

## The Same Storm, but Different Boats: The Safe and Equitable Conditions for Starting LAUSD in 2020-21

UTLA ♦ July 2020

LAUSD educators clearly want to get back into schools with their students, but the underlying question at every step must be: ***Given broader societal conditions, how do we open physical schools in a way that ensures that the benefits outweigh the risks, especially for our most vulnerable students and school communities?***

The COVID-19 pandemic in the United States underscores the deep equity and justice challenges arising from our profoundly racist, intensely unequal society. Unlike other countries that recognize protecting lives is the key to protecting livelihoods, the United States has chosen to prioritize profits over people. The Trump administration's attempt to force people to return to work on a large scale depends on restarting physical schools so parents have childcare.<sup>a</sup>

In Los Angeles, this means increasing risk especially in Black and Brown working communities, where people are more likely to have “essential” jobs, insufficient health care, higher levels of preexisting health conditions, and to live in crowded housing.<sup>1</sup> Meanwhile, the rewards of economic recovery accrue largely to white and well-off communities that have largely been shielded from the worst of the pandemic's effects.

Vulnerable students — already facing hurdles such as structural racism, poverty, homelessness, immigration documentation issues, learning and health disabilities, and limited technology access — were disproportionately negatively impacted by the Los Angeles Unified School District's shift to crisis distance learning.<sup>2</sup> Educators know better than most the critical role that schools play in children's lives, supporting not just their educational lives but their social and physical development. But until a vaccine or cure is available, starting school without policies in place to mitigate viral spread and provide additional student supports will almost certainly compound the pandemic's outsize trauma on those students and their families.

This document outlines the equity lens that we must use to view both today's emergency and tomorrow's recovery. First, we ask, *Who is suffering the most, and why?* Next, we outline current best practices that must be in place to ensure that our most vulnerable communities are helped, not hurt, by the restart of schools. Throughout, results from UTLA member surveys and the first round of parent surveys collected by UTLA will provide insight into the deeply felt concerns that are impacting educators, students, and their families. Finally, we discuss how funding must be drastically improved if schools are to start safely and equitably.

In March, when it was clear that the deadly virus was spreading in the community, UTLA educators led the way in calling for LAUSD to save lives by shutting down schools. Today, we are calling on politicians to demonstrate their commitment to saving lives by fully funding the safe and equitable start of school.

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<sup>a</sup> ALEC, a right-wing corporate lobby group calling to “bring the economy back to life through a free market approach that gets big government out of the way” hosted a call with Education Secretary Betsy DeVos on May 5 for this purpose.

# The Same Storm, but Different Boats: The Safe and Equitable Conditions for Starting LAUSD in 2020-21

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## The Same Storm, But Different Boats

*"We're all in this together"* is a common slogan during this crisis. What this platitude fails to acknowledge is that, while we may all be in the same storm, we are not all in the same boat. The United States is at an unprecedented moment of overlap between a global pandemic, deep economic recession, and an uprising for Black Lives that exposes the structural race and class fissures that have resulted in higher unemployment, exposure, infection, and death rates in Black, Brown, and poor communities.

### THE COLOR OF COVID-19

Unsurprisingly, the data is increasingly showing that there is a "disproportionate burden of illness and death among racial and ethnic minority groups."<sup>3</sup> BIPOC<sup>b</sup> communities are more likely to experience economic and social factors that increase risk of illness and death. Below are just some examples:

- More likely to live in high-density housing (making social distancing difficult), because of decades of residential housing segregation caused by institutional racism.<sup>4</sup> In California, the overcrowding is even more intensified by a housing crisis that has resulted in an overcrowding rate over twice that of the national average.<sup>5</sup>
- More likely to live in multi-generational households, increasing the risk of infection of vulnerable older family members. Such living situations also make it more difficult to isolate if an individual gets sick, as space may be limited.<sup>6</sup>
- More likely to live further away from medical centers and to be uninsured, leading to poorer underlying health and barriers to care, increasing the likelihood of severe illness and death from COVID-19.<sup>7</sup> For example, African Americans, Latinx, and Native American individuals are more

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<sup>b</sup> Black, Indigenous, People Of Color

**“I will not send my child...it is not safe for our children and teachers that have elderly family members that live with them.”**

*- UTLA parent survey response -*

likely to have chronic illnesses such as obesity, heart disease, diabetes, and lung disease — all of which are linked to higher COVID-19 fatality. 93% of all LA County virus fatalities had underlying health conditions.<sup>8</sup>

