



STATE OF WASHINGTON
— OFFICE OF GOVERNOR JAY INSLEE —

February 2, 2021

Mr. Larry Delaney
President
Washington Education Association
32032 Weyerhaeuser Way S.
Federal Way, WA 98001

Dear President Delaney:

I am writing in response to your letter dated January 27, 2021. I would like to ensure that the Washington Education Association (WEA) board and WEA members across the state are aware of the data and science that informed the new school metrics and also to provide an update on vaccinations for educators and school staff.

I take the safety of educators and school staff very seriously. At the beginning of the pandemic, when we were searching for answers, we took precautionary measures to allow the move to remote learning across much of the state. Given the lack of information about this new virus, that was a rational decision at a time when both the public and educators had substantial doubt about the ability to return to onsite learning.

During the period of remote learning, your members' innovation, and creativity at maintaining a relationship with their students, has been heroic. But all educators realize that the in-person relationship is magic and essential.

I know how much educators do for their students and how deeply they care. And, as the son of a teacher, the brother of a teacher, and the brother-in-law of two teachers, I experience these issues on a personal level.

So, it falls upon us to make decisions about what we know *now*, not what we knew *then*. What we know now is that if done correctly, if done with full consideration of safe protocols, in-person learning can be done in a way the limits the spread of infection, and in a way that improves student wellbeing and learning. We know this because we have new information based on experience, data, and science.

The experience of Washington State educators in this regard should be given the highest consideration in this discussion. Educators have demonstrated rather conclusively that onsite instruction can be done with reasonable safety. Your members have already been working on site with over 200,000 students during the last several months at a variety of public schools across the state that are diverse geographically and demographically. Students are learning on-site at elementary schools, middle schools and high schools, and they have been successful because of the professionalism, dedication, and commitment of educators and school staff to their students.

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What we have found is that, of those 200,000 students doing on-site learning, there has been minimal in-school transmission either between students or between students and staff. There have been 87 documented instances of in-school transmission out of 200,000 students. This is a remarkably low rate of transmission and the median number of people involved is two. There is a large amount of data and science investigating this issue across the United States, but the most compelling evidence is our own experience – Washington educators, because of their discipline and skills, know how to do this safely. If others want to know how to do this, the best experts are your members who have shone a light forward on how to accomplish this goal.

But we need more than dedicated educators and school staff, we need safe working conditions. That is why I have been working with you, and I will continue to work together, to ensure that the health and safety protocols necessary are followed. It is one reason why we have established additional mechanisms through the Department of Labor and Industries. We must have compliance with these known and proven safety protocols. A district's commitment to this principle is as important as the willingness of educator and school staff to come back to the classroom.

We now have a wealth of data and science supporting this proposition. I have said that before, but I want to make sure that I am very clear on this; I believe it is important for your members to know the data and research that led to the decision to revise the school metrics and that form the basis of state recommendations for returning to in-person learning.

The Seattle Times article published on January 23, 2021, and referenced in your letter, did not adequately capture this fact. I have shared this information with them in the hopes that future reporting will reflect this. The revised metrics were released by the Washington State Department of Health on December 16, 2021, [Tools to Prepare for In-Person Learning](#), along with updated [emergency proclamation 29-09.3](#), which requires the implementation of school safety measures and the inclusion of school staff in safety planning.

The *Tools to Prepare for In-Person Learning* document that includes the recommended school metrics also includes references to the data used to inform the metrics. As new information is learned about COVID-19, our federal and state public health experts are updating guidance and recommendations based on the best available science.

A growing body of evidence from state, national, and international research supports the ability to return to on-site learning with safety measures in place, and within recommended metrics.

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I have attached a compendium of data and science for your members' review, but this is just one representative quote from the research:

“Accumulating data now suggest a path forward to maintain or return primarily or fully to in-person instructional delivery...the preponderance of available evidence from the fall school semester has been reassuring insofar as the type of rapid spread that was frequently observed in congregate living facilities or high-density worksites has not been reported in education settings in schools.”

This data is from a remarkably diverse data pool from schools in Wisconsin to Mississippi, both urban and rural, which demonstrates that in-school environments may be safer for children than out of school. See the Wisconsin study.

I am most hopeful that this data and research can give your members additional confidence to be able to return to on-site learning.

