DEPARTMENT OF HEALTH AND HUMAN SERVICES

COVID-19 and Schools

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School Reopening During COVID-19: Supporting Students, Educators, and Families

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Chair Murray, Ranking Member Burr, and distinguished members of the Committee — thank you for inviting me to address you today, and for all of the work you're doing to help us end this pandemic and move our nation forward.

Secretary Cardona – it's a pleasure to appear with you.

Today, I'm here to talk to you about our agency's response to COVID-19 and our efforts to keep kids healthy in the classroom — both during this pandemic and for years to come.

Childhood should be a time of hope and possibility, not worry and despair. And yet, our nation's children are living through one of the most challenging moments in modern history. The world as they knew it has been turned upside down, and we need to be there for them during this vulnerable time.

At HHS, the health and safety of students, parents, school staff and educators, and school systems is a top priority. Thanks to the leadership of President Biden and Vice President Harris, and robust funding from the Congress, our agency has made critical investments in COVID-19 mitigation to help schools reopen safely, and we're seeing promising progress.

Let me be clear: Schools have the tools to limit the spread of COVID-19. We can and must do everything to provide our children with a safe place to learn, especially as we continue to confront the more contagious Delta variant.

The latest data from the Centers for Disease Control and Prevention (CDC) show that, when prevention strategies are layered and implemented correctly, transmission within schools can be limited. We know that we will be confronting COVID-19 in our schools for the near future, but there are key strategies, including vaccinating, masking, testing, tracing, distancing, and improving ventilation, which can significantly reduce its transmission.

But our efforts can't end there. Just as the Biden-Harris Administration is taking a whole-of-government approach to this crisis, HHS is taking a whole-of-children approach. We

are not just focused on protecting children from COVID-19 today. We want to keep them healthy long after this pandemic subsides. That means investing in mental health services, ensuring routine vaccinations, and conducting long-term research so parents can make informed decisions about their children's health and future.

Here's why each of these strategies is important, and what HHS and the Biden-Harris Administration are doing to help schools implement them correctly and consistently.

I. VACCINATIONS

Make no mistake: Vaccinating adults and children ages 12 and up against COVID-19 is the most efficient and effective prevention strategy to help schools safely return to full-time in-person learning as well as extracurricular activities and sports.

Everyone who is eligible should get vaccinated immediately to help protect themselves from getting and spreading the virus that causes COVID-19, especially to those who cannot yet get vaccinated. This is especially important for children ages 12-15, who are currently eligible but whose vaccination rates remain low.

The science is clear on this. And, sadly, so are the numbers. While the COVID-19 rate among children has increased across the country, the data show that children are becoming hospitalized at higher rates in states with low levels of vaccination.

In August 2021, hospitalizations among children and adolescents living in states with low levels of vaccination increased 4 times more than hospitalizations in states with high levels of vaccination.

That's why, on September 9, the Administration released the "Path out of the Pandemic: President Biden's COVID-19 Action Plan." This bold blueprint calls for additional actions to ensure that all schools consistently implement science-based prevention strategies so

they may stay open for in-person learning and maintain the health and safety of all students, staff, and families.

Under the Action Plan, HHS will require the nearly 300,000 educators at Head Start programs -- which are funded by our Administration for Children and Families -- to be vaccinated. President Biden also called on all governors to require vaccinations for all teachers and staff—just as we are for teachers and staff in federally-run programs.

CDC is working with partners to spread the word about the importance of vaccination in school-aged children, teachers, and other school personnel. And at HHS, we have a public education campaign underway that involves lifting up the voices of 14,000-plus trusted messengers in communities across the country to remind everyone possible: vaccines are safe and effective.

We launched a Back to School "Week of Action" in August to mobilize school districts, students, teachers, other school personnel, national organizations, local government leaders, businesses, social media influencers, celebrities, and thousands of volunteers to encourage young people to get vaccinated and offer accessible ways to do it in their community.