- When employed, more likely to be required to work outside the home in “essential” jobs that place them in harm’s way for infection. For example, although Black workers make up only 12% of all employed workers, they make up 36% of all nursing, psychiatric, and home health aides.<sup>9</sup>
- More likely to have a job without paid sick leave, increasing their exposure to other workers who may be infected, and increasing the likelihood that they themselves will expose others to COVID-19. Latinx workers are less likely to have access to paid leave compared to white workers.<sup>10</sup>
- More likely to rely on public transportation, increasing the risk of viral exposure.<sup>11</sup>
- More likely to live in areas with poorer environmental and air quality, increasing the likelihood of preexisting health conditions. In LAUSD, over 65,000 students have asthma.<sup>12</sup>
- Undocumented immigrants are ineligible for most governmental relief funds, and ineligible to enroll in the Affordable Care Act. More than 5 million U.S.-born children who have undocumented-immigrant parents are likely to suffer extreme poverty. As a result, they are much more likely to be uninsured and thus more likely not to receive the health care they need.<sup>13</sup>
- Close to 100,000 LAUSD students are English Learners.<sup>14</sup> While many ELs are native born, they overwhelmingly come from immigrant families. In addition to similar healthcare context as undocumented immigrants, ELs’ families face added difficulties in poor translation or no translation in their native language.<sup>15</sup>
- Data from across the United States reveals Black people in some cities are as much as 4 times more likely to be charged for COVID-19-related emergency order violations. At the same time, thousands of armed, white, anti-mask protestors

packed the streets in multiple cities across the US with little police intervention.<sup>16</sup>

Because of the forces of structural racism, Blacks, Latinx, and Pacific Islanders in Los Angeles County are dying of COVID-19 at twice the rate of white residents.<sup>17</sup> Residents of high-poverty areas were almost four times as likely to die of COVID-19 compared to those who lived in wealthier areas.<sup>18</sup> The effect on human lives is quantifiable: the disproportionate effect of coronavirus means that at least 700 Blacks, Latinx, and Asian Americans died because of structural racism that puts them more at risk compared to white people. Nearly 1,000 people living in high poverty areas died because of class and income inequality that puts them more at risk compared to people living in wealthy areas.<sup>19</sup>

**“I am [older] and African American. Although I am healthy for my age and I love my job, I am afraid to come back... I have adopted high school students and I want to live to see them graduate and get into college.”**

*- UTLA member survey response -*

Restarting physical schools during the pandemic will inevitably increase the risk of infection and death for all Angelenos, but especially for over half a million LAUSD students and families who fall into a vulnerable category because of race and/or poverty.<sup>20</sup>

LAUSD Student Demographics <sup>21</sup>	
Latino	73.4
White	10.5
African American	8.2
Asian	4.2
American Indian or Alaskan Native, Native Hawaiian or Pacific Islander	< 1
Filipino	2.1
Not Reported	1

*Note: Percentages do not add up to 100%*

## STUDENTS WITH DISABILITIES AND OTHER HEALTH CONCERNS

Students with disabilities make up 13% of the population of LAUSD. These students often rely on additional in-person services and supports for their learning success, particularly if they have a disability classified as moderate to severe. Because of unregulated privatization growth, students classified as moderately to severely disabled make up a disproportionate percentage of the special education population of LAUSD: 31% of all LAUSD special education students have a disability classified as moderate-severe, compared to only 16% at charter schools.<sup>22</sup> The shift to crisis distance learning has been especially disruptive for these students. For families of students with disabilities who are also low-income or who do not speak English, the situation becomes even more fraught.

Unfortunately, research shows that people with intellectual and developmental disabilities (IDD) are more likely to be infected, and more likely to experience serious illness and death from COVID-19.<sup>23</sup> Children younger than 17 years old with IDD were nearly 9 times more likely to contract COVID-19 than children without these disabilities. Initial outcomes show that people with IDD who contract COVID-19 may be 2.5 times more likely to die than those without such a disability.

As recently as late June 25, 2020, the CDC expanded its list of people at high risk of severe illness, and changed its presentation of age-related risk, noting that risk doesn't begin suddenly at 65, but rather increases with age. Among other risk factors, obesity (BMI of 30 or higher) and diabetes were added.<sup>c</sup> At least 25% of LAUSD students fall into these expanded categories, even though many of them would not necessarily have an IEP and be classified as a student with a disability.<sup>24</sup>

The inadequate guidance from the federal and state levels does not help districts meet the challenge of how to ensure the needs of students with disabilities are met during the pandemic era of education. For example, on the important question of personal protective equipment (PPE), the state's guidance is simply: "Consider how the LEA [Local Education Agency] will address students with disabilities who refuse or are not able to wear

masks."<sup>25</sup> On the question of physical distancing, the state appears to *prima facie* admit that students with disabilities should be exposed to greater risk in order to receive instruction: "Establish flexibilities and plan for how to implement physical distancing given lack of space and facility limitations..."

