

Congress of the United States

Washington, DC 20515

March 5, 2021

Dr. Rochelle P. Walensky
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, Georgia 30329

Dear Dr. Walensky,

Thank you for your willingness to serve the nation in your role at the Centers for Disease Control and Prevention (CDC). We recognize that one of your many tasks is to develop recommendations that will allow the safe return of all children to in-classroom instruction. This duty is immense and immeasurably important, and we write today to express our concerns regarding the CDC's recently issued "K-12 School Operational Strategy" and to urge you to create a more practical framework that will allow for a greater level of in-person instruction.

The revised strategy asserts schools should be the first to open and the last to close, and we whole-heartedly agree. Unfortunately, the strategy implementation appears to ignore the best available science and even conflicts with CDC findings published as recently as January 29, 2021. Dr. Joseph Allen with Harvard University's T.H. Chan School of Public Health and Dr. Helen Jenkins with Boston University's School of Public Health conclude "the [strategy] adds new and unnecessary demands that will ultimately keep millions of kids out of school."¹

We are especially concerned about the strategy's insistence upon using unrealistic community spread metrics as a benchmark for the status of school openings. According to recent reporting, approximately 89% of school-age children live in "red zones," the strategy's most restrictive category.² As you know, the red zone allows for no in-person sporting events or extracurricular activities, severely restricts in-person attendance for elementary schools, and all but prohibits in-person instruction for middle and high schools.³

Given the sheer number of schools that fall into the strategy's red zone, we believe this framework is misguided and wholly untenable. After all, while the strategy uses community spread rates as the basis for categorizing schools into the red zone, the CDC's own studies reveal community spread is not an accurate barometer of in-school transmission of the virus.⁴ Furthermore, you recently said "what we are finding, from the science-based literature, is that there is more spread that is happening in the community when schools are not open, than when

¹ Allen, J. & Jenkins, H. (2021, February 12). *The CDC's Latest Demands Will Keep Millions of Kids Out of School Unnecessarily*. The Washington Post.

² McPhillips, D. (2021, February 15). *Nearly All US Kids Live in Red Zones Under New CDC Guidance*. CNN.

³ Centers for Disease Control and Prevention. (2021, February 12). *Operational Strategy for K-12 Schools Through Phased Mitigation*.

⁴ Centers for Disease Control and Prevention. (2021, January 29). *COVID-19 Cases and Transmission in 17 K-12 Schools — Wood County, Wisconsin, August 31–November 29, 2020*.

schools are open.”⁵ We would strongly urge you to base the framework for opening schools on the CDC’s most recent publications as well as your own remarks.

In addition, you are no doubt aware of the serious concerns harbored by many that the CDC’s ongoing guidance is being disproportionately influenced by actors whose interests are not necessarily in line with those of our children. In a recent interview regarding the CDC’s new strategy, you conceded “direct changes” were made to the guidance as a result of meetings with various stakeholders, including parents, students, teachers, and school staff.⁶ Moreover, Donna Harris-Aikens, a senior advisor at the Department of Education, alluded to the involvement of “superintendents, principals, civil-rights groups, and all sorts of other folks.”⁷ We would hope that one of our nation’s premier scientific agencies is not succumbing to political influence and doing a tremendous disservice to the millions of children who will be negatively impacted by the CDC’s updated strategy.

As we approach the one-year mark of school closures in this country, it is worth revisiting the harm these closures have inflicted upon millions of American parents and their children. Your own studies found a 66% increase in mental health-related emergency room visits among school-age children in 2020 as compared to the same period prior to COVID-19.⁸ This is staggering. We remain concerned with how the long-term implications will play out among our nation’s youth.

Moreover, it goes without saying that parents in the workforce struggle to manage childcare when schools are closed, and single-parenting households are disproportionately negatively impacted. In order for our economy to recover with a full workforce, we must have our children physically back in schools.

Given these devastating impacts and the CDC’s own literature, it seems apparent you did not rely upon the best available science and weigh all of the risk factors in the development of the most recent guidance for school reopenings. As such, we implore you to reconsider this guidance and devise a more workable solution that will allow students to safely return to the classroom as soon as possible.

Sincerely,



Mike Johnson
Member of Congress



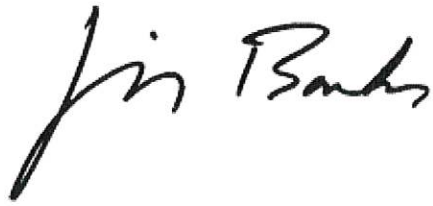
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⁵ Centers for Disease Control and Prevention. (2021, February 12). *Transcript: CDC Update on COVID-19*.

⁶ *Id.*

⁷ *Id.*

⁸ Centers for Disease Control and Prevention. (2020, November 13). *Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—United States, January 1–October 17, 2020*.



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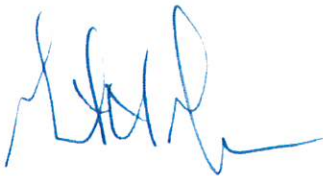
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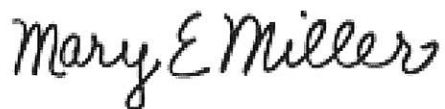
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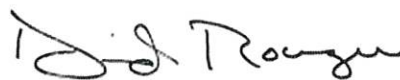
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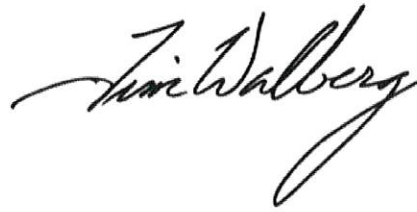
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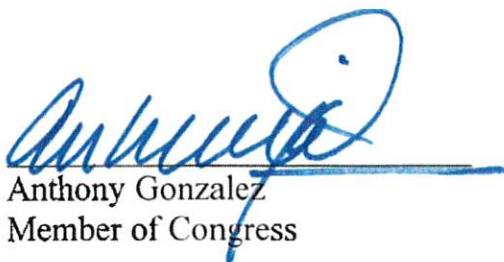
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