Dear Members of the Senate Education Committee,

I am a family physician, KU Med grad, Mayo Clinic trained, mother of four Blue Valley Students (USD 229), and I've obtained an emergency substitute license. Since October 2020, I have given public testimony on eight occasions regarding up to date research and evidence on remote learning and school closures, including six local Board of Education meetings, one KS State BOE meeting, and a KS K-12 State Budget Committee meeting. I have provided a preponderance of data on the harmful effects of school closure and the well documented research on safely reopening our schools. Despite this, our local Blue Valley BOE and our Department of Health continue to make decisions based on dated and flawed gating criteria that perpetuates school lockdowns. We ALL have been woefully NEGLIGENT in our duty to protect health and well being of the most vulnerable in society, our children.

On Jan 6, 2021, a letter published in the New England Journal of Medicine summarized data from 2 million children and teachers in Sweden showing that while schools were OPEN, the occupational risk to teachers was no different than non-teachers.

On Jan 11, 2021, a study from Duke University and UNC following nearly 100,000 students and staff was published in PEDIATRICS journal. The conclusion, "Our data support the concept that schools can stay OPEN safely in communities WITH widespread community transmission."

On Jan 21, 2021, a Medical University of South Carolina infectious disease pediatrician found that only 1% of their 38,000 IN PERSON students AND staff tested positive for COVID-19 between September through December. "It is so compelling that the schools are safe if you put all the mitigation strategies in place."

Dr. Fauci, on November 29, 2020, admitted schools are NOT a major driver of community spread. Dr. Joe LeMaster, our own public health officer for Johnson County, KS, has said of the COVID-19 infection rate, "We don't believe this is predominantly being generated by the number of cases coming out of the schools. The schools are doing a good job to protect their students and their staff."

On November 19, 2020, the CDC director, Dr. Robert Redfield said "There is extensive data that we have gathered over the last two to three months to confirm that k-12 schools can operate with face-to-face learning and they can do it safely, and they can do it responsibly."

Jan 5, 2021, the president of the American Academy of Pediatrics stated, "Children absolutely need to return to in school learning for their healthy development and well-being."

Numerous published studies have shown that lockdowns have negatively impacted diet, sleep, physical activity, and obesity rates among children and that there has been a dramatic increase in suicidal ideation, depression, anxiety, substance abuse and deaths of despair in our youth. Academic failure has also been well documented, including a measured decline in ACT results

here in Kansas. There have been extensive reports from across the country that remote learning is woefully inadequate for our students (see data from TX, NY, VA, etc.).

The Journal of American Medical Association reported that an estimated 13.8 million years of life lost may be associated with school closure. "Future decisions regarding school closures should consider the association between educational disruption and decreased expected lifespan and give greater weight to the potential outcomes of school closure on children's health."

Published January 15, a report direct from the CDC: "As of Dec 7, 62% of US K-12 school districts offered either full or partial in-person learning. Despite this level of in person learning, reports to CDC of outbreaks within K-12 schools have been LIMITED, and as of the week beginning Dec 6, aggregate COVID-19 incidence among the general population in counties where K-12 schools offer in person education was SIMILAR to that in counties offering only virtual/online education. Several US school districts with routine surveillance of in school cases report LOWER incidence among students than in the surrounding communities and a recent study found NO increase in COVID-19 hospitalizations rates associated with in person education measures to help prevent and slow the spread of COVID-19... Several US school districts with routine surveillance of in school cases report LOWER incidence among students and a recent study found NO increase to help prevent and slow the spread of COVID-19... Several US school districts with routine surveillance of in school cases report LOWER incidence among students and a recent study found NO increase to help prevent and slow the spread of COVID-19... Several US school districts with routine surveillance of in school cases report LOWER incidence among students than in the surrounding communities and a recent study found NO increase in COVID-19 hospitalizations rates associated with in person education measures to help prevent and slow the spread of COVID-19... Several US school districts with routine surveillance of in school cases report LOWER incidence among students than in the surrounding communities and a recent study found NO increase in COVID-19 hospitalizations rates associated with in person education."

The failure to fully reopen schools will have long term social, economic, physical and academic consequences that will reverberate for years. History will not judge us kindly for this travesty.

Sincerely,

Jill Ackerman, MD 913-575-3445 ackerman.jill99@gmail.com