**"My daughter has asthma and allergies. I have a high-risk baby that is 6 months [old]. I don't have insurance coverage. I'm afraid for my daughter's health. Please, I really need help."**  
- UTLA parent survey response -

Special education educators are keenly aware of the challenges of distance learning for their students. Given the high risk of infection and death for vulnerable students, it is critical that we fully fund IDEA to ensure all supports are in place to meet the needs of our students with disabilities. Without that targeted funding, the crisis services offered will not outweigh the risks endemic to in-person learning.

## Safe and Equitable Starting of School: Biology Has Rules, Even If We Choose to Ignore Them.

LAUSD is the second-largest school district in the country, with over half a million students and their families who are especially vulnerable to serious illness and death because of structural racism, poverty, and/or disability. To equitably start school, we must adhere to known best practices to prevent the virus' spread while employing education practices that benefit all students, especially those suffering the most from learning loss and social isolation. Most organizations and individuals that have come out unequivocally in favor of reopening schools are either motivated by "reigniting the economy" (ignoring the fact that this is first and foremost a *public health crisis* and not primarily an economic crisis), or gloss over the likely impacts of starting school on broader school

<sup>c</sup> See Appendix A for the CDC's list of People at increased risk for severe illness

communities, to which our students are inextricably bound.

While much about the virus remains unknown, a few facts should be kept in mind:

1) **This is a highly contagious, deadly disease and the role of children in the transmission of COVID-19 is currently unknown.** Some studies raise concerns that children may transmit COVID-19 through two mechanisms: increased contacts/opportunities for transmission; and high viral loads even when asymptomatic.<sup>d</sup> In Cleveland, Ohio, as the state lifted protective measures, more children tested positive for COVID-19 and hospital admissions for children also increased, raising doubt about the myth that children do not get ill from the virus.<sup>26</sup> Although other countries' initial school reopenings show extremely low rates of child-parent transmission, North Carolina and Texas identified several clusters at daycare centers.<sup>27, 28</sup>

"Everyone in the household suffers from asthma, diabetes, and high blood pressure and I don't feel comfortable sending my [students] to school."

- UTLA parent survey response -

2) **This is a novel virus. Scientists continue to uncover new symptoms and risk factors, and the long-term effects are almost completely unknown.** As recently as May, the CDC added three new symptoms of coronavirus, adding congestion/runny nose, nausea/vomiting, and diarrhea to the list.<sup>29</sup> In late June, the CDC expanded its list of people at high risk of severe illness.<sup>30</sup> In early July, 239 scientists in 32 countries wrote an open letter to the World Health Organization outlining evidence that airborne transmission may be a significant factor in the pandemic's spread.<sup>31</sup> On July 8, WHO confirmed that there is "emerging evidence" of airborne

transmission.<sup>32</sup> If true, recommended infection control guidance would change dramatically.

And lost amidst the relief at the low mortality rate in children is the distinction between morbidity and mortality. Many young people still experience severe illness, and the rare multisystem inflammatory syndrome in children (MIS-C) is still not well understood. A European study found that 13% of children required respiratory support, and that patients younger than one month may be more likely to require intensive care.<sup>33</sup> COVID-19 is now suspected to cause lung, heart, kidney, brain, and clotting complications — and these are just the known immediate effects.<sup>34</sup> The longer-term effects are almost completely unknown. As we discuss best practices, recommendations may shift or expand as the science shifts and expands.

3) **LAUSD educates over half a million students, employs over 60,000 adults, and is spread out over 720 square miles.**<sup>35</sup> The vast network of busing and commuting results in an extraordinary number of contacts, which undermines social distancing and contact tracing, key methods of pandemic control. An asymptomatic child may bring the virus home to their high-risk grandparents, to their densely populated apartment building, to a parent with an essential job that brings them in contact with hundreds of people.

4) **As of publication, California case counts and death rates were shattering records and hospitalization rates were increasing.** Los Angeles County accounted for 40% of new cases in the last two weeks of June, despite being home to only a quarter of the state's population.<sup>36</sup> Other countries that have reopened schools, such as New Zealand, Vietnam, and Germany, did so only after they had flattened the curve and in a setting of broader societal preparedness, including rapid case identification, contact tracing, and isolation.<sup>37</sup>

<sup>d</sup> One study showed that although children were 1/3 as susceptible to infection as adults, with schools open the risk evens out due to children having three times as many contacts as adults. Based on this, researchers estimated that closing schools can reduce pandemic surge by 40 - 60 %. The second study shows that children who test positive have as high a viral load, and sometimes higher, than adults. More concerning is the fact that a group of 47 infected children were mostly symptom-free, and these asymptomatic children had viral loads that were as high or even higher than symptomatic children and adults.

