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Three years behind. Due to the current state of our K-12 education system that is how far our children could find themselves academically due to COVID-19 restrictions. The Center on Reinventing Public Education found during the period from March to June, a period that included widespread school closures, only 27 percent of rural school districts required any form of instruction. Currently the absence rate for a virtual classroom is 10% on any given day – a number that nearly doubles among children who receive free school lunches.

While potentially losing an entire generation of our children's education is bad enough, there are also ripple effects causing severe dislocations to families as well as our health care system, something I want to talk about in more detail here.

Each day we hear about hospitals being "at capacity" for COVID patients. In some instances that is due to a lack of staffing rather than a lack of space or beds. The quarantine protocols in our schools that require a student who is contact traced to be kicked out of school for 14 days even if the child is not sick are a contributing factor to these staffing shortfalls.

Here's how it works. Due to federal, state and local guidelines, if "Student A" tests positive for COVID, any student within 6 feet of "Student A" for 15 minutes is sent home for 14 days – even though they may not have tested positive or exhibit any symptoms. There are instances of as many as 40 students being sent home due to contact tracing back to a single positive student ("Student A"), though, again, none of the 40 have registered positive tests or exhibited symptoms. Exposure is not the same as infection, and it is critical to note that CDC data shows there is no guarantee a person categorized as a close contact will ever test positive.

As a result of these protocols, we are seeing entire schools being effectively shut down due to the contact tracing guidelines while only a few students may actually be sick with COVID. The impact is parents having to stay home with kids who are not ill, disrupting their family patterns, including, work. Health care facilities, in particular, are being affected because many parents are nurses, doctors, technicians and front-line staff.

It is time to change the quarantine protocols for schools. Let's keep students who are contact traced but asymptomatic, in school. If you review the COVID-19 Dashboard at my daughter's school, Lakeland Union High School (LUHS), there have been over 300 students who have been contact traced back to positive cases who have been forced to stay home for 14 days – despite not testing positive themselves.

In fact, to date, none of the 300+ LUHS students who were contact traced due to classroom exposure have reported getting sick during their mandatory 14-day quarantine at home. The reason the contact traced students are not getting sick has much to do with the strict safety measures LUHS has in place, including

entry requirements, mandatory masks in the classroom, plexiglass barriers around all desks and a state-of-the-art air filtration system.

Based on data from the CDC, the likelihood of virus transmission when both parties are wearing masks is one percent, meaning that passing COVID-19 in the classroom is nearly impossible when schools have strict enforcement of masks. More often than not, virus transmissions in the under 18 age bracket are traced back to large gatherings where mask-wearing is optional such as parties or group playdates. We cannot penalize children by pulling them out of school for "close contact" that may be occurring beyond the classroom environment.

An example of contact tracing that does not penalize students is found in Newton County, Missouri, where the county health officer has allowed schools to leave students in school who have been contact traced but are not symptomatic. They are still required to be quarantined outside of the classroom – but are allowed to attend school. The results over the last two months have been eye-opening. The Newton County schools who keep kids in school have no higher incidence of COVID-19 than other local schools who are following the more restrictive protocols. In fact, they may be having more success precisely because they are keeping kids in school rather than moving about the community.

It is time to update the COVID protocols in our K-12 schools. The overreaching contact tracing models currently in place not only penalize children's educational attainment but contribute to health care staffing shortfalls. I urge our health care providers and public health leaders to allow local school boards to set their own policies rather than using a paternalistic one-size-fits-all model that is holding back too many kids, families and making it more difficult for us to effectively overcome the effects of the pandemic. If a school is using sound risk management tools, they should be allowed to adopt their own locally tailored protocols that best serve their communities.