Regarding your request to prioritize educators and school staff included in the joint letter of January 14 sent by education labor unions, we all would like to vaccinate educators and school staff as soon as possible. They are included in the next phase and will be able to begin receiving vaccinations once it is estimated we are about 50 percent through the B1 phase. Some educators and school staff, due to age or living in multigenerational housing, are in this category. I am heartened by the joint efforts of OSPI, labor unions, school districts, and providers to prepare for vaccinations so that we can vaccinate educators and schools staff quickly and efficiently as soon as supplies are available.

I am confident that everyone understands that difficult prioritization decisions have had to be made due to the limited supply we are sent from the federal government. To put this in perspective, we want to vaccinate 4 million people eventually and we are receiving just over 100,000 doses a week. I am hopeful that our supply will increase and we will be able to move up our timelines for vaccinations.

However, we have evidence to show that even prior to getting a vaccine, we can limit the spread of COVID-19 within schools by using safety measures, which we are committed to do.

It is entirely understandable that, in the face of an unprecedented epidemic, people feel concerned about returning to classrooms. We are providing your members data because it may be a basis to have increasing confidence to return to an environment they prefer.

Please share with your members that I greatly value the hard work they do every day to meet the needs of their students, especially during this pandemic. I do not take for granted how challenging this has been. They have had to adjust to a remote learning model and are now responding to the new health and safety protocols as they return to on-site learning. Their dedication is exceptional and greatly appreciated. I know that educators want the very best for all their students.

Very truly yours,



Jay Inslee
Governor

Attachment: Research on In-Person Learning and Covid-19: Evidence Reviews

1. Centers for Disease Control and Prevention: [Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection](#)

“Accumulating data now suggest a path forward to maintain or return primarily or fully to in-person instructional delivery...”

“...the preponderance of available evidence from the fall school semester has been reassuring insofar as the type of rapid spread that was frequently observed in congregate living facilities or high-density worksites has not been reported in education settings in schools. Preventing transmission in school settings will require addressing and reducing levels of transmission in the surrounding communities through policies to interrupt transmission (e.g., restrictions on indoor dining at restaurants). In addition, all recommended mitigation measures in schools must continue: requiring universal face mask use, increasing physical distance by de-densifying classrooms and common areas, using hybrid attendance models when needed to limit the total number of contacts and prevent crowding, increasing room air ventilation, and expanding screening testing to rapidly identify and isolate asymptomatic infected individuals. Staff and students should continue to have options for online education, particularly those at increased risk of severe illness or death if infected with SARS-CoV-2.”

2. [Children’s Hospital of Philadelphia’s Policy Lab](#) regularly issues evidence reviews. They last updated their review on December 16, 2020 tracking published literature, global school reopening policies, and early anecdotal experiences. (Note: the level of health and safety protocols in European schools varies greatly and few have instituted protocols as rigorously as WA.) The December 16 update:
 - *Schools across the U.S. have successfully reopened for in-person learning, though often in the context of low levels of community transmission.*
 - *Strong school safety plans can, and have, mitigated risk for transmission, even within communities with moderate incidence.*
 - *Most school-associated transmission has occurred outside of school or because of poor adherence to masking protocols.*

3. European Centre for Disease Prevention and Control: [COVID-19 in children and the role of school settings in transmission - first update. Stockholm; 2020.](#)

“There is a general consensus that the decision to close schools to control the COVID-19 pandemic should be used as a last resort. The negative physical, mental health and educational impact of proactive school closures on children, as well as the economic impact on society more broadly, would likely outweigh the benefits.”

Note: This study analyzed results from 12 European countries related to Covid-19 infection susceptibility among children aged 1-18 and infections in schools. It should be noted that many of the European schools have not implemented several of the safety protocols required in WA schools.