5) **There is a jarringly disparate rate of COVID-19 infection, severe illness, and death among BIPOC working communities, where structural racism and economic inequality mean people live with economic and social factors that increase risk of illness and death.**

In these communities, people are more likely to have “essential” jobs, insufficient health care, higher levels of preexisting health conditions, and live in crowded housing. Because of the forces of structural racism, Blacks, Latinx, and Pacific Islanders in Los Angeles County are dying of COVID-19 at twice the rate of white residents.

UTLA’s conversations with and initial polling of LAUSD parents show that 83% of parents said they do not feel confident enough to send their child back to school in the fall. Unfortunately, low-income and BIPOC individuals are more likely to have to work outside the home, and will be more likely to send their children to school even if they are reluctant to do so.<sup>38</sup> Meanwhile, more affluent families, already at lower risk of infection and death thanks to economic and/or racial privilege, are more likely to have the luxury of choice to keep their children home, further widening the already existing risk gap.

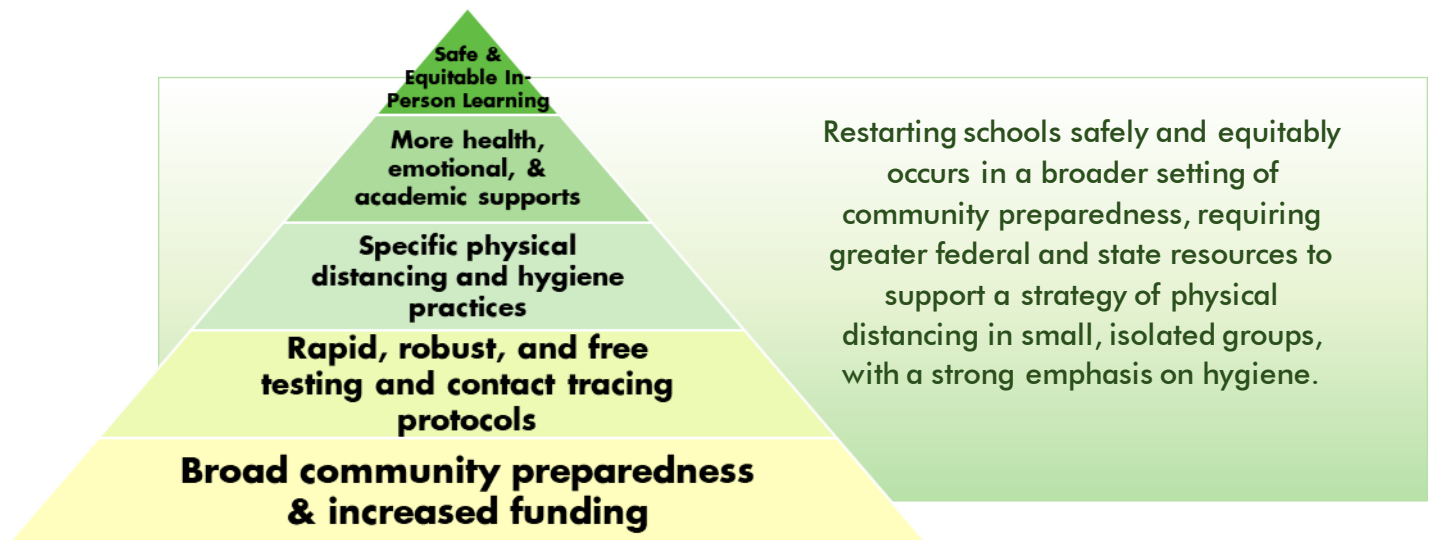
As Dr. Kirsten Bibbins-Domingo of UCSF said, “It’s a luxury to shelter in place.”<sup>39</sup> But it should not be a luxury for parents to be able to choose to keep themselves and their children safe.

Parents’ main concerns, expressed via townhalls, conversations, and initial surveys include:

- having enough funding to ensure safety and enough personnel to ensure cleanliness
- younger students’ struggles with physical distance
- students with preexisting health issues such as asthma, medically fragile students, and students with disabilities
- availability of personal protective equipment
- fear of increased policing in schools
- being forced to go back to a potentially unsafe working situation in order to be able to pay for basic life necessities

To ensure that our most vulnerable students and families are helped, not hurt, by the starting of school, we must implement best practices to mitigate the risk of viral transmission. These practices have been gathered from many sources, including scientific guidelines set forth by the Centers for Disease Control and Prevention (CDC), the California Department of Education (CDE), the LA County Office of Education (LACOE), practices from other countries that have reopened schools especially in Scandinavia and Asia, practices from childcare centers in the United States that have been caring for the children of essential workers, and feedback from UTLA educators and LAUSD parents.