We've worked with the American Academy of Pediatrics (AAP), the American Medical Society for Sports Medicine (AMSSM), and other organizations to incorporate COVID-19 vaccination into sports physicals for student athletes. We're working with the National Parent Teacher Association to equip parent leaders to host community conversations with pediatricians on vaccinations. And we're making it easier than ever for school districts to answer President Biden's call to host at least one pop-up vaccination clinic in the coming weeks. The Federal Retail Pharmacy Program continues to be an important component in our commitment to address the disproportionate and severe impact of COVID-19 on communities of color and other populations who are medically underserved. More than 108 million vaccine doses have been administered and reported by retail pharmacies across programs in the United States. A total of 21 retail pharmacy partners are participating in the program, with more than 41,000 locations available online and administering doses nationwide. Overall, 44 percent of the doses

administered through the program have gone to a person from a racial or ethnic minority group (among people with known race or ethnicity).

As we ensure that those interacting with young children are vaccinated, we continue to make progress on vaccinations for children under age 12. The Food and Drug Administration (FDA) reaffirmed on September 10 that it will follow the science on COVID-19 vaccines for young children, sharing the steps the agency will take to ensure the safety and efficacy of vaccines for children.

The agency is working around the clock. This review process is complex and relies on robust clinical trials and data, and while I cannot offer a specific date or timeline for when the trials and FDA's review of the data will be completed for each vaccine candidate, I can assure the public that we are working as quickly as possible to meet this critical public health need. And I'm hopeful that we will be able to make these pediatric COVID-19 vaccines available in the coming weeks and months.

Our National Institutes of Health (NIH) is also working around the clock to get parents and care providers the data they need to make good decisions for their kids. When we knew that vaccines were safe in adults, NIH started working with manufacturers to test them in kids in a step-by-step approach. Now that teenagers are eligible, the NIH and manufacturers are actively reviewing data on the 5-112 age group, and we're collecting data from trials with children under the age of 5.

When we heard from hospitals that some kids were getting severely sick, we activated existing pediatric research networks to understand which kids are at risk for multisystem inflammatory syndrome in children (MIS-C) and continue to look for best practices in treating them. We've folded long-term impacts on child development into our research plan and launched pilot programs on testing in schools to support superintendents and teachers.

Community Health Centers represent another vital piece of our vaccination efforts. Thanks to the American Rescue Plan, we have funded over $7.3 billion in community health

centers in our fight against COVID-19. With support from our Health Resources and Services Administration (HRSA), these centers have administered nearly half a million COVID-19 vaccines to 12-18 year-olds, and conducted more than 2,500 vaccination events at school-based clinics, mobile vans, and pop-up clinics. And in early September, HRSA awarded approximately $5 million to 27 HRSA-funded health centers to expand school-based services.

Finally, HHS is monitoring the horizon for a future where children younger than 12 are eligible to be vaccinated against this virus. We look forward to that day when all school children have the opportunity to be vaccinated.

Those are just a few examples. As you can see, every division of our agency is playing their own critical role in getting our children and the nation vaccinated against this deadly virus.

II. TESTING AND MASKING

Testing is another important cornerstone of our strategy to make schools safe. Screening testing identifies infected people, including those with or without symptoms who may be contagious, so that measures can be taken to prevent further transmission. A modeling study found that weekly screening testing of students, teachers, and staff can reduce in-school infection by an estimated 50 percent. In April, HHS provided $10 billion for screening testing to help schools reopen safely, and more than $2 billion to scale up testing in underserved populations. We also partnered with the Department of Defense (DOD) to make a $650 million investment to expand testing opportunities for K-8 schools and underserved congregate settings.

As of September 17th, the FDA has authorized over 400 COVID-19 tests, including 13 authorizations for rapid, at-home tests to increase availability and consumer choice. With a large number of tests now authorized, FDA's focus is on helping increase the availability of specific types of tests that will have the biggest impact in addressing ongoing COVID-19 national testing needs, consistent with the national testing strategy—including at-home tests and tests that can be used at the Point of Care (POC) to diagnose infection with SARS-CoV-2. FDA will continue to

authorize at-home diagnostic tests that work while protecting our children from bad tests that produce false results

Right now, a majority of states are using POC testing as part of their primary strategy. This kind of testing is especially important in the school environment, where children often get sick from colds and other infections that may at first appear to be COVID-19, or vice-versa.

