Thank you for taking actions so far this week!

OVERVIEW of Day 4 Call to Action

1. Call and email your state school superintendent.
2. Call and email your state legislators.

Every day: Continue to share on your social media pages and email to your friends, neighbors, co-workers, etc., the letter to President Trump and the CDC: tpp.us/whcdcletter

DETAILS for Day 4 Call to Action

1. Call and email your state school superintendent.
   • To find the contact information online, just type in your state name and the words “state school superintendent.” Note that some states might have a different name for this position, such as Superintendent of Public Instruction.
   • Also note that yesterday we contacted the State Board of Regents, but in some states, it was called State Board of Education. In your searches, you may also come across the State Department of Education. The Board and Department are most likely different entities. Just FYI.
   • Again, you may have to poke around on the website, particularly under a “Staff” page to find the specific contact info you need.
   • Use the scripts below.

→ NOTE: They are going to say they do not have power over the schools. Just tell them you want them to reach out to the Governor’s office asking for the change. More than likely, they have contact information for the Governor’s office or the Governor directly. Now is the time they can use that information to help your county/city’s healthy, low-risk children, youth, and young adults get back to school and college.

Script to use when you call:

Hi this message is for School Superintendent/Superintendent of Public Instruction. I’m a resident of City, State, and I urge you to do the following to help our state’s students.
Many states are using CDC guidelines of a 14-day quarantining procedure for healthy, low-risk people that may have been exposed to a COVID-positive-tested person. Our state must not follow these guidelines – which are only guidelines, and are not mandated requirements. The guidelines we should follow instead, should read, “If people are sick, they should stay at home. If they are high risk, they should evaluate their medical situation with their personal physician(s) and take appropriate measures to protect themselves.”

Schools and teachers must not move to digital learning if the school has said they are having face-to-face school.

Without this change, our schools and colleges will not stay open or have in-classroom learning, and our state’s children will suffer.

Our state needs you to call the Governor and urge other decision-makers to use the following guidelines, “If people are sick, they should stay at home. If they are high risk, they should evaluate their medical situation with their personal physician(s) and take appropriate measures to protect themselves,” rather than the current CDC guidelines.

I would like to receive a call back with an update on this issue. Thank you.

Be sure they ask for your contact information. IF they do not, tell them you want a call back or an email back from them.

Script to copy and paste when you email or use an online contact form:

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Here’s why I’m urging these actions.

We know more about the virus than we did 6 months ago. We have increased options for treatment including Remdesivir, convalescent plasma, and more. We prepared our hospitals and not a single person in America who needed a ventilator went without a ventilator.

The CDC has said “so far in this pandemic, deaths of children are less than in each of the last five flu seasons.” The CDC has also said “extended closures are harmful to children’s development of social and emotional skills,” “can be harmful to children’s mental health,” and can “contribute to increased likelihood of unhealthy behaviors,” including increased levels of depression, thoughts of suicide, social anxiety, and sexual activity.

We now understand the harms to students for schools to remain closed, and we know who is at highest risk of the worst consequences of the virus. We need policies that reflect this better understanding of COVID.

These guidelines are preventing our schools from opening or staying open for face-to-face learning. It needs to read, “If people are sick, they should stay at home. If they are high risk, they should evaluate their medical situation with their personal physician(s) and take appropriate measures to protect themselves.”

Without this change, our schools and colleges will not be able to open, stay open or have in-classroom learning.

Furthermore, if schools around the state have professors who are moving to digital learning even when the school told parents and students they would have face-to-face learning, this is wrong. We expect our tax dollars and tuition dollars to be used properly to educate our young adults and not to trick them into attending school and being locked in their dorms or apartments. If a state college or university has said they are having face-to-face school, please stop the professors from canceling in-person classes.

I would like an email back to know what is decided. Thank you.

2. **Call, and email your state legislators.**
   - In order to find the contact information for all of your state legislators online, type in your state name and “find my legislators.” That should get you to a page that will walk you through some steps to find the information.
   - You can email them all at the same time to save time.
   - Use the scripts below.

Script to use when you call:

*Hi this message is for the Senator/Representative. I’m a resident of City, State, and I am calling to urge the following actions to help our state’s students.*
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BACKGROUND – CDC Public Health Guidance for Community Related Exposure – aka Quarantine Guidance
The CDC still recommends the 14 Day Quarantine guidance for “exposed” to COVID positive people. (See links Public Health Guidance for Community Related Exposure and When to Quarantine). The CDC did make changes to quarantine guidance related to travelers, and they did NOT change for close contact or exposed people. We need to change this page which is linked from the CDC school guidance page.

We need the CDC to have these guidelines changed. Specifically, change the “Public Health Guidance for Community-Related Exposure” page, which is linked from the “Operating schools during COVID-19”:
Other Helpful Information
Further, Saturday, August 29, 2020, The New York Times reported that there is the potential for up to 90% of the those who have tested positive for COVID-19 to have such insignificant amounts of COVID in their bodies that such individuals do not need to isolate because they are not contagious. The article said, “Most of these people are not likely to be contagious, and identifying them may contribute to bottlenecks that prevent those who are contagious to be found in time.” “In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus, a review by The Times found.”

Ironically, the NYTimes’ solution is to test more not less, even though the testing is giving false positives and creating bottlenecks. This is important for us to note when acting this week. Our healthy, low risk children, youth, and young adults should not have their lives put on hold for a virus that is less deadly for them than the flu, especially when testing is showing to be imperfect and inaccurate.