**Restarting schools safely and equitably occurs in a broader setting of community preparedness, requiring greater federal and state resources to support a strategy of physical distancing in small, isolated groups, with a strong emphasis on hygiene. Finally, all plans and practices must be responsive to the rapidly emerging epidemiology of this novel virus.**



## BROAD COMMUNITY PREPAREDNESS

There is no safe restart of physical schools without the foundation of broad community preparedness that demonstrates a commitment to stopping the spread of the virus through objective metrics and dramatically increased funding. This includes:

- Testing of 100% of symptomatic individuals in the community
- Clear, specific, and consistent guidance from public health officers
- A common response plan for all cities within the LAUSD boundaries to reduce the risk of confusion and unnecessary risk
- Decreasing or stable infection and hospitalization rates in Los Angeles County for 14 days and an absolute case number that indicates community spread has stopped
- Close monitoring of the transmission rate (R0 rate) to ensure it does not rise above 1
- Paid sick leave for parents to be able to keep symptomatic children home
- Clear framework to protect against personal liability, in acknowledgment of the fact that there is no way to eliminate all risk during an active pandemic
- Greatly increased federal and state funding to support physical distancing and hygiene practices

**“My principal even said, ‘Nothing is changed, except we don’t meet up.’ REALLY?! That’s an insane view.”**

*- UTLA member survey response -*

## TESTING AND CONTACT TRACING PROTOCOLS

- A robust, free testing and contact tracing system for the entire community that explicitly addresses access issues about Black, Brown, and low-income communities
- Assigned seating in classrooms and on buses so that contact tracers will know exactly who was sitting next to someone who is found to be infected
- Rapid response and quarantine protocols upon any active infections in students or staff<sup>40</sup>
- Upon discovery of active infections that necessitate a classroom or school closure, clear

protocols and parameters for restarting at the school and district level<sup>41</sup>

- Clear procedures for confirming that members of students’ household do not have the coronavirus<sup>42</sup>

**“My greatest concern is that my classroom is very small. There is one door in and out of the class. There is one small half window for [air circulation].”**

*- UTLA member survey response -*

## PHYSICAL DISTANCING

- Keeping students in small groups (“pods”) with as little contact with others as possible<sup>43</sup>
- Plans that account for siblings to maintain the “pod” protections for households
- Staggered arrival, recess, lunch, and pickup times
- Drastically reduced class sizes to no more than 12 per classroom
- Specific implementation plans given each school’s unique physical layout
- One-way travel in hallways, and lockers assigned by “pods” and/or the elimination of lockers to avoid commingling in hallways
- Personal protective equipment provided for staff and students
- Reduced furniture in classrooms to increase space for physical distancing and reduce surfaces needing disinfecting
- Dramatically changed transportation plans to ensure social distancing
- Increased air circulation in classrooms and buildings<sup>44</sup>
- Instruction provided in outdoor settings when possible

## EMPHASIS ON HYGIENE

- Frequent and thorough hand washing supported by installation of portable hand-washing stations; adjusted lesson plans to factor in time for hygiene; and considerations for additional supervision needs for younger children’s hand washing regimens<sup>45</sup>
- Strict cleaning and sterilizing regimens, including ensuring schools have proper supplies (including

[My single greatest concern is] “our nurse is only on campus three times a week.”

- UTLA member survey response -

paper towels given the likely need to eliminate hand dryers in bathrooms)

- Special attention for high-touch surfaces such as drinking fountains, door handles, and faucet handles<sup>46</sup>
- Adequate supplies of Personal Protective Equipment (PPE) for all staff and students
- Self-directed symptom and temperature screening of students by parents before they leave home (and see above regarding newly added symptoms)<sup>47</sup>
- Student and staff symptom and temperature screening before entering buses or school buildings (although see above regarding the unknown role of asymptomatic transmission by children)
- Designated rooms for isolating students who exhibit symptoms<sup>48</sup>

### PROTECTIONS FOR HIGH-RISK STUDENTS AND EMPLOYEES

- Clear options and accommodations for staff and pupils who are at higher risk or have family members who are higher risk (and see above regarding CDC’s recently added risk factors)<sup>49</sup>
- Clear guidelines for students and staff with health issues that cannot safely wear PPE or that need specialized PPE (such as deaf and hard of hearing students and staff who rely on lip reading)<sup>50</sup>

- Clear guidelines for safe service delivery of IEP-required services for students with disabilities
- Additional support for parents who have vulnerable individuals in the household to be able to stay home to reduce chances of infection and death
- Policies designed to mitigate the disproportionate risk of infection, serious illness, and death in students’ BIPOC and/or poor communities

### INCREASED HEALTH, EMOTIONAL, AND ACADEMIC SUPPORTS

In addition to taking steps to mitigate the risk of viral transmission, LAUSD should also take steps to provide increased supports for students, many of whom may be returning to school having experienced increased trauma from the health and economic effects of the pandemic.