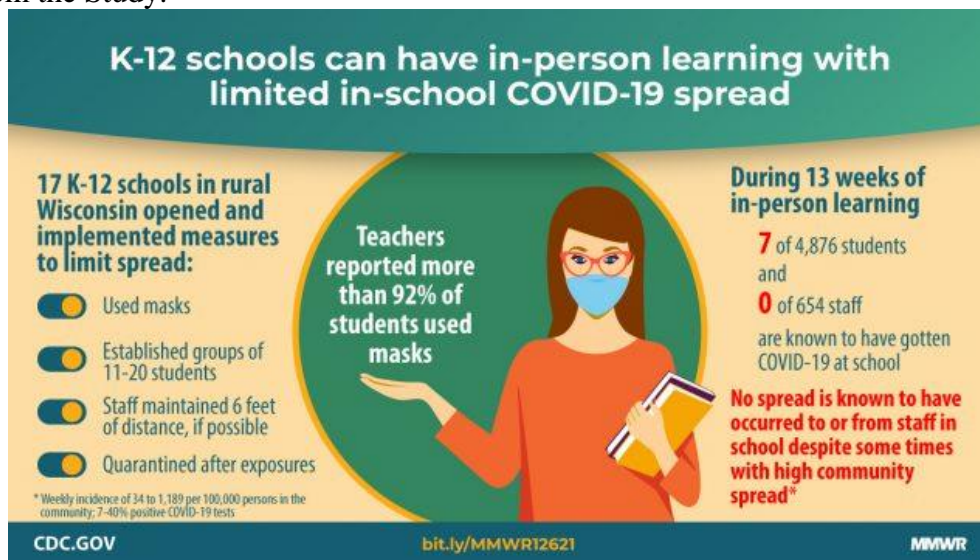
4. [Modeling research](#) conducted by the Institute for Disease Modeling conducted for Washington concludes that when health and safety measures are in place for in-person learning, the risk of infections by Covid-19 is not much different to when students are doing remote learning.

5. Data collected from Washington schools that have been providing in-person learning to date shows that transmission in schools has been limited. Local public health jurisdictions investigate school outbreaks and report them to DOH. Obtained from the Washington Dept of Health on January 27:

“Between August 1, 2020 and January 25, 2021 there have been 87 outbreaks in K-12 public and private schools. A total of 323 cases have been linked to these outbreaks. The median number of cases in an outbreak is 3, and half of them have only 2 or 3 cases. There have been 22 outbreaks with 5-9 cases and only 3 outbreaks with 10 or more cases.”

6. A [recent study published in CDC’s *Morbidity and Mortality Weekly Report*](#) found that among 17 rural Wisconsin schools, reported student mask-wearing was high, and the COVID-19 incidence among students and staff members was lower than in the county overall (3,453 versus 5,466 per 100,000). In a setting of widespread community SARS-CoV-2 transmission, few instances of in-school transmission were identified among students and staff members, with limited spread among children within their cohorts and no documented transmission to or from staff members. Among 191 cases identified in students and staff members, only seven (3.7%) cases, all among students, were linked to in-school spread. With masking requirements and student cohorting (small groups), transmission risk within schools appeared low, suggesting that schools might be able to safely open with appropriate mitigation efforts in place.

Figure from the Study:



7. Another [study published in *Pediatrics*](#) examined 11 North Carolina school districts open for nine weeks of in-person instruction, tracking secondary transmission of SARS-CoV-2; within-school infections were extremely rare. Each case was independently adjudicated for community or within-school acquisition by local health departments. Over 9 weeks, 11 participating school districts had more than 90,000 students and staff attend school in-person; of these, there were 773 community-acquired SARS-CoV-2 infections documented by molecular testing. Through contact tracing, NC health department staff determined an additional 32 infections were acquired

within schools. No instances of child-to-adult transmission of SARS-CoV-2 were reported within schools.

8. A [study of exposures among children](#) aged 0 through 18 years with (n = 154) and without (n = 243) SARS-CoV-2 infection in Mississippi found close contact with persons with COVID-19 and gatherings with persons outside the household and lack of consistent mask use in school were associated with SARS-CoV-2 infection, whereas attending school or child care was not associated with receiving positive SARS-CoV-2 test results.
9. Research conducted by Brown University, in collaboration with MIT, Harvard, Massachusetts General, and other institutions that analyzes information from over 5,000 schools in the USA with more than 4 million students in in-person learning and more than 1.3 million in person educators and school staff ***is finding that the school location is usually not the site at which the infections have been contracted.*** And COVID-19 infections among elementary and middle school students in in-person learning are lower than community rates. For high school students and school staff, COVID infection rates tend to mirror the infection rates in the community. See the [Covid-19 School Response Dashboard](#).