Schools establishing a screening program for asymptomatic individuals without known or suspected exposure may want to consider highly-sensitive tests, tests with rapid turnaround times, pooling strategies to conserve testing supplies, and frequent serial testing.

One study found that, among five programs with regular screening testing (at least weekly) of most students and staff in the fall of 2020, one-third to two-thirds of total COVID-19 cases identified in the schools were identified through screening.

When all of this is done in concert with other mitigation factors—such as universal and correct indoor masking—the results are clear.

On September 24, CDC published three reports highlighting the importance of COVID-19 prevention measures in schools to protect students, teachers, and staff AND keep schools open.

First, schools without in-school mask requirements were 3.5 times more likely to have a COVID-19 outbreak than schools with an in-school mask requirement. The second report showed that while 96 percent of schools have offered in-person learning during the 2021-2022 school year, COVID-19 continues to cause disruptions as closures due to COVID-19 have affected more than 900,000 students. The third report showed that counties without school mask requirements experienced larger increases in pediatric COVID-19 case rates after the start of school compared with counties that had school mask requirements. These findings reinforce the importance of following CDC recommendations to limit spread of COVID-19 in K-12 schools including wearing masks indoors and vaccinating all eligible students, teachers, and staff.

III. VENTILATION, TRACING, AND DISTANCING

CDC guidance makes clear that K-12 schools should prioritize in-person learning, and that schools can safely operate in-person by implementing layered prevention strategies (using multiple strategies together consistently) in alignment with CDC recommendations. Studies show that schools that consistently implemented layered prevention strategies showed lower or similar levels of transmission than the communities in which they are located. Vaccinations, testing, and masking are not the only important tools to help prevent the spread of disease. Good ventilation is another critical COVID-19 prevention strategy for schools. This can reduce the number of virus particles in the air and the likelihood of spreading disease.

In this case, reduced ventilation was shown to increase transmission risk even more in a classroom already at risk due to crowding, lack of distancing, and no masking requirement.

Another study of K-5 schools in Georgia last fall found that COVID-19 incidence was 39% lower in schools that improved ventilation and 37% lower in schools that required teachers and staff members to use masks.

Combined with appropriate distancing and timely contact tracing, these strategies can significantly reduce the rate of infection in schools. Just this month a study from Arizona showed that the odds of school-associated COVID-19 outbreak in schools without a mask requirement were 3.5 times higher than those in schools with an early mask requirement.

IV. BEYOND COVID-19

Of course, this pandemic has robbed our children of far more than just normal school years. Roughly 40,000 children have lost a parent to COVID-19, and more than 1.5 million have lost a caregiver.

These numbers are heartbreaking. But it's more than the numbers. It's the empty chair at the dinner table or the open seat in the bleachers. It's the home that's a little too quiet, and the hospital that's a little too crowded. It's not even having the chance to say goodbye.

All of this is affecting our kids and impacting their mental health. Since the start of the pandemic, we have seen a disturbing rise in youth anxiety and depression. We also know that the pandemic has exacerbated a broad range of issues like food and housing insecurity, coping with loss, and racial/ethnic inequities. In addition, school closures, loss of income, and social isolation during the pandemic, all of which contribute to heightened stress, may have increased the risk for children and youth to Adverse Childhood Experiences, or ACEs. All these factors may increase mental health challenges in youth, including stress, depression, and anxiety.

But this mental health crisis began long before COVID-19. Between 2007 and today, the overall suicide rate for youth ages 10 to 24 increased more than 50 percent. Suicide rates in certain groups, such as LGBTQ youth and youth of color, are also of concern. According to the Trevor Project's National Survey on LGBTQ Youth and Mental Health 2021, more than 40 percent of LGBTQ youth seriously considered suicide in the past year.

The data is clear and devastating, and the Biden-Harris Administration is not waiting to act. We are committed to continuing to address this multi-faceted issue to support the social, emotional, and physical health of our nation's youth.