- A nurse in every school, to support health outreach including:
  - Strong programs for free and widespread influenza vaccination for students and staff, given the overlap of influenza with the potential return to school buildings in the fall<sup>51</sup>
  - A coordinated approach with all appropriate agencies in the LAUSD boundaries to ensure children receive all recommended vaccinations before return to school, given the precipitous drop in recommended childhood vaccinations as a result of the pandemic (leading to increased likelihoods of simultaneous infectious disease outbreaks such as measles)<sup>52</sup>
- Explicit plans to address social emotional trauma and continued stress amidst pandemic through increased mental health supports, including

With an over 55% response rate from UTLA members, the UTLA Safe and Equitable Schools survey showed that over 85% of members said that the following safety measures were “critically important” or “very important” for them to feel that it is safe and appropriate to return to schools:

- ✓ Widespread testing of students and employees
- ✓ Significantly increased cleaning protocols
- ✓ Personal protective equipment for employees
- ✓ Personal protective equipment for students
- ✓ A rigorous tracing procedure for anyone in close contact with someone who tests positive
- ✓ Reduced class sizes to keep students six feet away from each other
- ✓ Alternative learning/work arrangements for high-risk students and staff



increased staffing of counselors, psychologists, PSWs, and PSAs. According to the CDC, even before the crisis, suicide was the second leading cause of death among youth aged 10 – 24 years.<sup>53</sup> An estimated 20% of LAUSD students have a diagnosable mental health issue.<sup>54</sup>

- Explicit plans to carry out health and safety protocols without resorting to punitive policing and punishment
- No standardized testing infringing on instructional time<sup>55</sup>
- Increased academic supports to address learning loss, balanced with realistic academic expectations given the likely continued stress and trauma that will be experienced by students and their families upon restarting, so that the return to school does not become an additional source of trauma
- A commitment to a balanced curriculum with physical education, arts, and other electives to teach the whole child
- Explicit plans to avoid marginalization of families where English is not the primary language through consistent communication and opportunities for feedback in all languages spoken in the school community
- Compensatory services for students with disabilities, including extra supports where needed for transitioning back into the school setting
- Policies to support staff mental health, including accommodations where needed, clear and regular communication from administrators and the district, opportunities to express concerns, and participatory decision-making processes
- Pre-opening training and “rehearsals” so staff may adequately prepare and identify areas for improvement

## Well-funded Schools and Communities for Well-Being

“LAUSD needs to do what is right for everyone. In order to make everything safe, it’s going to take a lot of money, money that the district does not have.”

- UTLA parent survey response -

Implementing even a portion of COVID-19 best practices would require additional funding. The American Association of School Administrators (AASA) and the Association of School Business Officials (ASBO) estimates that the average school district would need to spend an additional \$1.8 million to safely reopen school sites.<sup>c</sup> Extrapolating using the figures from the AASA/ASBO analysis, LAUSD’s total additional expenses to restart physical schools could be nearly \$250 million.

These estimates do not take into account measures to address the increased need for mental health and social services, the educational needs of children who may have fallen behind in the shift to crisis distance learning, regular testing of students and staff, or the long-term effects on students that will need to be addressed over multiple years. Finally, these costs do not include investments into distance learning, which will continue to be provided, either to all students under a full distance learning or hybrid model, or to a significant subset of students even under a full-time return to schools model.

Unfortunately, instead of flattening the curve, politicians and the billionaires they serve have instead flattened school budgets and our capacity to safely restart schools. California’s public schools were severely underfunded even before the Great Recession and have only recently seen a return to non-inflation-adjusted pre-recession funding.<sup>56</sup> Libraries, parks, and public health programs are planning for catastrophic cuts. Meanwhile, U.S. billionaire wealth has surged by more than \$584 billion.<sup>57</sup> Over 150 of those billionaires live in California. There is money to safely restart schools, if federal, state, and local governments are willing to finally prioritize pupils over plutocrats.

<sup>c</sup> Average school district has 3,659 students, eight buildings, 183 classrooms, 329 staff members, and 40 school buses. Expenses contemplated for additional health monitoring, cleaning/disinfecting, health and safety protocols, PPE, etc.