Additional Problems for Colleges and Universities
Seemingly there are some/many professors are imposing digital learning on students rather than face to face even after the college or university assured students and parents the schools would be open for in-classroom learning. From what parents are reporting about colleges, the colleges and universities are saying they would start back face to face. Then when the student returned to school, the professor, with or without consultation from students, moves the class to online only. The parents of college students need additional help to change this, with calls to the specific school and to the Board of Regents, which we will focus on later in the week. Even if we do not have college-aged children, we can help those who do.

Finger-Pointing
It seems like a finger pointing web of frustration at the moment. Actually, it is a lot of finger pointing. Without understanding these things, it is harder to get to the root of what we want to change. Knowing where we need to ask for the changes to be made will help us get to our desired result faster.

Understand, the change we are asking for is not going to be easy for the CDC to do because it goes against the narrative they have set the last 6 months. The virus is deadly for those with serious comorbidities, especially elderly people with comorbidities. We do not downplay that and we have done things to help those people learn about treatment options and ways they can help protect themselves. We also have our children, youth, and young adults who are suffering other kinds of physical and mental health issues because of the lockdowns. The concerns of each group must be balanced. The CDC has worked to help those at greatest risk of serious illness with coronavirus. Now, they also need to help those at greatest risk of serious illness because of lockdowns, school closures, and school re-closures.

Is changing the guidance medically sound?
In theory, in the first few months of 2020, when we knew less about the virus, it might have seemed sensible to quarantine healthy individuals because there was not as much information about who is at high risk of dying from COVID-19. Today, we know much more about the virus, including the fact that
there is a 97% survival rate from positive test cases (6,281,615 positive cases and 166,317 deaths). On Thursday, June 23, CDC Director Dr. Robert Redfield estimated the actual number of COVID cases may, in fact, be ten times higher than reported, “Our best estimate right now is that for every case that was reported, there actually are ten more infections.” If that June 23 estimate is still a realistic estimate, the survival rate of COVID is 99.997%

When looking at schools and adults under 24 years of age, please note:

- **Children act as "breaks" on chains of infection**
- **22 European Schools Have Reopened and not triggered a rise in the spread of COVID-19**
- **Less than 1% of children have case fatality rate (CFR) with COVID-19** (OF NOTE: Our data indicate that the CFR in children and adolescents across Europe is less than 1%. Considering that many children with mild disease will never have been brought to medical attention, and therefore not diagnosed, it is highly probable that the true CFR is substantially lower than the figure of 0·69% observed in our cohort.)
- **CDC: Children account for less than .1% of COVID deaths**
- **No known case of children spreading COVID to teachers**
- **CDC: "So far in this pandemic, deaths of children are less than in each of the last five flu seasons.")**
- **CDC: "Extended school closures are harmful to children’s development of social and emotional skills.")**
- **CDC: "Extended closures can be harmful to children’s mental health and can increase the likelihood that children engage in unhealthy behaviors. An environment where students feel safe and connected, such as a school, is associated with lower levels of depression, thoughts about suicide, social anxiety, and sexual activity, as well as higher levels of self-esteem and more adaptive use of free time."

4 https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30177-2/fulltext
5 https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm#T1_down
6 https://www.thetimes.co.uk/article/no-known-case-of-teacher-catching-coronavirus-from-pupils-says-scientist-3zk5g2x6z
• American Academy of Pediatrics: "School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities."\(^{10}\)

• American Academy of Pediatrics: "the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families."\(^{11}\)

• Coronavirus Task Force Member Dr. Scott Atlas, "The data is clear. Whether it’s from Canada, Switzerland, Sweden, the Netherlands, France, Spain, the United States, Asia, all over the world, children do not have any serious disease. Children almost never transmit the disease. In fact, Switzerland is contemplating stopping even testing children because it’s irrelevant...there is not serious risk of even getting the illness. But that’s not even the point here, I want to go even further. By now, we know who is at risk. K-12 teachers in the United States, half of them are under 41 years of age, they’re not at risk. 82% are under 55-years-old if there is a handful, which there are, teachers in the high-risk category, don’t they know how to protect themselves with their so-called 6-feet spacing and mask rules? And if they’re still afraid, even if they don’t want to do that, then they can teach from home. I don’t understand why they have to lock up schools."\(^{12}\)

• 80% of all COVID deaths in America are from people age 65 and older.\(^{13}\)

• Christine Ramirez, PhD, in Real Clear Politics: "This age distribution of COVID-19 deaths, which contrasts with previous pandemics in that the dangers are not equally borne by young versus old, is similarly observed in many other countries. Furthermore, children tend to have mild or asymptomatic infections. A study published on June 16 in the journal Nature Medicine indicates that children (including teenagers) are much more likely to be asymptomatic than adults. Thus, those who have the least risk of morbidity and mortality due to COVID-19 — the world’s children — are bearing a disproportionate share of the burden related to the global fight against this pandemic."\(^{14}\)

• Dr. Lionel Lee, DO, FACOEP, emergency department doctor in Arizona, answered questions about testing students who are playing sports and the increased testing we have seen around

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Cherokee County in the last two weeks. He said "testing for asymptomatic carriers in low risk groups is not indicated. This is straight out of the CDC handbook when we are talking about epidemics. Testing in skilled nursing facilities may be more applicable since adults over 65 are high risk. But when it comes to healthy children under 18, this is a low risk group and therefore testing asymptomatic is not indicated and creates a false denominator... We must talk about efficiency and effectiveness. Testing asymptomatic children, who are the LOWEST risk category for COVID is inefficient and ineffective. This is a waste of resources and also creating false positives in a population that has nearly no risk of transmission or mortality."  

- Royal College of Pediatrics: "Pupils pose little risk of spreading COVID."
- A research article out of Greece (last week) shows that children to children spread of COVID was nearly non-existent. In fact, almost all the children were asymptomatic.  

15 http://www.ciphi.ca/hamilton/Content/documents/principles.pdf