HHS has invested billions of dollars to provide resources and increase access to mental health services for vulnerable groups, including children and youth. I want to take a moment to acknowledge that this Committee has been invaluable in these efforts. You all continue to ensure that HHS has the support we need to prioritize mental health care. Thank you.

In May, HHS announced $14.2 million from the American Rescue Plan to expand mental health care access that will integrate telehealth services into pediatric care.

We have released nearly $3.8 billion through the mental health block grants and $4.8 billion in substance use block grants to states. This is the largest-ever investment ever made in these two programs. And in August, our Substance Abuse and Mental Health Services Administration (SAMHSA) announced even more grants to strengthen mental health resources for our nation's youth.

Again, because of prioritization from this Committee, are committing $80 million in supplemental funding to Project Advancing Wellness and Resiliency in Education (AWARE), which helps build or expand state and local governments' coordination to increase awareness of mental health issues among school-aged youth.

We have provided nearly $1 billion in both supplemental and annual funding in FY 2021 to Certified Community Behavioral Health Centers (CCBHCs), and we are investing in mental health first aid, including more than $17 million we're releasing to programs today.

In FY 2021, we provided $12 million in annual funding to CDC to work upstream and support states and communities. This includes implementing a comprehensive suicide prevention approach with a focus on populations disproportionately impacted by suicide, including youth, racial/ethnic minority populations, and others at increased risk.

We also provided $5 million to CDC to better understand the burden of adverse childhood experiences (ACEs) in their communities and engage in strategies that can prevent ACEs from occurring, in order to help to promote safe, stable, nurturing relationships and environments where children live, learn, and play. This work is a shared and mutual priority of the Biden-Harris Administration.

As millions of children go back to school, HHS is also elevating mental health resources for supporting students and staff. That's why in May, I announced a cross-department behavioral health coordinating council to drive change and action across all agencies in HHS. One of the dedicated subcommittees of this council focuses on addressing barriers and improving the coordination of behavioral health services and supports for children and youth. A national

problem calls for Department-wide coordination, so we need to get outside of our silos and act together.

I look forward to driving prevention initiatives across the department and building on the investments we have made already in our nation's youth. And I appreciate this Committee's commitment to these critical programs.

As our kids come back, we need to meet them where they are with the critical health care services they need and deserve—not just for the visible scars of this crisis, but for the invisible ones as well. HHS is committed to partnering with youth, families, and communities to ensure that children and youth have the support they need.

V. CONCLUSION

I'm deeply proud of the work our department and the Biden-Harris Administration are doing to fight COVID-19, help schools reopen safely, and protect our communities. And as Secretary, I have not been content to simply view this work from the halls of the Humphrey Building.

Over the past six months, I have traveled the country to engage communities directly about this pandemic and the importance of getting vaccinated. I visited the Indian Health Board in Seattle and a farmworkers vaccination clinic in Salinas, California. I toured a health center in Oklahoma and a community hospital in Massachusetts, a testing clinic in Nevada, and our own CDC Headquarters in Georgia. I've met with patients and providers, parents and educators, health workers and tribal elders. At every stop along the way, parents raised the importance of their children's health, wellness, and education.

While I have certainly witnessed the devastation of this pandemic on these trips, I have also seen the resilience of our people. They have weathered the worst of this storm with remarkable courage, and now they are counting on us—their representatives—to keep their children safe.

Yes, our children are tomorrow's leaders, but they are today's priority. And we need to give them the tools and resources to thrive. That starts with keeping them healthy – both mentally and physically.

Many of the challenges facing the health of our nation's children began long before this pandemic, and they will remain long after—unless we do something about them.

I'm committed to working hand-in-hand with all of you on these issues, and I appreciate your support of HHS through this crisis.

Chair Murray, Ranking Member Burr, and members of this Committee: Robert F. Kennedy reminded us that the future is not a gift. It is an achievement. We have a lot of work to do to achieve the kind of future our children deserve. But if we're committed, if we're determined, and most of all, if we work together, I believe we can make that future a reality.