<https://www.asbointl.org/asbo/media/documents/Resources/covid/COVID-19-Costs-to-Reopen-Schools.pdf>

## FEDERAL SUPPORT

1. **Federal Bailout:** Although the CARES and HEROES Acts<sup>58</sup> provided funding for K-12, both fell far short of what would be needed to rescue districts and state and local governments. And as of publication, no money has been dedicated to address the specific needs of students with disabilities, which in LAUSD annually requires nearly \$1 billion in general fund transfers due to the federal government's failure to meet its IDEA funding promise. Many experts are calling for at least \$500 billion in additional federal assistance this year, and a commitment to continue support over several years.
2. **Fully Fund Title I:** Congress has perpetually underfunded Title I, ignoring the growth in student enrollment, the increasing costs of education, and the reality that schools have become the de facto centers of their respective communities. In California, specifically, last year the Title I funding gap was \$3,400 per Title I eligible student — the largest gap in the nation.<sup>59</sup> This funding is foundational to meeting the needs of our students, and Title I was persistently underfunded well before the pandemic. Congress must appropriate substantial emergency and ongoing resources through the Title I program if we are to have a solid floor in which to provide education during and after the pandemic.
3. **Fully Fund IDEA:** Since the passage of the Individuals With Disabilities Education (IDEA) Act in 1975, Congress has never come close to allocating the 40% funding promised to ensure a free and appropriate public education for students with disabilities. Instead, funding has consistently hovered around 16%.<sup>60</sup> In early May, 25 senators wrote a letter voicing their support for IDEA's full implementation at this time in conjunction with an additional appropriation of \$12 billion in IDEA funding to ensure school districts across the country are able to meet the needs of students with disabilities. To date, that letter has been entirely ignored by the Senate Majority Leader, Mitch McConnell, and no such funding has been officially proposed or discussed in the Senate.
4. **Medicare for All:** Coronavirus shows definitively why we need Medicare For All. People fearful of crippling medical bills avoid seeking testing and treatment, leading to undetected COVID-19 cases and a likely increase in death rates thanks to people delaying medical care until they reach a critical condition. The boundless greed of the for-profit health industry, combined with this country's deeply ingrained racism, has led to race-based health disparities that have resulted in excess deaths especially among Black communities long before the pandemic further widened the health gap. That same greed has resulted in Gilead Sciences pricing a five-day course of Remdesivir at \$3,120 — despite having received \$70.5 million in public funding for the development of the coronavirus drug.<sup>61</sup>

## STATE SUPPORT

Although the 2020-21 California budget did not have cuts to K-12, a “no cuts” budget is not enough to restart safely amidst pandemic when California ranks 38th in the nation in per-pupil funding.<sup>62</sup> With the state's rainy day fund projected to be depleted within three years, Californians must make a choice: continue deficit spending that will take years to pay down at the expense of communities, or demand that California's record number of millionaires and billionaires finally pay their fair share.<sup>63</sup>

1. **The California Schools and Local Communities Funding Act of 2020, aka Schools and Communities First:** This proposition on the November 2020 ballot will increase funding to education and local government by reassessing property tax of commercial and industrial properties valued at \$3 million or more from 1978 assessments to current assessment values. Projected to add \$7.5 billion to \$12 billion a year with 40% allocated to schools and 60% added to local governments.<sup>64</sup>
2. **Wealth Tax:** A new tax on unrealized capital gains to California billionaires only, 1% a year until capital gains taxes are met. This would generate an estimated \$10 billion a year initially.
3. **Millionaire Tax:** Add a 1% surtax on incomes over \$1 million a year, and 3% for over \$3 million a year. This would generate an estimated \$4.5 billion-plus a year.

## LOCAL SUPPORT

Although the machinations of Washington, D.C. and Sacramento have received the spotlight during this crisis, many of the living and working conditions in people's everyday lives are decided at the local level. Local policies often set the precedent for more progressive moves at the state and national level.

1. **Defund Police:** Police violence is a leading cause of death and trauma for Black people, and is a serious public health and moral issue.<sup>65</sup> We must shift the astronomical amount of money devoted to policing, to education and other essential needs such as housing and public health.
2. **Housing Security:** There is no “safer at home” for those who do not have a home. Students need stability, and cities have the power to pass ordinances to prevent evictions and provide rental relief funds. Instead of just one-time relief, as was passed by the LA City Council in June 2020, housing can be a human right assisted by the state.<sup>66</sup> Additionally, as Project Roomkey has demonstrated, sheltering the homeless community is a matter of political will, not scarce resources.<sup>67</sup> Over 15,000 homeless students in LAUSD need permanent shelter.<sup>68</sup>
3. **Paid Sick Leave:** Parents should not have to decide between staying home with a sick child or going to work in order to be paid. All cities in LAUSD's boundaries should follow LA City Council's lead and require ten additional sick days, and expand those sick days to require it of all businesses.<sup>69</sup>
4. **Charter Moratorium:** Privately operated, publicly funded charter schools drain resources from district schools — and many have “double-dipped” during this crisis by taking federal small business bailout loans even though state funding did not decline this school year.<sup>70</sup> In addition, colocation adds students to campuses when we need to reduce the number of students to allow for physical distancing.
5. **Financial Support for Undocumented Students and Families:** California's more than 2 million undocumented residents are by and large ineligible for state and federal benefits. Even if their children are US citizens, in the era of ICE raids and mass deportations, many undocumented parents are too fearful to apply for benefits for their children. California undocumented immigrants disproportionately pay taxes without benefits, paying an estimated \$4.5 billion in federal taxes and \$2.5 billion in California state taxes in 2018.<sup>71</sup> Immigrant students and workers, so vital to our schools and our economy, must be supported during this crisis.

