)

² <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6945a3-H.pdf>

³ <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/testing-and-data/#/overview>

*anxiety. Parental quarantine and isolation, especially in children who are vulnerable and with poor quality of life, have negative effects on children's mental health.*⁴

- Children with special health needs have been particularly affected, per another study, where children felt even more extreme isolation as they were subject to stricter isolation measures due to health concerns and, *"The participants experienced loneliness, anxiety, lack of psychosocial support, and lack of physical contact. In addition, and of specific importance to the disease trajectory, lack of rehabilitation and lack of support during hospital visits were reported"*⁵.
- Other studies have noted the concerns regarding screen time, obesity, anxiety and: *"this study observed that during the height of the COVID-19 'stay-at-home' measures, children exhibited increased anxiety scores compared to normative values from paediatric populations prior to the pandemic. However, children who reported higher positive affect scores had lower levels of state anxiety, and children with overweight/obesity who reported more time spent in physical activity also reported lower anxiety scores. Additionally, children who reported greater leisure screen time had higher negative affect scores, irrespective of their BMI status. Collectively, our findings suggest that positive affect, physical activity levels and leisure screen time may be important for mental health outcomes during stressful periods"*⁶.
- Per the CDC, there is growing concern that children, *"from specific groups or exposed to some risk factors are more vulnerable to developing mental health disorders during the pandemic. Fragile groups identified were children with preexisting health conditions and in vulnerable socioeconomic contexts. Risk factors were exposure to domestic violence or child maltreatment and infection by COVID-19"*⁷.

Thank you for your careful attention to these issues. I believe the conclusion is somewhat simple: let us do now what we did last year, and err on the side of protection and safety for our children. That is, I ask you to always be data driven. And whereas closing schools part way, or partially, might feel like the safe choice. The data shows that it is, increasingly, the more harmful choice.

Sincerely,

Thomas Novak



⁴ <https://pubmed.ncbi.nlm.nih.gov/33601873/> "Effects of COVID-19 Outbreak on Children's Mental Health: A Comparative Study with Children Diagnosed and Isolated from Their Parents"

⁵ <https://pubmed.ncbi.nlm.nih.gov/33601980/> "Experiences of Social Isolation During the COVID-19 Lockdown Among Adolescents and Young Adult Cancer Patients and Survivors"

⁶ <https://pubmed.ncbi.nlm.nih.gov/33720550/> "BMI status and associations between affect, physical activity and anxiety among U.S. children during COVID-19"

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7481176/pdf/main.pdf> "