## In Conclusion: Normal Wasn't Working For Us Before. We Can't Go Back

UTLA educators went on strike in 2019 demanding smaller class sizes; more nurses, librarians, and counselors; an end to racist “random” searches; and more, because *normal wasn't working*. Educators won these demands because it wasn't just 35,000 educators in the streets demanding a new normal, but 70,000 Angelenos walking side by side with educators demanding increased investments in schools and communities.

No matter the scenario in August, it's clear that it will not be a “normal” school year. But when “normal” means deep race and class fissures that result in increased infection and death rates in Black, Brown, and high-poverty communities; when “normal” means increasing police budgets even as schools, libraries, and public health face catastrophic cuts; when “normal” means corporations receiving trillions in bailout funds as federal commitments to support special education and high-poverty students remain unfulfilled; when “normal” means working families lining up for miles for food banks while US billionaires increased their wealth by over \$584 billion — it is clear that going back to normal is not an option. This crisis presents an opportunity to create a new normal that supports all students.

UTLA educators are eager to get back to our schools where they can care for, laugh with, and most importantly, teach our students. But even more than teaching, our job in a pandemic is to keep students and

communities safe. As politicians have gutted public goods, the burden on schools to be safe havens for learning has become more substantial. The eventual restarting of physical schools should be primarily about learning, not merely about opening childcare centers for workers, whose employers by and large pay minimum wage and don't offer healthcare and paid sick leave.

Learning happens when students and educators feel safe, and safety is only possible in a broader setting of community preparedness, requiring greater federal and state resources to support a strategy of physical distancing in small, isolated groups, with a strong emphasis on hygiene. All of that is attainable, but only if schools and communities are funded appropriately. California can do that if politicians are finally willing to prioritize pupils over plutocrats.

Despite an avowed interest in hastily reopening schools, American politicians, and society as a whole, have not done what is needed to safely restart — as evidenced by record-shattering infection rates, rapidly filling ICU wards, a grotesque lack of PPE for essential workers, a shameful lack of tests, an almost complete inability to contact trace new outbreaks, and dramatically disproportionate infection and death rates in Black, Brown, and high-poverty communities. The United States leads the world in the number of coronavirus cases and deaths — and not coincidentally, also leads the world in number of billionaires, per-capita energy consumption, prisoners, school shootings, and medical bankruptcy.<sup>f 72,73,74,75</sup> This is not the setting of community preparedness that serves as the foundation for safe classroom instruction amidst a pandemic.

When politicians exhort educators and other workers to “reignite the economy,” UTLA educators ask: *who are you planning to use as kindling?* The benefits to restarting physical schools must outweigh the risks, especially for our most vulnerable students and school communities. As it stands, the only people guaranteed to benefit from the premature physical reopening of schools amidst a rapidly accelerating pandemic are billionaires and the politicians they've purchased.

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<sup>f</sup> Medical bankruptcy is such a foreign concept outside of the United States that no other country even attempts to track it.

# Appendix A

As of June 25, 2020, the CDC list for “People Who Are at Increased Risk for Severe Illness”

- Older Adults
  
- People of any age with the following conditions **are at increased risk** of severe illness from COVID-19:
  1. Chronic kidney disease
  2. COPD (chronic obstructive pulmonary disease)
  3. Immunocompromised state (weakened immune system) from solid organ transplant
  4. Obesity (body mass index of 30 or higher)
  5. Serious heart conditions such as heart failure, coronary artery disease, or cardiomyopathies
  6. Sickle cell disease
  7. Type 2 diabetes mellitus
  
- People with the following conditions **might be at an increased risk** for severe illness from COVID-19:
  8. Asthma (moderate-to-severe)
  9. Cerebrovascular disease
  10. Cystic fibrosis
  11. Hypertension or high blood pressure
  12. Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
  13. Neurologic conditions, such as dementia
  14. Liver disease
  15. Pregnancy
  16. Pulmonary fibrosis (having damaged or scarred lung tissues)
  17. Smoking
  18. Thalassemia (a type of blood disorder)
  19. Type 1 diabetes mellitus

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